



Initial Injury Report

Date of Injury _____ **Time of Day** _____ **Day of Week** _____

Name _____ **Social Security #** _____

Home Address _____

Home Local Lodge _____ **Referral Local Lodge** _____

Home Phone # _____ **Marital Status** _____ **# of Dependents** _____

Date of Birth _____ **Occupation** _____

Contractor _____ **Owner / Site location** _____

Superintendent Name _____ **Foreman** _____

Exact Nature of Injury _____ **Exact Body Part** _____

Tools or Equipment Being Used _____

Describe Events which Resulted in Injury _____

Was first aid required? _____

Was Hospital / Doctor Treatment Required? _____

Name of Hospital and Doctor _____

Will injury cause loss of time? _____

Name(s) of witness _____

Was Corrective Action taken? _____

Was Training Provided? _____

Copies to: (1) Contractor Superintendent, (2) Local Lodge Business Manager, (3) Job-site committee