

EMDLOVEE OCCUPATIONAL INCIDENT REPORT

_ Phone: (

| WILL aien | | CIVIFL | OTEE OCCOPATIONAL INCIDE | NI KEPOKI |
|---|--------------------------------|--------------------------|---|--|
| HEALTH CARE | | ☐ MHC ☐ FLINT ☐ OA | AKLAND □ LONC □ KARMANOS | 5 □ MMG: |
| OSHA#: | ☐ BSC ☐ LAPEER | ☐ MHP ☐ MNM ☐ CE | NTRAL MACOMB VC | BPT MHG: |
| O511A#. | | FMPI OYF | E SECTION | |
| EMPLOYEE NUMBER DEF | PT/OPERATION | INJURY DATE | INJURY TIME | DATE REPORTED TO SUPERVISOR/NAME |
| NAME | | JOB TITLE | | SHIFT START STOP |
| STREET ADDRESS | | CITY/STATE/ZIP | ☐ FULL TIME ☐ PAR | |
| | PRK PHONE | BIRTH DATE | SEX | SOCIAL SECURITY NUMBER MALE |
| | PAR | T OF BODY INJURED (INCL) | UDE ALL BODY PARTS INJURED) | |
| □ ABDOMEN □ ANKLE: □ L □ R □ ARM: □ L □ R □ BACK □ BUTTOCKS □ CHEST □ CHEST □ EAR: □ L □ R □ ELBOW: □ L □ R □ ENTIRE BODY | ☐ GROIN/G ☐ HAND/FI | ES: L | HEART/CARDIOVASCULAR HIP/PELVIS LEG: | □ NOSE □ SHOULDER: □ L □ R □ UNKNOWN □ WRIST: □ L □ R □ OTHER (SPECIFY): □ |
| | | DESCRIBE INCIDE | ENT SPECIFICALLY | |
| WHAT WAS THE EMPLOYEE DOING | JUST BEFORE THE INCIDENT OCCUI | RRED? | | |
| WHAT HAPPENED? | | | | |
| | | | | |
| | | | | |
| WHAT WAS THE INJURY OR ILLNESS | ? | | | |
| | | | | |
| | | | | |
| WHAT OBJECT OR SUBSTANCE DIRECT | CTLY HARMED THE EMPLOYEE? | | | |
| | | | | |
| I HEREBY AUTHORIZE RELEASE OF MANAGEMENT, WORKERS' COMPE | | | RPORATE PHYSICIAN, CORPORATE HEALTH OFFICE, I MENT REFUSED | NSURANCE CARRIER OR AGENTS FOR CASE |
| SIGNATURE OF EMPLOYEE X | | | | DATE: |
| Incident report completed by: | | | Date: | |