
PERSONAL INJURY REPORT

This report is designed to be used by managers, supervisors, team leaders or persons responsible for recording and/or reporting their employees' injuries. Please fill out all the information below to the best of your knowledge and fax it to the Safety Department at X2659 as soon as you become aware of an injury. To contact the Safety Department directly call

Name of Injured: _____

Organization/UIC: _____

Date of Injury: _____

Time of Injury: _____

Location of Injury: _____

Description of Injury _____

Name of Person Filing Injury Report: _____ Phone Number _____

Are you the Supervisor of the injured employee Yes No

Date Reporting to Safety Department _____

This report may be faxed directly to the Safety Office at X2659.

For Safety Department use only.

Date received _____

Received by _____