

University of Maine at Fort Kent

FIRST REPORT OF INJURY

This report should be completed as soon as possible after the incident while the facts are still fresh in the minds of the witnesses and MUST be filed with the Human Resources office for the processing of Worker's Compensation claims immediately.

Name of the injured employee _____

Address _____ Phone _____

Occupation when injured _____ Dept _____

Was employee performing regular occupation? _____ If not, what occupation? _____

Was employee experienced at this occupation? _____

Had the employee been instructed in this occupation? _____

Does employee work for another employer? _____

Date of Injury _____ Time of Injury _____

Did employee leave work on day of injury? _____ Start of workday (time) _____

State briefly how the incident happened as it was reported to you

In your opinion, state nature of injury (state parts of body affected)

Do you have any opinion concerning this injury? _____

If "yes", please explain

Is injury due to any defect in machinery? Please explain

Who saw or knew about this incident? _____

Was medical treatment necessary? _____ If so, give name
of doctor _____

of hospital _____

Were you notified by the injured employee of this injury? _____

If so, when? _____

Has employee returned to work? _____ When? _____

Date signed _____ Signature of Reporter _____

Date signed _____ Signature of Supervisor (if not reporter) _____

PLEASE FILL OUT THIS REPORT COMPLETELY AND PROMPTLY