

County Workers' Compensation Pool

Employee's Written Notice of Injury to Employer

Please read instructions on reverse side before completing this form.

Note to Employer: You are required to complete the Employer's First Report of Injury.

1.	Name of Employer:		Phone:	
2.	Name of Injured Employee:		Social Security #:	
3.	Home Address:		Phone:	
4.	Age:	5. Birth Date:	6. Sex:	
7.	How long employed by employer?	8. Employee occupation:		
9.	Place of accident/exposure: (see instructions on reverse side) (No. & Street) (City) (State) (Zip)			
10.	What was employee doing when injured?			
	Be specific. If using tools or equipment, name them and tell how they were being used.			
11.	How did the accident occur?			
	Describe fully the events which resulted in the injury/occupational illness. Tell what happened and how it happened. Give full details on all factors which led or contributed to the accident/exposure. Use separate sheet if additional space is needed.			
12.	Name the object or substance which directly affected the employee:			
	For example, the machine or thing he struck against or which struck him; the vapor or poisons inhaled or swallowed; the chemical or radiation which irritated the skin; or in the case of strains, hernia, etc, the thing lifted, pulled, etc.			
13.	Describe the injury/illness in detail and indicate the part of the body affected:			
	For example, amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand; etc. (medical description).			
14.	Date of Injury:	Time:	Working shift: from to	
15.	Was employee able to continue work after the injury? Yes _____		If no, date left work:	
	(b) Has employee returned to work?	(c) If so, give date:		
	(d) If not, probable length of disability:	(e) Did injury/illness force employee to transfer to a different assignment?		
16.	Date of last job-related injury/illness:			
17.	Prepared by: (employee signature)			Date:

Employee and Employer: See Reverse Side for Important Notice



Form prepared by County Technical Services Inc. 7/90, 12/93, 1/97

READ CAREFULLY

Effective July 1, 1990, SECTION 1. 8-43-102, Colorado Revised Statutes, 1986 Repl. Vol., as amended by House Bill 90-1160, enacted at the Second Regular Session of the Fifty-seventh General Assembly, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

8-43-102. Notice to Employer of injury - failure to report. (1.5) (a) Every employee of an employer who has permission to be its own insurance carrier pursuant to section 8-44-201 or of an employer who participates in a public entity self-insurance pool pursuant to section 8-44-204 who sustains an injury resulting from an accident shall notify his employer in writing of said injury within four working days of the occurrence of the injury, unless the employer, or the employee's foreman, superintendent, or manager has written notice of said injury. If the employee is physically or mentally unable to provide said notice, the employee's foreman, superintendent, or manager, or any other person in charge who has written notice of said injury, shall submit such written notice to the employer. If said employee fails to report said injury in writing, such employee may lose up to one day's compensation for each day's failure to so report. Any other person who has notice of said injury may submit a written notice to the employer which report shall relieve the injured employee from reporting the accident. Any employer receiving written notice of an injury pursuant to this subsection (1.5) shall affix thereon the date and time of receipt of such notice and shall make a copy of such notice available to the injured employee within two working days following receipt of such notice.

INSTRUCTIONS TO EMPLOYEE

1. All injuries, no matter how trivial, must be report to your employer.
2. Forms should be typed or printed legibly.
3. Instructions for Question 9:
If an accident/exposure occurred on employer's premises, give address of plant or establishment in which it occurred. If it occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of accident or exposure as accurately as possible.

INSTRUCTIONS TO EMPLOYER

1. You must complete an Employer's First Report of Injury and send it along with this form to the pool's claims administrator.
2. You must note the date and time of receiving this notice from the employee in the space provided below.
3. You must provide a copy of this complete Employee's Notice of Injury to the employee within two working days.

EMPLOYER'S ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE'S NOTICE OF INJURY

Completed form received from employee on _____ at _____ am/pm
(date)

by: _____
employer representative

completed copy of this form provided to employee on _____.
(date)