

(Please complete & return to WSU EH&S office, mc 3002)

Employee Information	1. Last Name, First Name, Middle			2. Social Security Number		
	3. Home Address			4. Home Phone		
	5. City, State, Zip Code			6. Work Phone		
	7. Date of Birth	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		9. # of Dependents		10. Date Hired
	11. Job Title	12. Employment Type <input type="checkbox"/> Hourly <input type="checkbox"/> Contract		13. Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		<input type="checkbox"/> Volunteer
	14. Wage Rate \$_____ per		<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual <input type="checkbox"/> Other _____		15. Hours per week	
	16. Department		17. Supervisor		18. Supervisor's Phone	
	19. Date of Injury		20. Time of Injury	21. Time Shift Began		22. Date Injury Reported
23. How did injury occur? (Please describe in detail)						
24. Parts of Body Injured and Injury Type (Please be specific)				25. Side of Body <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral		
26. Has this part of the body ever been injured before? (If yes, please describe below) <input type="checkbox"/> Yes <input type="checkbox"/> No						
27. Was safety equipment provided? If yes, was it used? (Please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No						
28. Location Where Injury Occurred			29. Witnesses: Name & Phone Numbers			
30. Type of Treatment: Date Treatment Received <input type="checkbox"/> No Treatment <input type="checkbox"/> On-site Treatment <input type="checkbox"/> IHC WorkMed <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalization <input type="checkbox"/> Other (answer questions 31-34)			31. Physician Name		32. Clinic/Hospital Name	
			33. Address		34. Telephone	
35. What can be done to prevent future accidents of this type?						
36. Employee's Signature				Date		
_____				_____		

