State of Rhode Island
Initial Injury Report

Please type or print in black ink.
Be sure to provide all requested information.

EMPLOYEE SECTION	**Agency:**	**Assigned Building:**
Last Name:	**First Name:**	**Middle Initial:**
Home Address (Not PO Address) and Phone Number	**Social Security #:**	**Marital Status:**
Street:		**Job Title:**
City:		**Assigned Shift: 1st ☐ 2nd ☐ 3rd ☐ Other: ☐**
State:	**Zip:**	**Phone:**
Date of Incident:	**Time of Incident:** AM / PM	**Date of Hire:**
Date of Birth:	**Gender: M ☐ F ☐**	

Shift When Incident Occurred:

Work Area and Building Where Incident Occurred *(e.g. Kitchen in Regan)*:

How Many Hours *In a Row* Had You Been Working *Just Prior* to this incident?

Do you have Supplemental Employment? Yes ☐ No ☐

What are your Normal Work Hours?
From: AM / PM To AM / PM

Circle the Affected Body Part(s) at the Time of the Injury:

R L L R

Number of Affected Body Part(s) *in order of relevance*:

a.___ Ankles	f.___ Hands	j.___ Legs
b.___ Arms	g.___ Head/Neck	k.___ Shoulders
c.___ Back	h.___ Hips	l.___ Torso/Groin
d.___ Elbows	i.___ Knees	m.___ Wrists
e.___ Feet		

Describe *how* the injury occurred *(e.g., lifting patient, etc.)*:

Describe the nature of your injury *(e.g., bite, sprain, burn, etc.)*:

Did You Report this Incident to Your Supervisor? Y ☐ N ☐
If Yes, Name of Person:

Date Supervisor Notified:

Did Anyone Witness This Incident? Y ☐ N ☐
If Yes, Name of Witness(s):

Employee's Signature:

Today's Date:

SUPERVISOR SECTION

Provide a Detailed Description of What You Understand to Have Happened *(include date and time of notification):*

Was Employee Sent to a Clinic/Treatment Center? Y ☐ N ☐ If Yes, Where?

Number incident/injury cause(s) *in order of relevance*:

1.___ Bodily Motion	4.___ Contact	7.___ Patient/Inmate Assault	10.___ Miscellaneous
2.___ Patient/Inmate Handling	5.___ Slip/Fall	8.___ Caught	11.___ Aggravation of Pre-Exist. Cond.
3.___ Object Handling	6.___ Exposure to Illness/Infection	9.___ Collision	12.___ Recurrence

Check off *single*, most applicable description of the injury's nature:

1.___ Strain/Pull	4.___ Pain/Numbness/Tingling	7.___ Exposure-Bodily Fluids	10.___ Inflammation/Tendonitis
2.___ Strain/Twist	5.___ Needle Stick	8.___ Exposure-Environmental	11.___ Laceration/Cut
3.___ Bruise/Contusion	6.___ Bite	9.___ Burns	12.___ Fractures/Broken Bones

Supervisor's Name *(Print)*:	**Title:**	
Supervisor's Signature:	**Date:**	**Phone #:**