First Report of Injury or Illness

CITY OF BANGOR

The First Report of Injury form must be completed by the supervisor and e-mailed to safety.environmental@bangormaine.gov within 24 hours of the injury or illness. All sections must be completed before submission. It is recommended that the injured employee be present when completing the form to assist with the details of the accident. If the severity of the injury or illness requires immediate medical care (e.g. emergency room or transported by ambulance), notify Safety and Environmental Management immediately.

Employee Information

1. Employee Name: First Name / MI / Last Name	**2. Date of Hire:** mm / dd / yyyy
3. Home Address: No./Street / City / St / Zip	**4. Gender:** ☐ Female ☐ Male
5. Social Security #:	**6. Employee's Phone Number:**
7. Employment Status: ☐ Full Time ☐ Part Time ☐ Other (i.e. Seasonal, Temporary, Election, Volunteer, etc…)	**8. Date of Birth:** mm / dd / yyyy
9. Job Title:	**10. Department:** Choose a Department
11. Supervisor Name:	**12. Supervisor Phone:**

13. Does the employee work for another employer? ☐ Yes ☐ No *** If yes, please complete 13a. Leave blank if employee is unavailable to answer this question*	**13a. Secondary Employer Information:** Name/Contact / Phone	
	No./Street	**City / St / Zip**

Incident Information

14. Date of Injury or Illness: mm / dd / yyyy	**15. Time of Injury or Illness:** ☐ AM ☐ PM	**16. Time employee began work:** ☐ AM ☐ PM
17. Was the employee doing his/her regular job at the time of the incident? ☐ Yes ☐ No	**17a. If no, explain:**	
18. Location where injury or illness occurred:		
19. List all equipment, materials or chemicals the employee was using when the incident occurred (e.g. drill press, pool chemicals, front-end loader, etc…):		

20. Specify activity the employee was engaging in when the event occurred (e.g. Shoveling hot top, teaching class, loading dump truck, etc…):

21. What body part(s) were affected (e.g. left wrist, right knee, lower back, etc…): ☐ **Right** ☐ **Left** ☐ **Both**

22. Describe the specific injury/illness (e.g. strain, laceration, bite, etc…):

23. Describe in full how the injury/illness occurred:

24. Were there any witnesses?

☐ **Yes** ☐ **No** **If Yes, list witnesses.**

24a.

24b.

25. What can be done to prevent this from happening again in the future?

26. Did the injured employee seek medical treatment? ☐ **Yes** ☐ **No**

☐ **Concentra – 10-day Occupational Health Provider**

☐ **Emergency Room**

☐ **Penobscot Community Health Care Walk-in Clinic**

☐ **Other:** _____