Human Resources Office
West Virginia Northern Community College
1704 Market Street, Room 125
Wheeling, WV 26003
Phone: (304) 214-8901
Fascimile: (304) 233-5387

Employee Workplace Injury Report Form

Use this form to report a workplace injury. Please complete the form and submit it to the Human Resources Office at the above address within 24 hours of the injury.

Injured Employee's Name: _____ Employee's Status ☐ Full-Time ☐ Part-Time

Social Security Number _____ Date of Birth: _____ Employees' Home Phone # _____

Department _____ Job Title _____

Employee's Home Address (*Street, City, State and Zip Code)* _____

Date of Injury _____ Time of Injury _____ ☐ a.m. ☐ p.m. Time Employee began work on the day of injury _____ ☐ a.m. ☐ p.m.

Did injury occur on College Property? ☐ Yes ☐ No Physicial location where the injury occurred:

Describe how the injury occurred:

Did Employee lose any work time? ☐ Yes ☐ No Did Employee receive medical attention? ☐ Yes ☐ No

Describe type of treament received:

Name of physician or hospital providing medical treatment: _____ Telephone # (Include area code) _____

Did injury/illness involve time away from work beyond the date of injury? ☐ Yes ☐ No

Describe the exact body part(s) affected and the type of injury sustained to each: _____

Has employee sustained previous injury/incurred previous illness affecting same body parts? ☐ Yes ☐ No

Enter names and telephone numbers of any witnesses to injury:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Supervisor's Name _____ Phone # _____ E-mail: _____

Does supervisor have any reason to question this injury? ☐ Yes ☐ No

If yes to above question, do not enter comments. Supervisor will be contacted if information is needed.

Employee's Signature: _____ Date _____

Supervisor's Signature: _____ Date _____

Print Form and Return to Human Resource

7/2012