INGHAM COUNTY
INJURY REPORT FORM
(for reporting work-related injuries/illnesses)

USE THIS FORM WHEN REPORTING AN INJURY TO AN EMPLOYEE. Report of an accident which has or could have caused an injury to an employee must be made to the Benefits Analyst in Human Resources Department, Human Services Building, Lansing, WITHIN 24 HOURS of any on-the-job injury.

INJURED WORKER'S STATEMENT OF ACCIDENT/ILLNESS			
Employee Name (Last Name, First Name): Employee No. _____			Sex: Male ____ Female: ____
Home address:		SSN:	
Home/Cell Phone:	Date of Birth:	Work phone:	
Job Title:	Department Name:		Date of Hire:
Date of occurrence:	Time of accident: AM /PM	Location of incident occurrence:	
How was injury incurred:		Time employee began work: AM/PM	
Nature of injury (burn, cut, strain, etc.)		Body part(s) injured (right arm, left leg, etc.):	
Explain how accident happened: (You may add additional sheets if needed) _____ _____ _____			
Did employee receive medical treatment? _____Yes _____ No	Name and Address of hospital or physician: Sparrow Occupational Health: _____ ER _____ Other:		Date of Treatment:
Name and phone number of witnesses (if any):			

Did injured worker lose time from work:	If yes, first full day of disability: **(Do not count day of the injury, the day employee returned to work, or weekends and holidays unless scheduled to work those days)**
Has the injured worker returned to work:	If yes, date returned:
Date the Employee Reported the Injury:	Does the Employee have a second employer: Yes____ No_____
Supervisor's Name:	Signature:
Phone ext:	This Form was completed by: Date Completed:

If you have any questions regarding the filing of this form, contact Brenda Mills, Benefits Analyst, Human Resources Dept. 517-272-4187 or bmills@ingham.org