INJURY REPORT FORM

Person Injured: ☐ LifeWays Employee ☐ Consumer ☐ Visitor
Name of Person Injured:
Date of Injury: Time of Injury: Shift: ☐ 1st ☐ 2nd ☐ 3rd
Person Filling out Form:
Location Where Injury Occurred: ☐ Jackson Office ☐ Hillsdale Office ☐ Other Location:
Other Employee(s) Involved and/or Present:
Consumer(s) Involved or Was Another Person the Cause of Injury? ☐ If yes, attach copy of security incident report. Please do not include the last name of consumer(s).
How did the incident occur? Describe the activity and any equipment or materials being used:
Did Injured Person(s) Receive Treatment? ☐ Report Only (No Treatment Needed) ☐ Declined Treatment Employee initial here if refusing treatment: ______ ☐ Treatment was Provided ☐ Treatment Will Be Provided or Sought
Describe Treatment Provided:

Date and Time Care Given:	☐ Serious Injury (Required Ambulance or Hospitalization)	☐ Non-Serious Injury

If Serious Injury, Date and Time Chief Executive Officer/Designee Notified: Date and Time of Notification: Person Notified:
IF AN EMPLOYEE, Were They Referred to Henry Ford Allegiance Occupational Health ☐ Yes ☐ No
If so, did the Health Care Professional Release Employee from Care? ☐ Yes ☐ No If yes, a Release to Work Notice must be provided to People & Culture (P&C) before injured employee can return to work. Did the Health Care Professional Certify Employee for Disability Beyond the Workday? ☐ Yes ☐ No If yes, a Copy of the Disability from Work Shift Form must be provided to P&C and Supervisor.

Supervisor's Recommendation (administrative action to remedy and/or prevent recurrence of injury):

By signing this form, the employee certifies that the information the employee has provided is true to the best of his/her knowledge.

The injured employee also agrees to submit any documentation pertaining to their eligibility to work into LifeWays People & Culture in accordance with LifeWays Operating Procedure 9-04.07 Health/Injury/Wellness:

______________________________	______________________________
EMPLOYEE SIGNATURE AND TITLE	**DATE AND TIME**
______________________________	______________________________
SUPERVISOR SIGNATURE AND TITLE	**DATE AND TIME**

Original: **People & Culture**
Cc: **Employee's Supervisor**
Director, Emergency Management

Follow up action(s), including date(s), taken by Director, Emergency Management: