PMA COMPANIES

First Injury Report

Print Form

COMPLETE THIS FORM ELECTRONICALLY. PRINT USING THE PRINT BUTTON ABOVE.
HAVE SUPERVISOR SIGN AND SUBMIT HARD COPY TO THE HUMAN RESOURCES DEPT.

Employee Involved | Job Title | Date of Hire

Employee Social Security | Date of Birth | ◯ Male ◯ Female

Employee Address

City | State | Zip

Department | Employee Phone# (include zip)

Supervisor | Supervisor's Phone # (include zip)

Severity of Injury

Is Employee losing time from work? ◯ Yes ◯ No ◯ Unknown

Is Employee on restricted duty? ◯ Yes ◯ No ◯ Unknown

Date lost time began:

Date restricted duty began:

Type of Injury

- ☐ Fall from elevation
- ☐ Fall on same level
- ☐ Struck against
- ☐ Struck by
- ☐ Puncture
- ☐ Caught in, under or between
- ☐ Rubbed or abraded
- ☐ Bodily reaction
- ☐ Overexertion
- ☐ Contact with electrical current
- ☐ Contact w/ temp. extremes
- ☐ Contact w/ other
- ☐ Public transportation accident
- ☐ Motor vehicle accident
- ☐ Slip
- ☐ Exposed to bodily fluids
- ☐ Insect/animal contact
- ☐ Unknown
- ☐ Other

Nature of Injury

- ☐ Abrasion
- ☐ Amputation
- ☐ Burn
- ☐ Contusion
- ☐ Crushed
- ☐ Foreign Body
- ☐ Fracture
- ☐ Inhalation
- ☐ Laceration
- ☐ Puncture
- ☐ Rash
- ☐ Strain
- ☐ Sprain
- ☐ Skin contact
- ☐ Rep. Motion
- ☐ Illness/Infection
- ☐ Insect/Animal bite
- ☐ Other (describe)

Body Part Injured

- ☐ Right
- ☐ Left
- ☐ Arm
- ☐ Shoulder
- ☐ Back
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot/feet
- ☐ Knee
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Internal Organs
- ☐ Leg
- ☐ Knee
- ☐ Multiple
- ☐ Neck
- ☐ Torso
- ☐ Trunk
- ☐ Wrist
- ☐ Other(describe)

Comments

Date of Accident | Time of Accident | Time Work Began

Date Reported to supervisor

How did accident occur?

Where did accident occur? (include address)

Cause of accident

Witnesses

Name		Dept./Address		Phone #	
Name		Dept./Address		Phone #	
Name		Dept./Address		Phone #	

Recommendations to prevent a recurrence:	
What action has been taken/planned to date?	

Dept. Date

Supervisor Signature:

IMPORTANT NOTICE: This risk control sample form provided by PMA Companies is intended to help support your loss prevention efforts. It is not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related or other laws or regulations. You are encouraged to address the specific hazards of your business and have your legal counsel review all of your plans and company policies.