

*****CALL EMC NURSE LINE @ 1-844-322-4668 IMMEDIATELY*****

Reference # _____

EMPLOYEE INJURY REPORT

NAME: _____

ASSIGNMENT: _____ DATE of INJURY: _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

DESCRIPTION OF INJURY: _____

WITNESS: _____

*****CALL TAMMY SCHEMENAUER IN DISTRICT OFFICE AT EXTENSION #3118******

PHYSICIAN'S SERVICE NEEDED:

(If so, please indicate Physician's name/Clinic/Hospital and description of treatment): _____

Signature: _____ Date: _____

Submit this form to the District Office within 24 hours of the injury.