Employee First Aid Injury / Incident Reporting Instruction

IMPORTANT: Only use this form for injuries/illnesses NOT requiring treatment by a medical provider or time loss from work.

Employees shall use this form to report all work related injuries, illnesses, or "near miss" incidents (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries.

This form shall be completed by the employee as soon as possible and given to a supervisor for further action.

This form does not start a workers' compensation claim and signing this form does not waive any of your rights under the workers' compensation laws. In the future if medical attention is required for this injury, please report it to your supervisor immediately and fill out a "Report of Occupational Injury or Illness"

1. EMPLOYEE INFORMATION	THIS INFORMATION HELPS…
Name Position/Job Title Contact Number Facility where incident occurred Supervisor/Principal Supervisor/Principal Contact Number	Risk Management to identify trends of injuries/incidents at specific locations and provides us with individuals that we can speak to if further information is needed.
2. DATE/TIME OF INCIDENT/LOCATION OF INCIDENT	THIS INFORMATION IS IMPORTANT WHEN…..
Enter the date and time when the injury/incident occurred. Enter the date and time when the injury/incident was reported. Location in/at the facility where the incident occurred. Be as Specific as possible – Include room numbers, equipment involved, etc.	Risk Management investigates injuries/incidents and this information narrows down the specifics of when and where the incident occurred.
3. INJURY/INCIDENT DETAILS	THIS INFO IS IMPORTANT BECAUSE IT PROVIDES….
Be as specific as possible. Be sure to provide 1. Cause of the Injury - answer the question "what were you doing when the accident occurred?" 2. Nature of the injury - answers the question "what is the injury? a. What part(s) of the body were injured – Be sure to identify if it is left side, right side, or N/A (mark all that apply) b. Nature of injury (mark all that apply) c. If it is a Human Bite or Scratch that has broken the skin an Exposure Incident Report Form must also be completed and submitted with the First Aid Report 3. Objects/Substances/Activities Involved – answer the question "what was happening and what was involved at the moment the injury occurred?" a. Lighting – If applicable b. Surface Conditions – If applicable c. Type of equipment being used – if applicable	**Cause of the Injury -** Give specific details about the activities involved. Examples include "carrying boxes across the room", "driving a fork lift", "operating a deep fryer", "helping a student put shoes on" etc. **Nature of the Injury -** This should include the part of body affected, on what side of the body the injury occurred (if applicable) and how the body part was affected. For example, "fractured left wrist", "contusion to forehead and neck strain", "2nd degree burn both hands and stomach", "Human bite/scratch and broke skin", etc. **Objects/Substances/Activities Involved -** Identify the *immediate* cause of the injury and anything involved. If lighting or surface conditions played a factor in the injury/incident identify why it did so. Using a piece of equipment or hand tool and it failed identify it so if there are others in use we can identify them and check for defects. For example, "tripped over pipe and fell", "using a box cutter and the locking mechanism failed causing the blade to extend", "lifted box that was to heavy", "student struck/bit employee", "snow/ice covered the curb", etc.
4. WITNESS(ES)	THIS INFO IS IMPORTANT BECAUSE…..
Provide the Name and contact number for any witnesses.	Provides us with individual(s) that have knowledge of the
5. EMPLOYEE SIGNATURE	THIS INFO IS IMPORTANT BECAUSE…..
Printed name and signature and date the form was completed	It is the employee's acknowledgement of completion of the first aid form.
6. MANAGEMENT SIGNATURE	THIS INFO IS IMPORTANT BECAUSE…..
Printed name and signature of the supervisor, manager or director verifying the incident information and the date the form was completed.	It is management's acknowledgement of the injury and that the verification of what happened.
7. SUBMIT THE REPORT TO RISK MANAGEMENT	IMPORTANT BECAUSE
E-mail (ReportClaims@fnsb.gov) OR Fax (907-459-1187) OR send through in house mail.	Timely notification allows for follow up and any corrective actions that might need to be implemented.

Employee First Aid Injury / Incident Report

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PLEASE PRINT ALL INFORMATION LEGIBLY - This form does not start a workers' compensation claim and signing this form does not waive any of your rights under the workers' compensation laws. In the future if medical attention is required for this injury, please report it to your supervisor immediately and fill out a "Report of Occupational Injury or Illness"

Employee Information	Name	Position / Title	Contact Number
	Facility / School	Supervisor / Principal	Contact Number

Time / Location	Date of Injury/Incident	Time	☐ am ☐ pm	Date Injury/Incident Reported	Time	☐ am ☐ pm		
	Location of injury/incident (be as specific as possible - Include room numbers, etc.)							

Details of Injury/ Incident

Full description of how the Injury/Incident happened - Be specific

Position of Body Part(s) Injured

☐ Left ☐ Right ☐ N/A

Part(s) of Body Injured

☐ Abdomen	☐ Finger(s)	☐ Knee	☐ Nose	☐ Toes
☐ Ankle	☐ Foot	☐ Lower Arm	☐ Pelvis	☐ Upper Arm
☐ Buttocks	☐ Great Toe	☐ Lower Back	☐ Scalp	☐ Upper Back
☐ Chest	☐ Groin	☐ Lower Leg	☐ Shoulder(s)	☐ Upper Leg
☐ Ear(s)	☐ Hand(s)	☐ Mid Back	☐ Skull	☐ Whole Body
☐ Elbow	☐ Head	☐ Mouth	☐ Teeth	☐ Wrist(s)
☐ Eye(s)	☐ Hip	☐ Neck	☐ Thumb	☐ Other _____

Nature of Injury (mark all that apply) **Requires Exposure Incident Report Form to be completed/submitted

☐ Abrasion	☐ Dislocation	☐ Loss - Hearing
☐ Allergic Reaction	☐ Foreign Body	☐ Loss - Sight
☐ Animal/Insect Bite	☐ Fracture	☐ No Physical Injury
☐ BBP Exposure	☐ General Soreness	☐ Nose Bleed
☐ Burn	☐ Human Bite - Broken Skin**	☐ Puncture
☐ Chemical Burn	☐ Human Bite - No Broken Skin	☐ Scratch
☐ Chipped/Broken Tooth	☐ Human Scratch - Broken Skin**	☐ Sprain
☐ Concussion	☐ Human Scratch - No Broken Skin	☐ Strain
☐ Contusion/Bruise	☐ Laceration/Cut	☐ Other: _____

Lighting - (If applicable)

☐ Natural Daylight ☐ Artificial Light ☐ Dark ☐ Unlighted

Surface Conditions - (If applicable)

☐ Defective	☐ Muddy	☐ Wet	
☐ Dry	☐ Rainy	☐ Other _____	
☐ Gravel	☐ Snowy	☐ Other _____	
☐ Icy	☐ Uneven		

Witnesses	Name / Contact Number	Name / Contact Number	Name / Contact Number
Employee's Signature	Printed Name	Signature/Digital Signature/Print	Date
Supervisor's Signature	Printed Name	Signature/Digital Signature/Print	Date

This form shall be completed by the employee as soon as possible and given to a supervisor for further action.

Ensure that all sections are filled out completely.

E-mail completed form to ReportClaims@fnsb.gov OR fax to 459-1187 OR send through in-house mail.

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