



EMPLOYEE'S REPORT OF INJURY OR ACCIDENT

Quick Report

EMPLOYEE NAME: _____ DATE: _____

TIME OF INJURY: _____ LOCATION/ADDRESS OF INJURY: _____

If a Medical Emergency ---- CALL 911

Describe physical injury: (and cause)

Describe vehicle accident: (and cause)

What was the employee doing just before the incident occurred?

Did the employee receive first aid? Yes No circle one
Explain: _____

Was employee taken to the nearest Emergency Room (NAME OF HOSPITAL & TREATING DOCTOR)

FOLLOWING AN EMPLOYEE INJURY AND/OR VEHICLE ACCIDENT:

- 1. NOTIFY MANAGEMENT
2. BRING ALL PAPERWORK TO THE CAMP VERDE OFFICE FOR IMMEDIATE PROCESSING TO THE APPROPRIATE AGENCIES. INCLUDES HOSPITAL/CLINIC/LAW AGENCIES - NO EXCEPTIONS
3. PRIOR TO THE START OF WORK KNOW THE LOCATIONS OF THE NEAREST HOSPITALS AND CLINICS
4. YOUR WRITTEN ASSESSMENTS SHOULD BE AS DETAILED AS POSSIBLE

Medical Centers/Hospitals

Table with 4 columns: Medical Center Name, Location, Phone Number, and Address. Includes entries for Camp Verde Med. Ctr., Verde Valley Med. Ctr., Flagstaff Med. Ctr., Havasu Regional Med. Ctr., Payson Regional Med. Ctr., Yavapai Regional Med. Ctr., and Verde Valley Med. Ctr.

Clinics/Urgent Care

Table with 4 columns: Clinic Name, Location, Phone Number, and Address. Includes entries for Nextcare, Concentra, Troyer, Stat Clinix, and Nextcare at various locations.

Your Signature: _____ Date: _____