



ON- THE JOB INJURY REPORT

INSTRUCTIONS: SEEK MEDICAL ATTENTION FIRST! If you are injured on the job please seek medical attention immediately. Once you have received care please complete this form and call our offices ASAP so we can properly inform IWIF to file a workers compensation claim.

Is the injury on the job related? _____

Employee's Name: _____

Location of accident: _____

Date & Time it occurred: _____

Describe, in detail, of what transpired: _____

Describe Bodily Injury Sustained: _____

Full name of supervisor at time of incident: _____

Full name(s) of witness(s): _____

To whom did you report the injury: _____

Do you require medical attention: Yes: _____, No: _____, or Maybe: _____

Name of treating physician: _____ Contact #: _____

Employee Signature: _____ Date: _____

PLEASE COMPLETE AND CONTACT OUR OFFICE WITHIN 24 HOURS OF INJURY

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