

**ruralMED First Report of Alleged Occupational Injury or Illness
Investigation/Documentation Form**

1. Name of employee: _____

2. Position: _____ Department: _____

3. Date of Incident: _____ Time: _____ AM PM

4. Place of incident: _____

5. Witness(es): _____

6. Did you authorize first-aid or doctor? Yes No When _____

7. Did injured leave work? Yes No When _____

8. Did injured return to work? Yes No When _____

9. Describe nature of and extent of injuries:

10. Describe Alleged Occupational Injury or Illness:

11. Physical sources that may have contributed (i.e. needle, concrete, etc) if applicable:

12. Manager Notified? Yes No

13. Unsafe Behaviors that may have contributed

14. Describe actions or recommendations to take to avoid recurrence:

15. Signatures

Prepared by: _____
Employee Date

Reviewed by: _____
Manager Date

HR Date

CEO Date

This form must be completed within 72 hours of incident and sent to the Human Resource Department