employer solutions staffing group llc
Leveraging Resources in a Changing Market

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First Report of Accident or Injury

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

Last Name: Laird		First and Other Names: Laniel	
Date of Birth: 01/09/1966		Length of time on this assignment: 9 Days	
Sex: Male	Social Security #: 483-86-2396	Jobsite: Kong	Position: Machine Operator
Employee's Phone: (Home):		Employee's Phone (Cell or Emergency Contact: 718-553-7586	
Date of incident: no specific incident date		Time of incident: n/a	AM ☐ PM ☐
Name(s) of witness: n/a		Witness Phone: n/a	

Name of Supervisor: Clint Sharer	Date and time notified: 9/29/2016, time unknown

How did the incident occur? Laniel is experiencing shooting pain, numbness, burning, and cramping in both hands due to repetitive motion

Cause of Injury/Source (please select one)

Repetitive Motion

Type of Injury/Illness (please select one)

Select Applicable

☐ No Physical Injury ☐ Not Reported ☑ Other specific injury: general pain, numbness, cramping

Affected Body Part (please select one)

(Head) (Lower extremities) (Neck) (Trunk) Hand

☐ Insufficient info to properly identify ☐ Not Reported ☐ Other specific injury: _____

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 ☑ Friday ☐ Saturday ☐ Sunday

o WAS THE EMPLOYEE PAID THE FULL DAY FOR THE DOI: ☐ **Yes** ☐ **No**

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.)

Description of Injury(s): Laniel is experiencing burning, shooting pain, cramping and numbness in his hands which he stated he thinks is due to the repetitive motion that he does at work.

Hospital / Clinic: ☑ Yes ☐ No
If Yes, Name and Address of Hospital / Clinic where taken for treatment: HealthOne Occ. Med.- Englewood, CO
Phone: 303-788-9292

Signed:Caitlin Scholl	Digitally signed by Caitlin Scholl Date: 2016.09.29 16:32:34 -06'00'	Print Name & Position:	Phone:

Email form