



## EMPLOYEE INJURY/ACCIDENT FORM

1840 N. MICHIGAN AVE., STE. B

Saginaw, MI 48602

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### EMPLOYEE INFO

NAME (FIRST, LAST)	GENDER	SS#	DATE OF BIRTH
EMPLOYEES ADDRESS	CITY, STATE, ZIP		
EMPLOYEES CONTACT NUMBER	EMAIL ADDRESS		

### INJURY/ACCIDENT INFO

DATE AND TIME OF INJURY	DATE REPORTED	LOCATION OF INJURY (CITY/STATE)
CAUSE OF INJURY (SLIP/FALL, LIFTING)		
CONTRIBUTING FACTORS/ PHYSICAL SURROUNDINGS		
TYPE OF THE INJURY (FRACTURE, SPRAIN, CUT)	PART OF THE BODY INJURED	
WAS EMPLOYEE VIOLATING SAFETY REGULATIONS OR INSTRUCTIONS?		
ARE THERE ANY CONCERNS OR QUESTIONS ABOUT THIS INJURY?		
DESCRIPTION OF WHAT HAPPENED AND HOW? WHAT SPECIFIC JOB WAS THE EMPLOYEE DOING?		
WAS THE INJURY FATAL (YES OR NO)	EMPLOYEE RETURNED TO WORK (YES OR NO) DATE?	RESTRICTED DUTY (YES OR NO)
JOB SITE LOCATION	SUPERVISORS NAME AND CONTACT NUMBER	

### TREATMENT

FIRST AID _____	OCCUPATIONAL/URGENT CLINIC _____	EMERGENCY ROOM/HOSPITAL _____	NO MEDICAL CARE REQUIRED _____	UNKNOWN _____
PLACE OF TREATMENT	CONTACT NUMBER			

### WITNESS INFORMATION - ATTACH STATEMENT

NAME	CONTACT NUMBER
NAME	CONTACT NUMBER
DID EMPLOYEE REFUSE TREATMENT? YES OR NO	EMPLOYEES LAST DAY OF WORK?
SUPERVISOR'S SIGNATURE	DATE
EMPLOYEES SIGNATURE	DATE