AFIMAC INJURY AND ILLNESS REPORT

**CHECKLIST**

🞎 Confirm employee received prompt medical attention

🞎 If employee “refused treatment” have him sign a statement stating such & contact corporate HR & OPS for return to work authorization.

🞎 Complete the Injury and Illness Report in entirety

🞎 Drug Screen completed by treating facility for any injuries beyond first aid requiring outside medical attention.

🞎 Witness Statements completed and include name and contact info

🞎 Pictures of Accident Scene have been taken

🞎 Notify Corporate HR & Operations by direct email or phone within the first 24 hours.

🞎 Within 24 hours hold a tool box meeting with employees to discuss incident and preventive measures

**EMPLOYEE INFORMATION**

1. Name
2. Home Address
3. City
4. State
5. Zip
6. Home Phone
7. Cell Phone
8. Social Security Number
9. Date of Birth
10. Gender
11. Marital Status
12. Date of Hire
13. Position
14. Hourly Wage
15. Hours Worked per Shift

**PROJECT INFORMATION**

1. Project Name
2. Project Address
3. City
4. State
5. Zip
6. Hotel where Temporarily Housed
7. Project Manager Name
8. Employees Direct Supervisor Name

**MEDICAL FACILITY INFORMATION**

1. Hospital/Clinic Name
2. Hospital/Clinic Address
3. City
4. State
5. Zip
6. Phone Number
7. Treating Physician Name
8. First Date of Treatment
9. Length of Stay
10. Did they go by Ambulance
11. Initial Medical Diagnosis

**INJURY INFORMATION**

1. Date of Injury
2. Time of Injury
3. Time Shift Started
4. Did this Injury result in death
5. Where in Facility did Injury Happen
6. Was the employee doing his/her regular duties
7. Who did the employee report the Injury to
8. What was employee doing at time of Injury
9. What directly caused the Injury
10. How and Why did Injury Occur
11. Exact part of body affected
12. Did employee lose consciousness
13. Was Proper PPE being worn at time of Injury
14. Did Employee miss any days of work due to injury
15. Estimated return to work date
16. Is the employee on light duty restriction
17. If so for how long

**WITNESSES**

1. Name
2. Address
3. Phone
4. Attach Statement
5. Name
6. Address
7. Phone
8. Attach Statement

**SUPPORTING DOCUMENTATION**

1. Pictures
2. Medical Forms

**EMPLOYEE DIRECT COMMENTS**

**ADDITIONAL COMMENTS OF REPORT WRITER**

**REPORT COMPLETED BY**

1. Company Representative Name
2. Date
3. Time
4. Contact Number

Signature feature