



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

Last Name: Gough First and Other Names: Tina
Date of Birth: 10/22/1968 Jobsite: Kong Start Date at Jobsite: 03/22/2019
Social Security #: 592-09-0046 Position: Machine operator
Employee's Phone (Home): Employee's Phone (Mobile): 850-902-9824
Date of incident: 4/29/2019 Time of incident: AM PM
Name of witness(es): Witness(es) phone #(s):

Name of Supervisor: Clint Date and time notified: 4/29 - afternoon

Cause of Injury/Source (please select one)

Select Applicable

repetitive motion

Type of Injury/Illness (please select one)

Select Applicable

wrist swelling

Was the employee paid for 4+ hours the date of injury? [X] Yes [ ] No

What shift does the employee work? 1ST [X] 2ND [ ] 3RD [ ]

Is the employee missing time from work? [ ] Yes [X] 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? [X] Yes [ ] No

Does the employee need a translator? [ ] Yes [X] 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:

repetitive motion from removing excess rubber from toys - pulling w/ right hand

Name and Address of Hospital/Clinic where taken for treatment: AFC Urgent Care - 12105 W Alameda Pkwy Ste 100, Lakewood, CO 80228
Hospital/Clinic Phone: 303-988-3600

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