INJURY & ILLNESS / ACCIDENT REPORT

ERIGO INTERNAL USE ONLY

Administrator FEIN: _____

Client ID#: _____

Worksite Employer Name: _____

Injured Employee Name: _____

Employee SSN #: _____

W/C Class Code #: _____ Policy Number: TGW900037800

Compensation: _____ Rate Per: ☐ Hour ☐ Annual

Employee Type: ☐ Hourly ☐ Salaried

Standard Days Worked/Week: _____ Standard Hours Worked/Week: _____

Completed by: _____

NOTES:

Reported to TPA on: _____

EMPLOYEE SECTION – Please complete ALL fields!

Worksite Employer: _____

Name of Injured Employee: _____

Address of Injured Employee: _____

Date of Birth: _____ Gender: Male: ☐ Female: ☐ Phone Number: _____

Title/Occupation: _____ Date of Hire: _____

Department: _____

Work Address: _____

Injury(ies) Incurred: _____

Part(s) of Body Affected: _____

Side of Body Affected (i.e. left, right): _____

Date and Time of Occurrence: ____/____/____ ____:____ ☐ am ☐ pm Time Employee began Work: ____:____ ☐ am ☐ pm

Exact Location of Accident (including County): _____

Date & Time Reported: ____/____/____ ____:____ ☐ am ☐ pm To Whom: _____

Witness(es) Name **AND** Contact Information: _____

_____

Describe in your own words how the injury occurred and what happened. Include as many details as possible.

Name of treating facility or physician: _____

Address of treating facility or physician: _____

Did you, the employee, receive medical treatment? ☐ Yes ☐ No

Were you, the employee, treated at an Emergency Room? ☐ Yes ☐ No

Were you, the employee, treated at an Urgent Care? ☐ Yes ☐ No

Were you, the employee, hospitalized overnight as inpatient? ☐ Yes ☐ No

Have you, the employee, refused medical treatment at this time? ☐ Yes ☐ No (Check "Yes" and answer the question below if you are refusing medical treatment.)

If yes, please explain your reason for refusing medical treatment? _____

_____

Additional Information:

Employee Printed Name: _____ Title: _____

Employee Signature: _____ Date: _____

SUPERVISOR SECTION – Please complete ALL fields!

Supervisor Name: _____

Supervisor Phone Number: _____

Supervisor Email Address: _____

Note: Recommend that the injured employee's supervisor investigate & complete the following.

Describe clearly how the accident occurred. Tell what the employee was doing just before the injury occurred. Describe the activity as well as the tools, equipment or material the employee was using. What object or substance directly harmed the employee? Be specific. If additional space is needed use additional sheet. For motor vehicle accident, attach diagram.

Was the employee fatally injured as a result of this injury? ☐ Yes ☐ No Date of death: ____/____/____

Has the employee returned to work? ☐ Yes ☐ No Return to work date: ____/____/____

Did the employee miss work as a result of this injury? ☐ Yes ☐ No If yes, last day worked: ____/____/____

Did the employee receive his/her full pay for day of injury? ☐ Yes ☐ No

Analysis: What in your opinion was a contributing cause? Check all that apply.

Unsafe Condition(s):

☐ Inadequate Personal Protective Equipment ☐ Unsafe Walking/Working Surfaces ☐ Other (Explain below)
☐ Defective Tools or Equipment ☐ Hazardous Environment
☐ Improper Guarding ☐ Improper Ventilation

(Explain)

Unsafe Act(s):

☐ Horseplay ☐ Used Unsafe Equipment ☐ Carelessness ☐ Lack of Skill or Knowledge
☐ Improper Attitude ☐ Operating without authority ☐ Inoperative Safety Device ☐ Failure to Secure or Warn
☐ Failure to wear PPE ☐ Failure to Use Proper Tools or Equipment ☐ Worked on Moving Equipment ☐ Other (Explain below)
☐ Took Unsafe Position ☐ Improper Lifting, Lowering or Carrying ☐ Unsafe Equipment Operation

(Explain)

Prevention: What actions were taken to prevent a similar accident in the future? (If additional space is needed use a separate sheet)

Supervisor Printed Name: _____ Title: _____

Supervisor Signature: _____ Date: _____

EMAIL OR FAX THE COMPLETED FORM TO ERIGO EMPLOYER SOLUTION'S HR DEPARTMENT.

Email: hr@erigoes.com
Fax: (859) 993-0353

Should you have any questions, please reach out to Erigo HR by calling (859) 905-0092.