



Accident and OSHA Information Request

Employee Information	
Employer name	
Employee name	
Employee department and position	
Date of hire	Social Security #

Injury Incident or Illness Information		
Claim # (If known)	Date of injury (DOI)	Time of injury
Time employee began work on DOI	Date employee reported injury/illness	
Incident report completed	Yes No	Date completed
Do you question the validity of this claim?		

If you question the validity or work-relatedness of this injury or illness, please explain why in detail below:

What job duty was being performed at time of injury? Is this a regular job duty for the employee?

Was the employee treated in an E.R. facility or hospitalized over-night?

Wage Information		
Is employee salaried?	Yes	No
If "yes", please provide monthly salary		

For non-salaried employees please answer the questions regarding wage rate and work schedule. If their schedule varied please provide the average hours per day and average days per week worked for the 12 months prior to injury.

Employee's base hourly pay	Hours worked per day	Days worked per week
*For overtime, commissions, and bonuses please consider the 12 months prior to injury.		
Average number of overtime hours per month*	Commissions earned*	Bonuses paid*
Monthly employer contribution to health care benefits (medical, dental, vision) for employee and dependents		

Claim Information		
Has the worker missed work due to injury or illness?	Yes	No
Have they returned to work?	Yes	No
Do you pay wages/salary if an employee is off work?	Yes	No
*Types of pay: regular wages or salary, paid time off, vacation, sick, contractual, other (you will need to specify)		
Is temporary light-duty work available during recovery?	Yes	No
Planned light-duty job		
If light-duty work is not available, please explain why		

Employer Information	
Completed by	Date
Position	Phone