

EMPLOYEE FIRST AID INJURY/INCIDENT REPORT

IMPORTANT: ONLY use this form for injuries/illnesses NOT requiring treatment by a medical provider or a time loss from work.

Fairbanks North Star Borough

Fairbanks North Star Borough School District

This form is to be used for FIRST AID type injuries only. This first aid form does not start a workers' compensation claim for you and signing this form does not waive any of your rights under the workers' compensation laws. In the future if medical attention is required for this injury, please report it to your supervisor immediately and fill out a "Report of Occupational Injury or Illness" for the Alaska Department of Labor.

Employee's Name:			Position Title/Occupation:		
Date of Injury:	Time:	Date Reported:	Time:		
Department/School:			Supervisor/Principal:		
Supervisor at the Time of Injury (if different from above):					
Location Injury/Incident Occurred:					
Employee Contact Number:			Supervisor/Principal Contact Number:		
Location of Part(s) of Body Injured:		Left	Right	N/A	
Part(s) of Body Injured:		Other _____			
Abdomen	Chest	Finger	Head	Mouth	Shoulder
Ankle	Elbow	Foot	Hip	Neck	Toe
Arm	Eye	Groin	Knee	Nose	Tooth
Back	Face	Hand	Leg	Scalp	Wrist
Type of Injury: (mark all that apply)		Other _____			
Abrasion	Burn	Dislocation	Pain	Sprain	
Bite	Contusion	Fracture	Puncture	Strain	
Bruise	Concussion	Laceration	Scratches		
Type of First Aid Required:					
Explain How Injury Happened:					
Type of Equipment the Employee Was Using:			Surface Type Where Injury Occurred (if applicable):		
Specific Safeguards Used:					
<u>Witness(es):</u>					
Name(s):		Phone #:		Address:	
_____		_____		_____	
_____		_____		_____	

Employee's Signature (if available)

Date

Supervisor's Signature

Date

**Fill out all sections completely and fax a copy of the report to 459-1187 OR
e-mail a copy to ReportClaims@fnsb.us**

FORWARD THE ORIGINAL FORM TO RISK MANAGEMENT.