Montgomery County Report of Injury Form

Name:_____ **Sex:** M ☐ F ☐ **Marital Status:** ☐ Single ☐ Married

DOB: _____ **Race:** _____ **SSN:** _____

Address: _____ **Phone:** _____

Department: _____ **Job title:**_____ **Hourly Rate:** _____

Work Phone: _____ **Supervisor:** _____

Date of Incident: _____ **Date Reported:** _____ **Time Reported:** _____

Witness Name: _____ **Address:** _____

Phone: _____

Length of Employment:

☐ Less than 1 month
☐ 1-5 months
☐ 6 mos. To 5 yrs.
☐ More than 5 yrs.

Accident Location:

_____

_____

_____

On Employer's Premises:
☐ YES
☐ NO

Job Classification:
Full Time ☐ Temporary ☐
Part Time ☐

Time of the injury:

A. ___:_____AM ___:____PM

B. Time Within Shift _____th hour

Shift Begin Time _____

Shift End Time _____

Severity of Injury:
❑ Fatality
❑ Medical Treatment
❑ Denied Treatment

Phase of Employee's Workday at Time of Injury:
❑ During break period
❑ Working overtime
❑ Entering or leaving workplace
❑ Performing work duties

Activity at time of the injury:

_____

_____

_____

_____

Supervision at time of injury:
❑ Directly Supervised
❑ Indirectly Supervised
❑ Not supervised

Employee Was Working:
❑ Alone
❑ With others

Type of injury: _____ **Body Part** _____

What caused the injury? _____

Were safety requirements followed? _____

Equipment Used ☐ **Safety Glasses** ☐ **Respirator** ☐ **Hard Hat** ☐ **Safety Shoes** ☐ **Gloves**

☐ **Body Harness** ☐ **Safety Vest** ☐ **Other** _____

List steps taken to prevent reoccurrence:

_____

_____

_____

_____

_____

_____

_____

I understand and agree that if benefits are paid by Montgomery County Government for an on the job injury and the injury was due to the actions of a third party, the county has a right to a claim against the third party for the reimbursement of those benefits only. This in no way prohibits the employee from any recovery as a result of an injury inflicted by a third party to which he or she is legally entitled. I also acknowledge the information contained on this form is true and correct to the best of my ability.

Employee Signature:_____**Date**_____

Prepared by:	**Approved by:**
_____	_____
Print Name	**Print Name**
_____	_____
Signature	**Signature**
Title: _____	**Title:**_____
Date:_____	**Date:**_____

Additional information to be considered: