employer solutions staffing group
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: Clark	First and Other Names: Kaitlin
Date of Birth: 9/7/90	Length of time on this assignment: 2 months 1 week
Sex: F	Social Security #: 635 20 8619 Jobsite: tea Position: production member
Employee's Phone: (Home): #	Employee's Phone (Cell or Emergency Contact): 719 491 5139
Date of incident: 5/18/18	Time of incident: ~9:00 AM ☐ PM ☒
Name(s) of witness:	Witness Phone:
Name of Supervisor: Chrissy Scrivand / Jude Martinez	Date and time notified: 3:30pm 5/21/18

How did the incident occur? Heavy lifting after much strain (standing long periods)

Cause of Injury/Source (please select one)

Select Applicable

Type of Injury/Illness (please select one)

Select Applicable

☐ No Physical Injury ☐ Not Reported ☒ Other specific injury: back strain

Affected Body Part (please select one)

(Head) (Lower extremities) (Neck) (Trunk) (Upper extermities)

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

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

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): During necessary lifting (40/50 lbs est.) I experienced serious upper back strain, upersened by stiffness from long periods of standing.

Hospital / Clinic: ☐ Yes ☐ No
If Yes, Name and Address of Hospital / Clinic where taken for treatment: _____
Phone: _____

Signed:	Print Name & Position:	Phone:

Job Description
Employer Statement

Employee Name: **Claim Number:**

NOTE: In terms of an 8-hour workday.
Occasionally, equals 1% to 33%. Frequently, 34% to 66%. , or Continuously, 67% to 100%.

In an 8-hour workday, Employee does the following: (Check full capacity for each activity)

TOTAL AT ONE TIME										
Sit	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
Stand	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
Walk	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
Drive	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
TOTAL DURING ENTIRE 8-HOUR DAY										
Sit	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
Stand	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS
Walk	☐0	☐1	☐2	☐3	☐4	☐5	☐6	☐7	☐8	HRS

Lifting	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY	NONE
Up to 10 lbs.	☐	☐	☐	☐
11-20 lbs.	☐	☐	☐	☐
21-25 lbs.	☐	☐	☐	☐
26-50 lbs.	☐	☐	☐	☐
51-100 lbs.	☐	☐	☐	☐

Carrying:	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY	NONE
Up to 10 lbs.	☐	☐	☐	☐
11-20 lbs.	☐	☐	☐	☐
21-25 lbs.	☐	☐	☐	☐
26-50 lbs.	☐	☐	☐	☐
51-100 lbs.	☐	☐	☐	☐

Use of Hands	SIMPLE GRASPING	FINE WORK	PUSHING PULLING	LOW SPEED ASSEMBLY	HIGH SPEED ASSEMBLY
Left	☐	☐	☐	☐	☐
Right	☐	☐	☐	☐	☐

Comments:

Worker needs to:	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY	NONE
Bend	☐	☐	☐	☐
Squat	☐	☐	☐	☐
Crawl	☐	☐	☐	☐
Climb	☐	☐	☐	☐
Reach	☐	☐	☐	☐
Kneel	☐	☐	☐	☐
Twist	☐	☐	☐	☐

Please explain in detail what the employee does on a daily basis.

Signature of Employer **Date**

Team Member Incident Report

Team Member Incident Report – 24 Hours

Team Member INFORMATION (Completed by Team Member, please PRINT)			
Name of Team Member: Kaitlin Clark		Date TODAY: 5 / 21 / 18	
Job Title: tea production	How long in position? 9 weeks	Team: 2nd shift tea	
Home Address: 4532 Grant St	City: Denver	State: CO	Zip Code: 80216
Work schedule today: 3:30p - 12am		Social Security No.: 635 - 20 - 8619	
Team Leader: Chrissy Scrivano		Telephone No: (719) 491 5139	
Date of Birth: 9 / 7 / 1990		Date of Hire: / / n/a	

Incident INFORMATION		
Date of **Incident:**	Time of **Incident:**	Exact **Location** of Incident
5 / 18 / 18	~9:00 ☐AM ☒PM	within production area of tea floor

Describe your injury/Illness: Extreme upper back strain

What activity were you doing just before the Incident occurred? pallet stacking

What was happening around you? Mostly people running machines, finishing a run of tea on the IMA.

Please explain in detail **how and why** the Incident occurred?

I was already experiencing major back pain from simply being on my feet packing from the IMA, then lifted a pallet that was too heavy from a long distance (had to carry) and later lifted a 365 box from above my head.

Exactly **what** caused your injury? Combination of lifting heavy items twice within a couple of hours.

What tools, equipment, and/or chemicals were you using? Pallet jack, tall pallet wrap tool, heavy boxes.

Were you wearing Personal Protective Equipment? State what kind: no

Were there any defects in tools or equipment? no

List witnesses or bystanders: 1) 2)

Date of this report: 5 / 21 / 18

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas.