



employer solutions staffing grc llc

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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: Arevalo, First and Other Names: Lea Anne, Date of Birth: 10/15/1997, Start Date at Jobsite: 8/17/17, Social Security #: 855-74-7555, Position: Manufacturing, Employee's Phone (Mobile): 847-757-2956, Date of incident: 1/10/18, Time of incident: PM, Name of witness(es), Witness(es) phone #(s), Name of Supervisor, Date and time notified.

Cause of Injury/Source (please select one)

Select Applicable

Type of Injury/Illness (please select one)

Select Applicable

large welt on ankle + pain

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

An air nozzle came loose from the hose causing the hose to strike Lea Anne in the ankle. She was sent to a clinic via taxi.

Name and Address of Hospital/Clinic where taken for treatment:
Hospital/Clinic Phone:
Recruiter/Supervisor Signature: Jamie Ready, Recruiter/Supervisor Phone: 303-920-1425
Recruiter/Supervisor Print Name: Jamie Ready