



***Injured Person Info***

Local Union # \_\_\_\_\_

Local Union Jurisdiction \_\_\_\_\_

Age of Injured \_\_\_\_\_

Job Title \_\_\_\_\_

***Employer Info***

Company Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

***Event Information***

Type of Injury

Select Injury Type

Date of Injury \_\_\_\_\_

Job Injury Location

Select Injury Location

Crew Size

Select Crew Size

Disability

Select Disability

Days of work missed \_\_\_\_\_

Narrative: Please include job assignment, event detail, unsafe procedures, and prevention measures put in place: