

Department's Report of Injury

TO: Workers' Compensation
155 Whitney Avenue

Date Prepared: _____

FROM: _____ REPORTING SUPERVISOR Dept. _____ Phone: _____

1. Personal Data

Injured Employee: _____ SS# _____ Home Phone _____

Home Address: _____ Work Phone _____

Birth Date _____ Age _____ Sex _____ Marital Status _____ No. of depend. Under age 18 _____

2. Job Information

Position/occupation _____ Department _____

Immediate Supervisor _____ Phone No. _____

Employee's regular work/shift hours: _____

3. Facts of Injury

1. Date of injury: _____ Day of week: _____ Time: _____ AM
PM

2. Part of body injured: _____ left right

3. Accident location - Address/Bldg. Name: _____ Room _____

4. Date reported to supervisor: _____ Reported by: _____

4. Details of Incident

1. What was employee doing at time of injury? _____

2. How did injury happen: _____

3. Name of tool, machine or other connected with injury (e.g., box, truck, tool, etc.) _____

4. Name and address of witness(es): _____

5. Injured was seen by: A. employee health B. urgent visit C. private M.D. D. hospital
Date: _____ Time: _____ if C or D, please identify: _____

6. Has injured returned to work? Yes No
If yes, Date _____ Time _____ regular limited

Remarks: _____

Signed: _____ IMMEDIATE SUPERVISOR _____ DATE _____ DEPARTMENT HEAD _____ DATE _____

Instructions for Completing Form ER-15-1

The Department Report of Injury Form ER 15-1 is the standard and exclusive method for reporting an on the job injury. The report must be submitted to the Worker's Compensation Department within twenty-four (24) hours of the time of injury.

1. The report should be prepared by the injured employee's immediate supervisor and, signed by that supervisor. A copy is immediately faxed to the Workers' Compensation Department at 432-6241.
2. The report should then be sent to the injured employee's Department Head for signature.
3. The report should now be sent to Workers' Compensation, 155 Whitney Avenue. A second copy is retained for the department's employee file. A third copy is sent to the Office of Environmental Health & Safety, 135 College Street, **Attention: Safety Engineer.**
4. Please provide **ALL** information called for in each section of the report. Telephone the Workers' Compensation Department if assistance is required (432-9830).
5. Use the "remarks" section on the face of the report to supplement or amplify any information provided to you or by you.