Davenport Community School District Davenport, Iowa EMPLOYEE WORK INJURY REPORT EMPLOYEE FIRST REPORT OF INJURY

For Workmen's Compensation Service and IOSHA

This report must be filed within 24 hours.

Type or print information.

ы	1.	Name of injured	Soc. Sec. No/	/	
INJURED	2	(First) (Middle) (Last) Home address			
		(Street) (City)	(State)	(Zip)	
59	l		s 7. Total # of dependents		
ZZ		3. Hours worked a.m p.m. toa.m p.m. 9. Number hours per/day Number days per/week			
"P	10.	Job Title 11. Department			
	12a. Place of injury or exposure				
OR		(No. & Street) (City) D.Building: 12c. Building Phone Nu		(Zip)	
	l	Was place of accident or exposure on employer's premises? Yes			
	14 What specific job was employee performing when injured?				
	15. Describe fully how the accident or injury occurred.				
ACCIDENT	15.	Describe fairly now the accident of rightly occurred.		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
MA M					
THIE		(Be specific. If you were using tools or equipment or handling material, name the	m and tell what you were doing with then	n.)	
	16.	16. Was injury caused by failure of injured to use or observe safety equipment or regulations?			
	<u> </u>				
THE INJURY OR ACCIDENT	17. Date of injury or initial diagnosis of occupational illness Time				
	18.	. Was employee disabled? Yes No Date disability began			
	19.	9. When did you first notify your supervisor of the injury?			
	20.	20. Describe the injury or illness in detail and indicate the part of the body affected.			
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		(For example: amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of the left hand etc. Medical description)			
	21.	Did employee require treatment by a doctor at the time of the injury? Yes	s No		
OTHER	l	22. Name and address of doctor consulted			
		Phone			
	23.	Did employee require treatment at a hospital at the time of injury? Yes _	No		
	24.	24. Name and address of hospital			
		Phone			
5	25.	25. Name and address of witnesses			
Phone			Phone		
	26.	Does injured employee hold second job? 27. Where	28. Phone		
		Date of report:			
Employee Signature: Principal's Signature			Signature:		