

Mecklenburg EMS Agency – On the Job Injury Report

* This form cannot be submitted until all required fields are completed.

EMPLOYEE INFORMATION

*Employed by: MEDIC *Employee #:

*Last Name: *First Name: *Gender

*Home Address: *City: *State: *Zip:

*# Years at Present Address: *Primary Phone #: *Secondary #:

*Social Security Number: *Marital Status: *Date of Hire

*Date of Birth: *Age: *# of Children Under 18:

*Job Title: *Dept: *Division:

*Supervisor: *Employment Type: Shift:

Gross Wages (before Taxes) \$: # Hours Worked Per Week

INJURY INFORMATION

*Date of Injury: *Place where injury occurred:

*Time Injury Occurred: *Day of the Week:

*Name of Supervisor Reported to: *Date Reported:

*Were you working at your regular job at the time of the accident?

*Was safety equipment or safety regulations provided?

*Was safety equipment in use at the time of the accident?

*Was this accident caused by your failure to use or observe safety equipment or safety regulations?

*Describe fully what you were doing when the injury occurred and how the injury occurred.

*Describe your injury.

*Has any medical treatment been received for this injury and if so, where?

*Have you ever had a previous injury to THIS PART of your body? *Other parts of your body?

IF YES ON EITHER, GIVE DETAILS.

List all witnesses:

*Report Completed By: *Date:

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REPORTER INFORMATION

- * Reporter Position:
- * Email:
- * Date:
- * Last Name:
- * First Name:
- * Contact #:
- * Did the accident occur on the employer's premises?
- * Is this claim for record only? * Do you question the validity of this claim?
- * Did the employee miss work beyond their normal shift?

INJURY INFORMATION

- * Initial Treatment:
- * Plan to seek future medical treatment:
- * Does the claim involve PTSD/Mental stress?

STANDARD OSHA QUESTIONS

- * Where Case occurred? MEDIC
- * What was the employee doing when injured?
- * Object/substance that directly injured employee?
- * Was the employee treated in the emergency room?
- * Was the employee hospitalized overnight as an inpatient?
- * Affected Body Side? * Sharps injury device involved (if applicable)?

COMMENTS/REMARKS