

***Knowledge Quest Academy***  
***Employee First Report of Injury***

Note: Knowledge Quest Academy requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours. Employee must complete each section of this form and return copy or original to the District Administration as soon as possible, so this report can be filed with the District's workers' comp carrier. Failure to do this may result in employee responsible for payment to doctor's office.

**A. Critical Information**

Employee's Name: \_\_\_\_\_  
  **First  Middle  Last**

SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
  **Number/P.O. Box  City  Zip**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Hire Date: \_\_\_\_\_ How long employed by District? \_\_\_\_\_

**B. Accident Information**

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Date Employer Notified: \_\_\_\_\_

Who did you notify: \_\_\_\_\_

Place of accident/injury: \_\_\_\_\_

Accident Address: \_\_\_\_\_

Names of Witnesses: \_\_\_\_\_

Describe affected body parts injured: \_\_\_\_\_

Please explain how accident/injury occurred in space provided below: (please print legible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's recommendations for corrective action to prevent incident from occurring in the future:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# EMPLOYEE'S REPORT OF INCIDENT

Knowledge Quest Academy requires that any employee who has had a work-related incident, which results in injury, must report the incident immediately to his/her supervisor and complete this form. Loss of benefit penalties may be imposed if you fail to complete this form and return it to your supervisor or district office within 24 hours.

I, \_\_\_\_\_ employed by **Knowledge Quest Academy** was involved in a work-related incident, which resulted in an injury.

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**These are the locations of the four approved designated providers.**

Workwell Occupational Medicine - Greeley  
2528 W 16<sup>th</sup> St  
Greeley, CO 80634  
Telephone: 970-356-9800

Banner Occupational Health Colorado  
1703 E. 18th Street, Bldg 4  
Loveland, CO 80538  
Telephone: 970-820-4580

Banner Occupational Health Colorado-NCMC  
1517 16<sup>th</sup> Ave Ct  
Greeley, CO 80631  
(970) 350-6810

CHMG-PVMG-OCC-Health-Loveland  
2500 Rocky Mountain Ave, Ste 2200  
Loveland, CO 80538  
(970) 495-8450

If you plan to seek medical treatment, please indicate below which location you will be going to:

Greeley \_\_\_\_\_ Loveland \_\_\_\_\_ None \_\_\_\_\_

I **do not** plan on seeking medical treatment: Initial here: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Rev 10.16.17