

MASCOTT EMPLOYEE INJURY REPORT		CLAIM NO:
INJURED EMPLOYEE INFORMATION		
INJURED EMPLOYEE NAME:	HOME ADDRESS:	HOME PHONE:
		CELL PHONE:
		EMERGENCY PH:
SOC. SECURITY # (Last four #'s)	DATE OF BIRTH (voluntary)	MALE _____ FEMALE _____
MARITAL STATUS:	# OF DEPENDENTS:	OCCUPATION:
EMPLOYEE'S DESCRIPTION OF ACCIDENT:		
DATE OF ACCIDENT:	TIME OF ACCIDENT: AM / PM	DATE REPORTED:
CONSECUTIVE DAYS WORKED:	CONSECUTIVE HRS WORKED:	
	REPORTED BY: _____ Phone: FAX: E-Mail:	SUPERVISOR REPORTED TO:
AUTHORITIES CALLED? YES NO	NAME OF ENFORCEMENT ENTITY:	REPORT NUMBER:
SITE AND EMPLOYMENT INFORMATION		
PROJECT NAME:	JOB NUMBER:	PROJECT MANAGER:
SITE ADDRESS:	LOCAL CONTACT NAME: TELEPHONE #:	ACCIDENT LOCATION:
EMPLOYMENT STATUS: FULL-TIME TEMPORARY PART-TIME CONTRACT WAGES: _____ PER _____ WEEKS WORKED LAST 12 MO'S: _____	DATE OF HIRE: _____ HRS WORKED PER DAY: _____ DAYS WORK PER WEEK: _____ SCHEDULED SHIFT: _____ ELIGIBLE FOR OVERTIME: _____ ELIGIBLE FOR BONUS: _____ DOING REGULAR JOB WHEN INJURED: _____	WAS THERE LOST TIME? _____ PAID THROUGH DATE _____ DATE DISABILITY BEGAN _____ LAST DAY WORKED _____ DATE RETURNED TO WORK _____ WORK STATUS: REGULAR DUTY LIGHT DUTY OFF WORK
INJURY INFORMATION		
OSHA RECORDABLE: YES NO FIRST AID ONLY: YES NO PENDING: YES NO PRIOR INJURIES PAST 12 MOS _____ BODY PARTS INJURED:	MEDICAL CLINIC INFORMATION: PHYSICIAN: CLINIC NAME: ADDRESS	TREATMENT RECEIVED: NONE FIRST AID ONE TIME TO CLINIC EMERGENCY ROOM HOSPITALIZED

SUPERVISOR INVESTIGATION SUMMARY:

MAJOR CAUSE:

PREVENTIVE ACTION:

INJURY TYPE

1. STRAIN
2. 2 PUNCTURE
3. LACERATION/SCRATCHES
4. CONCUSSION
5. CONTUSION
6. FOREIGN BODY IN EYE
7. CRUSHING
8. FRACTURE
9. SPRAIN
10. ANIMAL BITE
11. DISLOCATION

12. SEVERANCE
13. AMPUTATION
14. INFECTION
15. SKIN IRRITATION
16. RUPTURE
17. HEARING LOSS
18. VISION LOSS
19. HERNIA
20. CHEST PAINS
21. HEART ATTACK
22. STROKE

23. ELECTRICAL SHOCK
24. BURN
25. EXPOSURE HEAT
26. EXPOSURE COLD
27. CHEMICAL EXPOSURE
28. EMOTIONAL STRESS
29. MENTAL DISORDER
30. DEATH
31. OTHER

CAUSE OF INJURY

EXPOSURE/BURNS/SCALD

1. CHEMICALS
2. CONTACT WITH HOT OBJECT
3. FIRE OR FLAME
4. HOT FLUIDES
5. GASSES OR VAPORS
6. WELDING OPERATIONS

CAUGHT IN BETWEEN:

7. MACHINE OR MACHINERY
8. OBJECT HANDLED
9. TRUCK OR OBJECT

CUT/PUNCTURE/SCRAPE

10. BROKEN GLASS
11. NEEDLE OR SHARP OBJECT
12. POWER TOOLS

FALL/SLIP:

13. FROM ANOTHER LEVEL
14. FROM A LADDER
15. ON GREASE
16. WET SURFACE

STRAIN OR INJURED BY:

