



# employer solutions staffing group<sup>LLC</sup>

Leveraging Resources in a Changing Market

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Employee's name: Stormy soltero Phone Number 7203296785  
 Date of injury: 01/16/2016 Date Reported 01/16/2016

**Please complete this Questionnaire as accurately as possible to help process your injury information. Incompletion of this form may affect or cause delay of claim.**

How are you feeling now? In pain really sore

Please tell me the nature of your injury. Where does it hurt? What type of injury? ( strain, sprain, cut, bruise, ect...)

Shoulder strain possible pulled or torn muscle

Have you experienced an injury like this before?

No

Please tell me what you were doing when the injury occurred?

Moving a pellet full of empty 5 gallon pails with a pallet jack

Is this part of your normal job functions? , If not what training did you receive prior to this Job Function?

Yes

What tools and equipment were you using at the time of injury?

Pallet jack

Please describe the training you received prior to using this equipment.

Fellow employee showed me how to use pallet Jack a few months prior

Is there anything else you can tell us about how the injury occurred?

There was dried product hardened on the floor about four feet wide under the pallet that

  
 Stormy soltero (Jan 18, 2016)  
 Signature of Employee

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 Date