



HR MANUAL

## First Report of Injury Form

Employee's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employee's Department: \_\_\_\_\_ Employee's Job: \_\_\_\_\_  
(Example: Farrowing, Breeding, Nursery, Lab, Genetics Labor) (Example: Farrow Manager, Farrow Assistant, Power Washer)

Date Employee first informed Employer that there was an injury:

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ AM \_\_\_\_\_ PM

Time Employee's workday began: \_\_\_\_\_ AM \_\_\_\_\_ PM

If the injury did not occur at the unit, where did it happen? \_\_\_\_\_

Describe the nature of the injury: \_\_\_\_\_  
(Example: burn, cut, scrape, laceration, bruise, broken bone)

Name of the part of the body that was injured: \_\_\_\_\_  
(Example: right lower arm, left ankle, upper back)

Describe the event that caused the injury: \_\_\_\_\_  
(Example: fell over bucket, sow turned & got knocked down)

Name of the object that directly injured the employee: \_\_\_\_\_  
(Example: knife, floor, sow, gate)

Name of the activity that the employee was doing when the injury occurred: \_\_\_\_\_  
(Example: breeding a sow, walking between rooms, cleaning a gestation pen)

Did anyone else witness the injury? If so, please name them (if not an employee please list phone number)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the first treatment that was given to the injured employee:

- No medical treatment was given
- Minor injury, on-site first aid was given by: \_\_\_\_\_
- Sent to Doctor's Office/Clinic/ER: Name of Doctor/Clinic/Hospital \_\_\_\_\_  
Address of Doctor/Clinic/Hospital \_\_\_\_\_
- Emergency/Ambulance was called to transport to hospital:  
Name of Hospital \_\_\_\_\_  
Address of Hospital \_\_\_\_\_

Will employee be hospitalized for more than 24 hours? YES  NO

Has employee returned to work? YES  NO  If yes, what date?  
If no, when do you expect them to return?

Unit Name:

Farm Mgr/Person preparing report: