



## WHAT TO ASK WHEN AN EMPLOYEE GETS HURT

### Employee Name, Address, and Telephone Number:

1. Location of the incident: \_\_\_\_\_
2. Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_
3. When did the injured worker report the incident/injury? \_\_\_\_\_
4. Accident description: \_\_\_\_\_
5. Who did the injured worker report the incident/injury to? \_\_\_\_\_
6. Describe the injuries: \_\_\_\_\_
7. Were there any witnesses? Yes No Name and telephone number: \_\_\_\_\_  
\_\_\_\_\_
8. Was there a video of the accident? Yes No
9. Where was the injured worker directed for medical treatment? \_\_\_\_\_  
\_\_\_\_\_
10. Job title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_
11. Hourly Wage/Salary: \$ \_\_\_\_\_ Hr/Week/Month Average hours/week: \_\_\_\_\_
12. Is the injured worker currently working? Yes No If no, when was the last day worked? \_\_\_\_\_
13. How many scheduled workdays/hours were missed? \_\_\_\_\_
14. Salary being continued by the employer/client? Yes No
15. Is the client company able to accommodate light duty? Yes No Not Applicable
16. Does the injured worker have a record of disciplinary actions? Yes No
17. Is there a 3<sup>rd</sup> party at fault for this accident/injury? (Such as faulty machinery/tools, another driver, etc.)  
Yes No Description/Name: \_\_\_\_\_
18. Are you questioning the validity of the claim? Yes No
19. Are you aware of any prior worker's compensation claims by this employee? Yes No
20. Was the injured worker drug tested? Yes No If so, what were the results? \_\_\_\_\_