17. JUMPING
18. LIFTING
19. PUSHING/PIULLING
20. REACHING/HOLDING
21. CARRYING

STRUCK OR INJURED BY:

22. FALLING/FLYING OBJECT
23. OBJECT BEING LIFTED
24. STATIONARY OBJECT
25. STEPPED ON SHARP OBJECT

MISCELLANEOUS INJURIES:

26. ANIMAL OR INSECT BITE
27. FOREIGN BODY IN EYE
28. CONTACT W/ ELECTRIC CURRENT
29. OTHER:

BODY PART INJURED

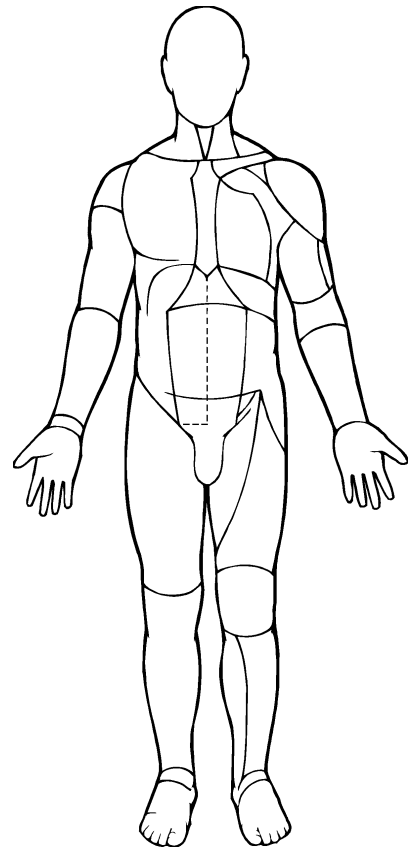
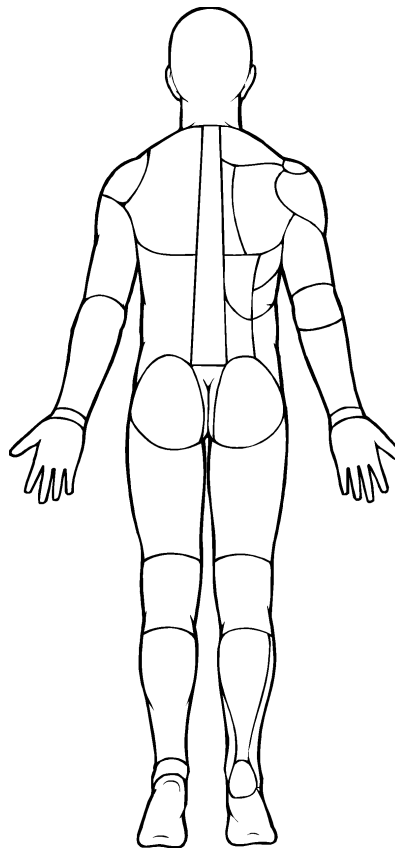
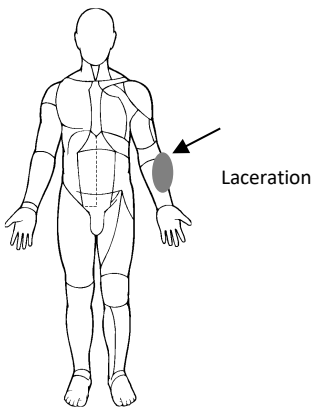
1. LOWER BACK
2. UPPER BACK
3. SHOULDER
4. NECK
5. MULTIPLE HEAD INJURY
6. SCULL
7. BRAIN
8. CHEST/ABDOMEM
9. TOE(S)
10. FOOT

11. ANKLE
12. KNEE
13. LOWER LEG
14. THIGH
15. HIP/BUTTOCKS
16. WRIST
17. FINGER(S)
18. THUMB
19. HAND
20. LOWER ARM

21. UPPER ARM
22. ELBOW
23. HEART
24. LUNG
25. MOUTH
26. TEETH
27. NOSE
28. EYE(S)
29. EAR(S)
30. OTHER (SPECIFY)

Please indicate the location of all incurred injuries and describe the type of injury. For example, for a laceration to the left forearm – shade the left forearm – and write laceration next to it connected by a line.

Example:



EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

GENERAL MANAGER SIGNATURE: