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

Form with fields for Last Name: Gernhard, First and Other Names: JohnRichard, Date of Birth: 01/04/1986, Jobsite: Majestic Metals, Start Date at Jobsite: 07/17/2017, Social Security #: 592-04-7527, Position: Assembler, Employee's Phone (Home):, Employee's Phone (Mobile): 303-435-7021, Date of incident: 9/6/2017, Time of incident: AM PM, Name of witness(es):, Witness(es) phone #(s):, Name of Supervisor:, Date and time notified:

Cause of Injury/Source (please select one)

Reaching and Bending

Type of Injury/Illness (please select one)

Unknown

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

John called and let me know that he feels like he was kicked in the back. He went the VA doctors for a follow up. He let me know that he has pain in his back from work and requested for Gina to order a back support. She let him know that it was ordered and should be in.

Name and Address of Hospital/Clinic where taken for treatment: Department of VA Eastern CO Health Care System

Hospital/Clinic Phone: 303-399-8020

Recruiter/Supervisor Signature: Jamie Ready Recruiter/Supervisor Phone: 303-920-1425
Recruiter/Supervisor Print Name: Jamie Ready