

## Oklahoma Conservation Commission and Oklahoma Conservation Districts

### First Report of On the Job Injury

**WHAT TO DO WHEN YOU'RE INJURED ON THE JOB**

- The first thing to do when injured in the workplace is to take care of yourself and try to avoid other injury!
- Seek medical attention, if necessary.
- Notify your supervisor.
- Complete this form as soon as possible; email it to the Commission HR Office; provide a copy to your Supervisor.

**WHAT WILL HAPPEN NEXT**

- After forms are received, a claim will be filed with the insurance carrier.
- The insurance carrier will assign a claims adjuster to your case.
- The claims adjuster will contact you, your employer, and health care provider within 48 hours to coordinate necessary treatment and explain benefits.

Name		Today's Date	
Home Address			
Cell Phone Number			
Social Security Number		Date of Birth	
Division or District			
Date of Hire			
Job Title			
Name of Supervisor			
Date of Accident			
Time Workday Began		Time of Accident	
<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm	
Exact Location of Accident (give address if possible)			
Date Employer Notified		Name of Person Notified	
Nature of Injury / Accident (i.e. sprained right knee, laceration to left ring finger, etc.)			

Body Part(s) Affected (be specific, including: left, right, etc.)		
Describe in your own words what you were doing and what happened		
Were there any witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, give names and contact information
Did you seek medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name		
Hospital / Clinic Name		
Hospital / Clinic Address		
Hospital / Clinic Phone Number		
Were medications prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmacy Name		
Pharmacy Address		
Pharmacy Phone Number		
Is there any follow up scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give Date, Time, and Doctor or Clinic
Did the Doctor give you written work restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide a copy with this report
Was there any lost time from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give number of days up to now?
Are you currently off work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

