



EMPLOYERSOLUTIONSGROUP
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First Report of Accident or Injury
RECRUITER/SUPERVISOR NEEDS TO COMPLETE THIS FORM ASAP AFTER INJURY
 Email: wc@employersolutionsgroup.com

Last Name: <u>Maestas</u>		First and Other Names: <u>Anthony</u>	
Date of Birth: <u>2/06/1992</u>	Jobsite: <u>Protecto Wrap</u>	Start Date at Jobsite: <u>9/29/2019</u>	
Social Security #: <u>477-25-3222</u>	Position: <u>Industrial Mixer</u>		
Employee's Phone (Home):		Employee's Phone (Mobile): <u>720-633-5368</u>	
Date of incident: <u>10/29</u>	Time of incident: AM <input type="checkbox"/> PM <input type="checkbox"/>		
Name of witness(es):		Witness(es) phone #(s):	
Name of Supervisor:		Date and time notified: <u>10/31 7:30 AM</u>	

Cause of Injury/Source (please select one)

Select Applicable

Back splash of hot material

Type of Injury/Illness (please select one)

Select Applicable

Burn

- Was the employee paid for 4+ hours the date of injury? Yes No
- What shift does the employee work? 1ST 2ND 3RD
- Is the employee missing time from work? Yes No
- Does the site location offer light duty work? Yes No
- Is there surveillance footage of the incident? Yes No
- Did employee go to the E.R. or Clinic? Yes No
- Does the employee need a translator? Yes No Language: _____

INJURY DETAILS: (Describe the incident in detail and which body part(s) that are affected. Please be specific).
 Describe how injury(s) occurred - please be specific:

Name and Address of Hospital/Clinic where taken for treatment:	
Hospital/Clinic Phone:	
Recruiter/Supervisor Signature: <u>Jamie Ready</u>	Recruiter/Supervisor Phone: <u>303-970-1425</u>
Recruiter/Supervisor Print Name: <u>Jamie Ready</u>	