SKI COOPER EMPLOYEE INJURY REPORT FORM

Date of report_____ Time_____

Injury date_____ Injury time_____

Name of injured_____ Injured's Supervisor_____

Part of body injured (describe injury)_____

_____

Description of occurrence resulting in injury_____

_____

_____

Equipment or object involved_____

_____

Recommended procedure to prevent recurrence _____

_____

_____

_____

Workmen's Compensation information: Age_____ Date of birth_____

Sex_____ Marital Status_____ Number of dependents_____ Phone_____

Job assigned at time of injury_____

Time and date injury reported to employer_____

Date of last job disabling injury_____

Name and address of spouse or other dependents_____

_____

To the best of my knowledge, the above is an accurate description of the accident and injury.

Employee_____

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