

Employee Interview Form

Location Code: _____

Section 1

Name (First, MI, Last):		Date of Birth:	SSN:	Job Title:
Home Address:		Email Address:	Phone Number:	
Initial Complaint:				Date:

Section 2

Where did the injury occur? <input type="checkbox"/> On site <input type="checkbox"/> Off site (provide address): _____		Shift: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Date & Time:
Do you have a job at another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you: <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Ambidextrous (use of both hands)		
Side of body with most pain: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	Specific body part in pain: <input type="checkbox"/> Head <input type="checkbox"/> Eye <input type="checkbox"/> Back <input type="checkbox"/> Arm <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Fingers <input type="checkbox"/> Wrist <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Foot <input type="checkbox"/> Elbow <input type="checkbox"/> Other: _____		
What happened?			
What were you doing when the injury occurred?			
Please describe how you were performing your job when the injury happened.			
How long has this task been assigned to your job?			
Were you using the required safety equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who was there when this injury occurred?			

Where was your supervisor when this injury occurred?

Describe the events that contributed to the incident. What would you do differently to avoid this from happening again?

Did anyone else cause this incident?

Witness name(s) and phone numbers:

Name

Phone Number

List names and dates of medical care, if already sought.

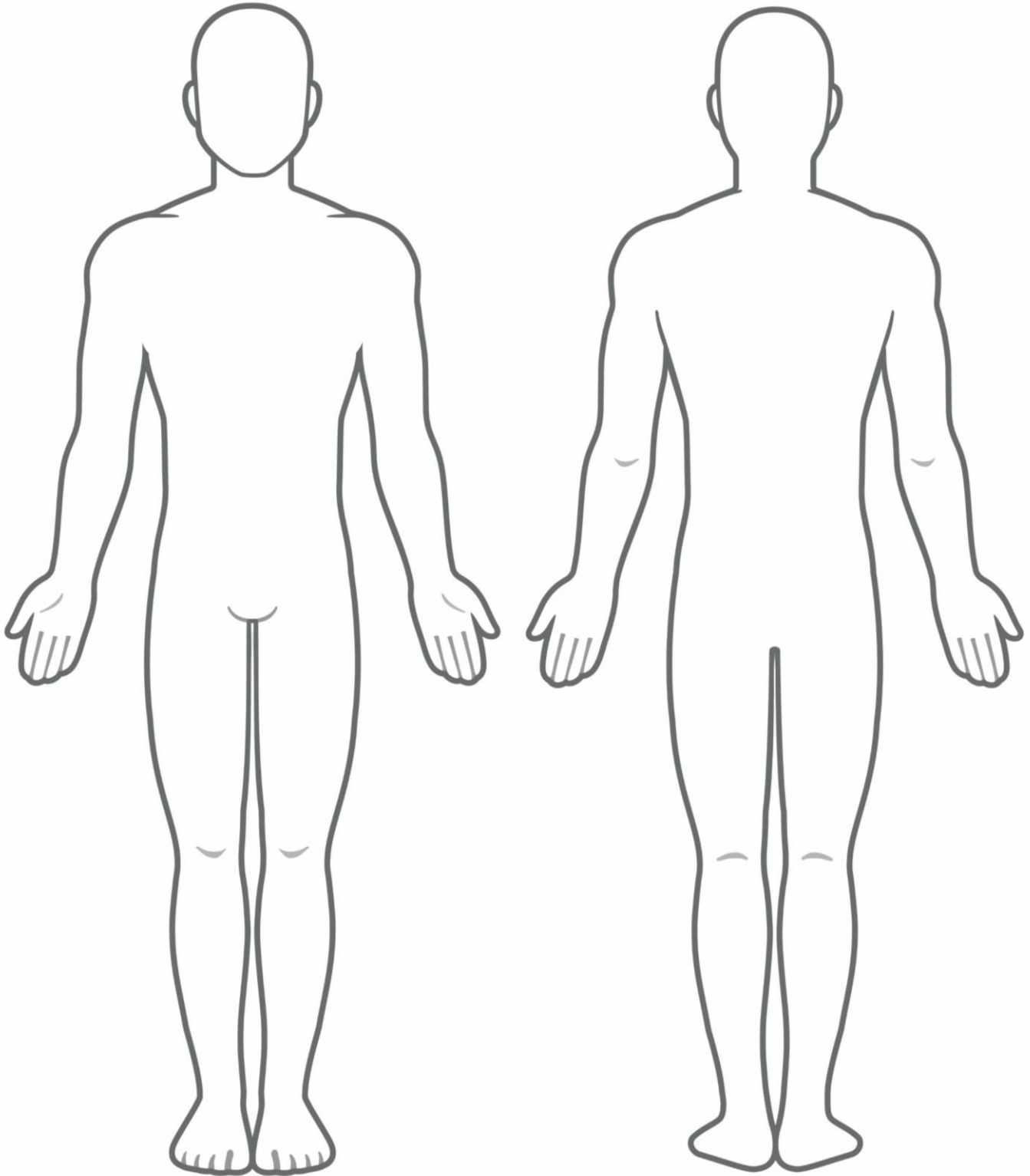
Physician Name

Date of Treatment

Phone Number

Section 3

Please mark the location(s) where you are injured with an X.



Employee Signature: _____ Date: _____