



May, 15<sup>th</sup>, 2013 Rev. 1

## Injury Report

Contact PESG immediately upon hearing of injury

Phone: (616) 891-0509

PESG

Fax: (616) 891-9009

6307 84<sup>th</sup> St.

[HRstaffing@contractsubs.com](mailto:HRstaffing@contractsubs.com)

Caledonia, MI 49316

Date of Report: \_\_\_\_\_

Date Notified Employer: \_\_\_\_\_

### PESG EMPLOYEE INFORMATION

PESG Employee's Name: \_\_\_\_\_ ☐ M ☐ F

PESG Employee's Address: \_\_\_\_\_

PESG Employee's Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home

Work

Cell

PESG Employee's Date of Birth (If known): \_\_\_\_\_ SS# (If known): \_\_\_\_\_

Date of Hire (If known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee's job location: \_\_\_\_\_

Work Day Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### Injury Information

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ ☐ AM ☐ PM

Address where injury occurred: \_\_\_\_\_

Explain how injury occurred: \_\_\_\_\_

What is nature of injury (sprain, break, cut, burn, etc.): \_\_\_\_\_

Where on body is the injury: \_\_\_\_\_

Did employee seek medical attention: ☐ YES ☐ NO If yes, date of medical attention: \_\_\_\_\_

Where: \_\_\_\_\_

Date employee returned to work or expected return date: \_\_\_\_\_

If time off work is prescribed, how long will employee be off work: \_\_\_\_\_

If this injury was fatal, what is the date of death: \_\_\_\_\_

Who reported the injury: \_\_\_\_\_ Job Title: \_\_\_\_\_

Injured employee's supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_