



Injury or Exposure Report *

If insufficient space, please attach memo. Please write clearly.

CITY OF CRESTVIEW
Crestview, Florida

Personal & Employment Details

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Age:	<input type="text"/>	Sex (M/F):	<input type="text"/>
		Date of Birth:	<input type="text"/>
Home:	<input type="text"/>	Phone	<input type="text"/>
Address:	<input type="text"/>	home	<input type="text"/>
		Fax	<input type="text"/>
State:	<input type="text"/>	Zip code:	<input type="text"/>
		mobile	<input type="text"/>
Employee No:	<input type="text"/>	Occupation:	<input type="text"/>
Department:	<input type="text"/>	Phone	<input type="text"/>
		Full time (Y/N):	<input type="text"/>
Supervisor:	<input type="text"/>	Phone	<input type="text"/>

Injury or Exposure Details

* Where possible, this form is to be completed within 24 hours of event.

Date of Injury:	<input type="text"/>	Time of Injury (24-hour clock)	<input type="text"/>
Dates of Exposure:	<input type="text"/>	to	<input type="text"/>
		Duration:	<input type="text"/>
Location:	<input type="text"/>	Witness:	<input type="text"/>

Injury Report

Activities preceding	<input type="text"/>
Injury:	<input type="text"/>
Cause of Injury:	<input type="text"/>
Nature of Injury:	<input type="text"/>
Part of body injured:	<input type="text"/>

Exposure Report

Activities preceding	<input type="text"/>
exposure:	<input type="text"/>
Exposure event:	<input type="text"/>
Nature of hazard:	<input type="text"/>
Symptoms:	<input type="text"/>

Treatment

Treated on site (Y/N):	<input type="text"/>	Outcome work, home, doctor, hospital):	<input type="text"/>
Medical diagnosis:	<input type="text"/>		
Absence from work:	<input type="text"/>	to	<input type="text"/>
		(Dates are inclusive.)	
Injured Person's Signature:	<input type="text"/>	Date:	<input type="text"/>
Supervisor's Signature:	<input type="text"/>	Date:	<input type="text"/>

OFFICE USE ONLY

Please Check	<input type="text"/>	Copy to Risk Management	
Received by:	<input type="text"/>	Date Received:	<input type="text"/>