

FLORIDA ATLANTIC UNIVERSITY

: R U N H U V ¶ & R P S H Q V D W L R Q

FIRST REPORT OF INJURY FORM ~~ NON-MEDICAL TREATMENT INVOLVED ONLY ~~

~ Injured Employee ~

Name:	ID #:
Department Name:	Date of Accident:
Office Location:	Time of Accident:
Office Phone #:	Place of Accident:

(P S O R \ H H ¶ V ' H V F U L S W L R Q R I \$ F F L G H Q W , Q F O X G H & D X V H	
Part of Body Affected:	Injury/Illness that Occurred:
, Q M X U H G (P S O R \ H H ¶ V 6 L J Q D W X U H	

~ Supervisor ~

6 X S H U Y L V R U ¶ V 1 D P H	6 X S H U Y L V R U ¶ V 6 L J Q D W X U H
Agree with Description of Accident?	Office Phone #:
Yes No	Office Location (Bldg # & Room #):

Keep a copy in your office, and send original to:
 Human Resources Department
 Bldg #04 Room # 114