



employer solutions staffing group

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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: Last Name: Schoemer, First and Other Names: Joseph, Date of Birth: 02/14/1955, Jobsite: Majestic Metal, Start Date at Jobsite: 07/24/2017, Social Security #: 524-80-8705, Position: Brake Press Operator, Employee's Phone (Home):, Employee's Phone (Mobile): 303-953-9433, Date of incident: 9/14/2017, Time of incident: AM PM, Name of witness(es):, Witness(es) phone #(s):, Name of Supervisor:, Date and time notified: 9/18/2017 at 12pm

Cause of Injury/Source (please select one)

Cut, Puncture or Scrape

Type of Injury/Illness (please select one)

Laceration

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

Joseph called and let us know that he was holding a piece of sheet metal and it sliced open his hand. He did seek medical attention later that afternoon

Name and Address of Hospital/Clinic where taken for treatment: North Suburban Medical Center, Thornton, CO
Hospital/Clinic Phone:
Recruiter/Supervisor Signature: AS Findley Recruiter/Supervisor Phone: 303-920-1425
Recruiter/Supervisor Print Name: AS Findley