

COMPANY				
1. NAME of INJURED	2. SOCIAL SECURITY NUMBER		4. AGE	5. DATE of ACCIDENT
6. HOME ADDRESS	7. EMPLOYEE'S USUAL OCCUPATION		8. OCCUPATION at TIME of ACCIDENT	
11. EMPLOYMENT CATEGORY □ Regular, full-time □ Temporary □ Nonemployee	9. LENGTH of EMPLOYMENT Less than 1 mo. 6 mos. to 5 yrs. 1-5 mos. More than 5 yrs.		10. TIME in OCCUP at TIME of ACCIDENT Less than 1 mo. 6 mos. to 5 yr 1-5 mos. More than 5 yr	
□ Regular, part-time □ Seasonal 13. NATURE of INJURY and PART of BODY	12. CASE NUMBERS and NAMES	of OTHERS INJUR	NED IN SAME AC	CIDENT
14 NAME and ADDRESS of PHYSICIAN			17. SEVERITY of INJURY Fatality Lost workdays—days away from work	
15. NAME and ADDRESS of HOSPITAL	B Time within		☐ Lost workday ☐ Medical treat ☐ First aid ☐ Other, specif	
18. SPECIFIC LOCATION of ACCIDENT ON EMPLOYER'S PREMISES? □ Yes □ No	During of During of During of During	19. PHASE OF EMPLOYEE'S WORKDAY at TIME of INJURY During rest period		
20. DESCRIBE HOW the ACCIDENT OCCURRED		,		
21. ACCIDENT SEQUENCE. Describe in reverse order of occurrence ever with the injury and moving backward in time, reconstruct the seque		arting	-	
A. Injury Event				
B. Accident Event C. Preceding Event #1				