MIDWEST Environmental Services, Inc.

FIRST REPORT of INJURY

Rev 1 cc 2-20-23

Return completed Form to the Director of Health and Safety within 24 Hours of injury

EMPLOYEE INFORMATION

Name (last, first, middle)	Address (number, street, city, state, Zip Code)
Date of Birth (employee)	
Contact Number including Area Code (employee)	Assigned Facility (employee)

OCCURENCE INFORMATION

Date of Injury	Time of Occurrence	Time Workday Began	Date Supervisor Notified
	AM PM	AM PM	
Type of Injury		Part of Body Injured	
Location where Injury occurred		All equipment, Materials, or Chemicals Involved	

How Injury Occurred - Describe in sequence and include any relevant objects or substances

Continue on Page 2 of 2 if addition space is needed

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee) _____ Date (document was completed) _____

FIRST REPORT of INJURY

Continuation Page

I HAVE COMPLETED THE ABOVE AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature (employee) **Date (document was completed)**