



Employer Solutions Staffing, Inc. (ESG)

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

Last Name: <u>King</u>		First and Other Names: <u>RON</u>	
Date of Birth: <u>11/15/1967</u>	Jobsite: <u>CRM Upland</u>	Start Date at Jobsite: <u>10/27/17</u>	
Social Security #:		Position:	
Employee's Phone (Home):		Employee's Phone (Mobile): <u>262-623-2379</u>	
Date of incident: <u>2/8/18</u>	Time of incident:		AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Name of witness(es):		Witness(es) phone #(s):	
Name of Supervisor:		Date and time notified:	

Cause of Injury/Source (please select one)

Select Applicable

stepped on parts and fell

Type of Injury/Illness (please select one)

Select Applicable

back injury

- 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:

Ron called & left me a message that he stepped on some parts & fell but caught himself before landing and hurt his back.

Name and Address of Hospital/Clinic where taken for treatment: Unknown

Hospital/Clinic Phone:

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