

## Everything You Need To Report A Workplace Injury

- Gather all the information needed for filing your report **prior** to calling the Quick Care Report line.
- At the end of your call, make note of your call confirmation number for future reference.

### Employer

- Name of company, contact person, phone number
- Policy number
- Mailing address (*complete*), mailing location code
- Telephone number (*include area code*)
- Injury location (*if different from mailing address*), injury location code
- Type of business, SIC code
- Tax ID number
- Unemployment insurance account number
- Second employer (*if applicable*)
- Second employer average weekly wage

### Employee

- First name, middle initial, last name
- Social Security number
- Date of birth
- Home address (*complete*)
- Telephone number (*include area code*)
- Gender
- Occupation (*regular job title*)
- Date of hire
- Usual number of hours, days/week worked
- Employment status: regular full time, part time, temporary, seasonal, volunteer

- Gross wages/salary: \$\_\_\_\_\_ per \_\_\_\_\_
- Department
- Number of dependents
- Tax filing status
- Is employee certified as vocationally handicapped?

### Injury or Illness

- Date of injury or onset of illness
- Time injury or illness occurred
- If employee died, date of death
- Date employee last worked
- Date employee returned to work
- Was employee paid full wages for date of injury?
- Is employee's salary being continued?
- Date of employer's knowledge/notice of injury or illness
- Specific injury or illness, part of body affected, medical diagnosis (*if available*)
- Location of event or exposure (*complete address*)
- Did event or exposure occur on employer's premises?
- Specific activity employee was performing when event or exposure occurred
- How injury or illness occurred (*describe sequence of events, object or exposure that directly caused injury or illness*)
- Physician name, telephone number, complete address
- If hospitalized as in-patient, hospital name, telephone number, complete address
- Supervisor name
- Witness name, complete address, phone number