



7301 Ohms Lane Suite 405 Edina, MN 55439  
Phone: (952) 767-0053 Fax: (952) 767-0740  
Email Address: wc@employersolutionsgroup.com

**First Report of Accident or Injury**

**NEED TO COMPLETE THIS FORM ASAP AFTER INJURY—FAX TO ESSG AT 952-767-0740**

Last Name: Stover		First and Other Names: Brandon James	
Date of Birth: 12/09/1996		Length of time on this assignment: two months	
Sex: Male	Social Security #: 229-77-4293	Jobsite: LRM-Salem	Position:
Employee's Phone: (Home): 540-526-6114		Employee's Phone (Cell or Emergency Contact):	
Date of incident: 7/7/2016		Time of incident: 9:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
Name(s) of witness: N/A		Witness Phone:	

Name of Supervisor: Scott Damewood, Matt Henderson	Date and time notified: 9:05 a.m.
--	-----------------------------------

How did the incident occur? Removing dye from dye polishing machine, finger was punctured.

**Cause of Injury/Source (please select one)**

Cut, Puncture or Scrape

**Type of Injury/Illness (please select one)**

Puncture

No Physical Injury     Not Reported     Other specific injury: \_\_\_\_\_

**Affected Body Part (please select one)**

(Head)                      (Lower extremities)                      (Neck)                      (Trunk)                      Finger(s)

Insufficient info to properly identify     Not Reported     Other specific injury: right middle finger

Please let us know what shift does EE work, Please select one: 1st

What day of the week/weekends is the Employee scheduled to work:  Monday:     Tuesday     Wednesday     Thursday

o WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI:  Yes     No                       Friday     Saturday     Sunday

o Can Site Location Accommodate, please select one:  Yes     No

o Accommodating POSITION: \_\_\_\_\_ (EX. FILING, OFFICE ASSISTANT, ETC.)

o If you are able to accommodate, what type of work is being offered? (Please select one)

o If you are not able to Accommodate, Which date was the Employee last work day: \_\_\_\_\_

**INJURY DETAILS: (Include if it is a part of his job duties and the object that cause it ex: welding tube, hoist, packing carrots, etc.)**

<b>Description of Injury(s):</b> Right middle finger was punctured by a piece of wood when he was trying to remove a dye from the dye polishing machine.
--

Hospital / Clinic: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name and Address of Hospital / Clinic where taken for treatment: <u>VelocityCare, 1935 W. Main St. Salem, VA</u>
Phone: 540-375-8190	

Signed: <u>Caitlin Scholl</u>	Print Name & Position: <u>Caitlin Scholl</u> <u>Admin. Assistant</u>	Phone: <u>303-920-1425</u>
-------------------------------	---	----------------------------