



FIRST REPORT OF INJURY

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Notified Employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury: \_\_\_\_:\_\_\_\_ AM/PM (circle one)

Edustaff Employee Information:

Employee Name (Last, First, Middle): \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F (circle one)

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title: \_\_\_\_\_

Injury Report Information:

Job Location: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ AM/PM (circle one) End Time: \_\_\_\_:\_\_\_\_ AM/PM (circle one)

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Witness to Injury: \_\_\_\_\_ Witness Phone Number(s): \_\_\_\_-\_\_\_\_-\_\_\_\_

Explain How Injury Occurred: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_



Part of the body directly affected by the injury: \_\_\_\_\_

Last Day Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Employee Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the injury fatal? Yes/No (circle one) If yes, date of fatality: \_\_\_\_/\_\_\_\_/\_\_\_\_

Did employee seek medical treatment? Yes/No (circle one)

If yes, date of treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of treatment facility: \_\_\_\_\_

Address (Number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Expected return to work date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**District Information:**

Building Supervisor: \_\_\_\_\_  
(printed name and signature)

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date: \_\_\_\_\_

Feedback: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return via email to Edustaff HR at [humanresources@Edustaff.org](mailto:humanresources@Edustaff.org) or via fax to 877-974-6339.  
Thanks!