

NEI Electric First Report of Injury / Accident / Incident

NEI Electric MN NEI Electric WI-SCF NEI Electric WI-EC

Employee Name: _____ Job Title: _____

Date of injury; accident or incident: _____

Time of injury; accident or incident _____ am, pm

Jobsite Name/Address: _____ Jobsite Foreman: _____

Time employee began work on date of incident ____ am, pm

Names of Crew (and others on jobsite) that witnessed or were involved in the injury; accident or incident: _

What Job was being performed at the time of injury; accident or incident? (Describe in detail; what objects, circumstances, or persons caused the incident or contributed to the incident?):

What was the injury; accident or incident? (Describe in detail, identify which hand, right or left, which finger, etc.)

What tools, equipment, machines, objects, or substances were involved? _____

Has similar injury; accident or incident happened before? yes, (if yes describe) no

Due to unsafe conditions, should employee(s) be removed from jobsite? yes, no

What measures should be taken to avoid a re-occurrence?

Have the details of incident been discussed with the shop? yes, no

Who was notified _____ Date _____ Time _____

Injury Information

Name of Treating Physician/Clinic: _____

Time Injured Left Jobsite: _____ am, pm Transported by: _____

Check Here if **NO** Medical attention was required.

Give any other information you think is important to this claim:

Form information completed by: _____ **Date completed:** _____

All claims are to be reported to the office immediately. This form is to be filled out by each person involved and returned to the office within 24 hours. Please call the office if you have a question.