RED fields are required to be filled out.

EMPLOYEE'S INJURY REPORT FORM

Spokane Transit Authority

1230 W. Boone Avenue
Phone: (509) 325-6402
Fax: (509) 325-6061

EMPLOYER FACILITIES

- ☐ BOONE
- ☐ PLAZA
- ☐ VSC
- ☐ OTHER

TODAY'S DATE

DATE OF OCCURRENCE | TIME OF OCCURRENCE | ☐ AM ☐ PM

DATE REPORTED | TIME REPORTED | ☐ AM ☐ PM

REPORTED TO WHOM

PERSONAL INFORMATION

FIRST AND LAST NAME | DATE OF BIRTH | ☐ MALE ☐ FEMALE | EMPLOYEE NUMBER

HOME PHONE | HOME ADDRESS | CITY | STATE | ZIP

EMPLOYEE INFORMATION

DEPARTMENT | JOB TITLE | DATE OF HIRE | ☐ FULL TIME ☐ PART TIME

SHIFT HOURS | HOURS VARY ☐ | DAYS OFF | DAYS OFF VARY ☐

OCCURRENCE

ADDRESS OR LOCATION OF OCCURRENCE

WHAT JOB/ACTIVITY WERE YOU PERFORMING?

THIRD PARTY INVOLVED? NAME OF INDIVIDUAL | VEHICLE # | DID EVENT OCCUR ON PRIVATE PROPERTY? ☐ YES ☐ NO

WHAT BODY PART(S) INJURED? ☐ Left or ☐ Right | WHAT TYPE OF INJURY (cut, strain, laceration, burn, etc.)?

WHAT HAPPENED TO CAUSE THE INJURY? (Describe how the event occurred, including other persons involved, tools, machinery, chemicals, etc.)

HOSPITAL/PHYSICIAN CONSULTED (name/location/phone) | DATE

TIME LOST AT WORK? ☐ YES ☐ NO | DATE LAST WORKED | DATE RETURNED | ADDITIONAL COMMENTS

WITNESSES

NAME & ADDRESS | BUSINESS PHONE | RESIDENCE PHONE

SIGNATURES

EMPLOYEE (PRINT NAME)

EMPLOYEE SIGNATURE | DATE

SUPERVISOR (PRINT NAME)

SUPERVISOR SIGNATURE | DATE