EMPLOYER'S REPORT OF INDUSTRIAL INJURY

COMPLETE AND MAIL THIS REPORT WITHIN 10 DAYS FROM NOTICE OF ACCIDENT. FATALITIES MUST BE REPORTED WITHIN 24 HOURS.

Employer must, on this form, notify his insurance carrier of every injury or disease suffered by an employee, fatal or otherwise, which is claimed to arise our of or in the course of employment. ARIZONA REVISED STATLITES 23-908 & 23-1061

INDUSTRIAL COMMISSION OF ARIZONA P.O. BOX 19070 PHOENIX, ARIZONA 85005-9070

MAIL TO: (CARRIER NAME & ADDRESS)

FOR	CARRIER	USE	ONLY

OSHA Case #:	
RECORDABLE INJURY	
NON-RECORDABLE INJURY	

FOR OSHA PURPOSES ONLY

EMPLOYEE	1. LAST NAME		FIR	ST	M.I.	2. SOCI	AL SECURITY NUMBER *	*	3. BIRTH DATE
4. HOME ADDRESS (N	UMBER & STREET)		C	ITY	STATE		ZIP CODE	5. TELEPHO	NE
6.		7. MAF	RITAL STATUS:						
SEX MA	LE FEMALE			SINGLE	MARRIED	DIVORCED	☐ WIDOWED		
				<u> </u>					
EMPLOYER	8. EMPLOYER'S NAME				9. POLICY N	UMBER		10. NATURE OF BUS	SINESS (MANUFACTURING, ETC.)
11. OFFICE ADDRESS	(NUMBER & STREET)		C	ITY	STATE		ZIP CODE	12. TELEPHO	ONE
ACCIDENT	13. DATE OF INJURY (OR ILLNESS	14. TIME OF E	EVENT	15.	TIME EMPLOY	/EE BEGAN WORK	16. DATE EM	IPLOYER NOTIFIED OF INJURY
ACCIDENT				□ A.M.	□ P.M.		П А.М. П I	P.M.	
17. LAST DAY OF WOR	N AFTER IN HIRV	40 DA	TE OF RETURN TO WORK	A.M.	ш	DATION (IOD 3	TITLE) WHEN INJURED		
17. LAST DAY OF WOR	KK AFTER INJURT	16. DA	IE OF RETURN TO WORK	19.	EMPLOYEE S OCCU	PATION (JOB	ITILE) WHEN INJURED		
20. CLASS CODE ON F	PAYROLL REPORT	21. EN	IPLOYEE'S ASSIGNED DE	PARTMENT 22.	DEPARTMENT NUM	BER	23. DID INJURY OC	CUR ON EMPLOYER	PREMISES?
							☐ YES	□ NO	
24. ADDRESS OR LOC	ATION OF ACCIDENT	ı		CIT	Υ	COL	UNTY	STATE	ZIP CODE
25 WHAT WAS THE II	NUIDV OD ILI NESS? Tol	ue the part of t	he hady that was affected a	nd how it was affected:	he more enecific than	"hurt " "pain " or	r coro." Evamplos: "strair	and back": "chamical bu	ırn, hand"; "carpal tunnel syndrome."
20. WHAT WAS THE II	TOUR I OR ILLINESS! TE	us the part of t	no body mai was anected a	ind now it was affected; I	oc more specific trian	nuit, paili, Ol	Sole. Examples. Strail	nou back , Chemical Du	in, naid, carpartuillei syndionie.
26. PART OF BODY IN	JURED		27	. FATAL	YES 🗖 N	28. IF	THE EMPLOYEE DIED, W	VHEN DID THE DEATH	OCCUR? DATE OF DEATH
					YES N				
	REATED IN AN EMPERGE	NCY NA	ME OF PHYSICIAN OR OTI	HER HEALTH CARE PR	OFESSIONAL	ı	ADDRESS (STREET	, CITY, STATE & ZIP C	ODE)
ROOM?									
		NO							
30. WAS EMPLOYEE H AN IN-PATIENT?	OSPITALIZED OVERNIGH	TAS IF H	HOSPITALIZED, HOSPITAL	NAME			ADDRESS (STREET	, CITY, STATE & ZIP C	ODE)
AN INTENTE	□ YES □								
31. IF VALIDITY OF CL	AIM IS DOUBTED. STATE	REASON							
CAUSE OF			ne injury occurred. Exampl	es: "When ladder slippe	ed on wet floor, worke	fell 20 feet"; "\	Worker was sprayed with	chlorine when gasket bi	roke during replacement"; "Worker
CAUSE OF ACCIDENT	32. WHAT HAPPENED developed soreness in v		ne injury occurred. Exampl	es: "When ladder slippe	ed on wet floor, worker	fell 20 feet"; "\	Worker was sprayed with	chlorine when gasket br	roke during replacement"; "Worker
			ne injury occurred. Exampl	es: "When ladder slippe	ed on wet floor, worke	fell 20 feet"; "\	Worker was sprayed with o	chlorine when gasket bi	roke during replacement"; "Worker
			ne injury occurred. Exampl	es: "When ladder slippe	ed on wet floor, worke	fell 20 feet"; "\	Worker was sprayed with (chlorine when gasket br	roke during replacement"; "Worker
ACCIDENT	developed soreness in v	rrist over time."	ne injury occurred. Example injury occurred. Example injury occurred.						roke during replacement"; "Worker
ACCIDENT	developed soreness in v	rrist over time."							roke during replacement"; "Worker
33. WHAT OBJECT OF	developed soreness in v	rrist over time." HARMED THE	EMPLOYEE? Examples:	"concrete floor"; "chlor	ine"; "radial arm saw.	" If this questio	in does not apply to the in	cident, leave it blank.	
33. WHAT OBJECT OF	developed soreness in v	HARMED THE	EMPLOYEE? Examples: ENT OCCURRED? Descrit	"concrete floor"; "chlor	ine"; "radial arm saw.	" If this questio	in does not apply to the in	cident, leave it blank.	roke during replacement"; "Worker "climbing a ladder while carrying
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NOTE TO EMPLOYER:

- Mail one copy to the Industrial Commission within 10 days.
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Mail one copy to your insurance carrier within 10 days.

Keep one copy, for not less than five (5) years, as your supplementary record of injuries required by the Federal Occupational Safety and Health Act of 1970.

^{*} The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.