

Montgomery County Report of Injury Form

Name: _____ **Department:** _____
Job title: _____ **Hourly Rate:** _____ **DOB:** _____
Phone: _____ **Supervisor:** _____
Social Security Number: _____ **Marital Status:** _____
Number of Dependents: _____ **Sex:** _____ **Email:** _____
Address: _____

Date of Incident: _____ **Date Reported:** _____ **Time Reported:** _____

Witness Name: _____ **Address:** _____
Phone: _____

Date of Hire:

Accident Location:

On Employer's Premises:
 YES
 NO

Number of hours worked per week:

Job Classification:
Full Time Temporary
Part Time

Time of the injury:

A. ____:____ AM ____:____ PM

B. **Shift Begin Time:** _____

Shift End Time: _____

Severity of Injury:

- Fatality
- Medical Treatment
- Denied Treatment

Phase of Employee's Workday at Time of Injury:

- During break period
- Working overtime
- Entering or leaving workplace
- Performing work duties

Activity at time of the injury:

Supervision at time of injury:

- Directly Supervised
- Indirectly Supervised
- Not supervised

Employee Was Working:

- Alone
- With others

Type of injury: _____

Body Part: _____

What caused the injury? _____

Were safety requirements followed? _____

Equipment Used: Safety Glasses Respirator Hard Hat Safety Shoes Gloves
 Body Harness Safety Vest Other _____

List steps taken to prevent reoccurrence:

I understand and agree that if benefits are paid by Montgomery County Government for an on the job injury and the injury was due to the actions of a third party, the county has first rights to a claim against the third party for the reimbursement of those benefits only. This in no way prohibits the employee from any recovery as a result of an injury inflicted by a third party to which he or she is legally entitled. I also acknowledge the information contained on this form is true and correct to the best of my ability.

Employee Signature: _____ **Date:** _____

Prepared by:

Print Name

Signature

Title: _____

Date: _____

Approved by:

Print Name

Signature

Title: _____

Date: _____

Additional information to be considered:
