



employer solutions staffing group

Leveraging Resources in a Changing Market

7301 Ohms Lane / Suite 405 / Edina, MN 55439
 Phone: (952) 767-0053 Fax: (952) 767-0740
 Email Address: wc@employersolutionsgroup.com

First Report of Accident or Injury

NEED TO COMPLETE THIS FORM ASAP AFTER INJURY—FAX TO ESSG AT 952-767-0740

Personal and Incident Details (Circle and/or complete responses)

Last Name: <u>Ocheng</u>		First and Other Names: <u>Hellen</u>	
Date of Birth: <u>01-01-1993</u>		Length of time on this assignment: <u>2 months</u>	
Sex: <u>Female</u>	Social Security #: <u>157-11-6972</u>	Assigned at: <u>Supermom's</u>	
Phone: (Home): <u>651-204-2052</u>		Phone: (Message):	
Date of incident: <u>5-14-15</u>		Time of incident: <u>1:45 pm</u>	
How did the incident occur? <u>Pulling cabinet, hit a drain in floor, cabinet fell on her. Scraped face/foot.</u>			
Name(s) of witness: <u>No witness</u>		Phone: <u>NA</u>	

Supervisor Notification

Name of Supervisor: <u>Miguel Quintanilla / Angela Delsing</u>	Date and time notified: <u>5/14/15 1:46 pm</u>
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Cause of Injury/Source (please circle or check mark)

Allergic Reaction	Bitten by Animal	Bitten by Human	Bitten by Insect	<input checked="" type="checkbox"/> Caught in/On/Under/Between Object
Cut, Puncture or Scrape	Dust, Gases, Fumes, or Vapors	Electric Current	Exposure to Bodily Fluids	Exposure to Chemicals
Fall-Different Level	Fall-Ladder or Scaffolding	Fall-on Snow or Ice	Fall-Slip Trip on Same Level	Fall-Stairs
Foreign Body in Eye	Hearing Loss	Holding or Carrying	Jumping	Latex Allergy
Lifting and Lowering	Misc-Unknown and/or Insufficient Info	Motorized Non Licensed Vehicle	Motor Vehicle	Needle Stick
Occupational Disease	Pushing or Pulling	Reaching and Bending	Repetitive Motion	Resident/Patient-Assisting
Resident/Patient-Combative	Resident/Patient-Lifting from Floor	Resident/Patient-Repositioning	Resident/Patient-Transfer	Robbery or Criminal Assault
Stress	Struck by/Against Object	Struck by Human	Temperature Extremes	Using Tool or Machine
Walking/Running (non specific)	Welding Operation			

Type of Injury/Illness (please circle or check mark)

AIDS	All Other cumulative injuries	All other occupational disease injuries	Amputation
Angina pectoris	Asbestosis	Asphyxiation	Black lung
Burn	Byssinosis	Cancer	Carpal Tunnel Syndrome (CTS)
Concussion	Contagious Disease	Contusion	Crushing
Dermatitis	Dislocation	Dust disease	Electric shock
Enucleation	Foreign body	Fracture	Freezing
Hearing loss or impairment	Heat prostration	Hepatitis C	Hernia
Infection	Inflammation	Laceration	Loss of hearing
Mental disorder	Mental stress	Multiple injuries including both physical and psychological	Multiple physical injuries only
Myocardial infarction	No Physical Injury	Other specific injury	Poisoning (chemical)
Poisoning (metal)	Poisoning (not overdose or cumulative injury)	Puncture	Radiation
Respiratory disorders (gases, fumes, chemicals)	Rupture	Severance	Silicosis
Sprain	Strain	Syncope	Vascular
Video display terminal diseases	Vision Loss	<u>Not Reported</u>	

Affected Body Part (please circle or check mark)

Head	Lower extremities	Multiple body parts	Trunk	Upper extremities
Brain	Ankle	Artificial appliance	Abdomen including groin	Elbow
Ears	Foot	Body systems (with no external injury)	Buttocks	Finger(s)
Eyes	Great toe	Multiple body parts	Chest	Hand
Facial bones	Hip	No physical injury	Disc (back)	Lower arm
Mouth	Knee	Unclassified-insufficient info to properly identify	Heart	Multiple upper extremities
Multiple head injuries	Lower leg		Internal organs	Shoulder(s)
Nose	Multiple lower appendages	Neck	Lower back area	Thumb
Skull	Toes	Disc (neck)	Lumbar or sacral vertebrae	Upper arm
Soft tissue (head)	Upper leg	Larynx	Lungs	Wrist
Teeth		Multiple neck injuries	Multiple trunk injuries	Wrst(s) and Hand(s)
		Soft tissue (neck)	Pelvis	
		Spinal cord (neck)	Ribs	
		Trachea	Sacrum and coccyx	
		Vertebrae	Spinal cord (back)	NOT REPORTED
			Stomach	
			Upper back area	

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): The cabinet was pushed the wrong way, which was pulled over a floor drain, which caused it to tip and scrape her head and fall on her foot.

Taken to Hospital / Clinic: Yes or No
 If Yes, Name and Address of Hospital / Clinic where taken for treatment: Woodwind

Phone: _____
 Signed & Date: _____ Print Name & Position: _____ Phone: _____