**Employer’s First Report of Injury or Illness**

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| **Company Name/Address** | | | | | | | | **Client ID Number** | | | | **Phone Number** | | | | |
| **Contact Name** | | | | | | **Contact email** | | | | | | **Contact Phone Number** | | | | |
| **Employee Name (Last, First, MI)** | | | | | | **Phone** | | | | | | **Alternate Phone** | | | | |
| Job Title/Occupation | | | How long in this position | | | | | | | How long with company | | | | | | |
| Employee’s Mailing Address | | | | | | | City | | | | | | | State | | Zip |
| Date of Injury | Time of Injury | | | | Date Employee Reported Injury | | | | | | | Time Employee Started work shift | | | | |
| Was employee doing their regular job?  YES NO | | Address and Specific Location of Injury (stairs, loading dock, job site) | | | | | | | | | | | | | | |
| Type of Injury (Burn, bruise, laceration) | | Cause of Injury (slip, trip, fall, machine, lifting) | | | | | | | | | | | Body Part Injured (right leg) | | | |
| Describe in detail what the employee was doing prior to getting injured and how injury occurred | | | | | | | | | | | | | | | | |
| Was injury/accident caused by another person?  YES NO | | List name/phone number | | | | | | | | | | | | | Was injury caused by a motor vehicle accident?  YES NO | |
| List Personal Protective Equipment required | | | | | | | | | Was employee using Personal Protective Equipment? YES NO | | | | | | | |
| **Supervisor’s Name** | | | | **Supervisor’s email** | | | | | | | **Supervisor’s Phone Number** | | | | | |
| Witness Name, phone number | | | | | | | Witness Name, phone number | | | | | | | | | |
| Doctor or Hospital Name | | | | | | | | | | | | | | Phone | | |
| Mailing Address | | | | | | | City | | | | | | | State | | Zip |
| Other additional information/notes: | | | | | | | | | | | | | | | | |

***All employers are required to notify OSHA within 8 hours of a work related fatality or within 24 hours of in-patient hospitalization, amputation, or loss of an eye.***

Please contact the Questco Safety Department for assistance with reporting to OSHA 936-521-5793

Please contact the Questco Claims Department for questions on completing this form 936-521-5754

Please email completed form as soon as practical to [claims@questco.net](mailto:claims@questco.net) or fax it to 888-756-1920