

NOTICE OF JOB RELATED INJURY

NAME _____ EMP ID # _____ BOOK # _____

ADDRESS _____

TELEPHONE _____ AGE _____ SEX _____ RACE _____ CLASSIFICATION _____

CONTRACTOR _____ GAS COMPANY _____

WAREHOUSE LOC _____ STEWARD _____

WELDER FOREMAN NAME/PHONE _____

WORKMANS COMP CARRIER _____

NAME/PHONE SAFETY MAN _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

PLACE OF ACCIDENT _____ COUNTY _____ STATE _____

DATE EMPLOYEE REPORTED INJURY TO EMPLOYER _____

LAST DATE EMPLOYEE WORKED _____ HAS EMPLOYEE RETURNED TO WORK _____

WHAT WORK SCHEDULE IS JOB SET UP FOR _____

WAS EMPLOYEE PAID FULL WAGES FOR THAT LAST DAY _____

NATURE OF INJURY: (EXAMPLE: BURN, CUT, ETC) _____

LIST PART OF BODY INJURED _____

HOW DID ACCIDENT OCCUR (TO BE FILLED OUT BY INJURED EMPLOYEE) _____

NAME OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED EMPLOYEE _____

DID EMPLOYEE SEE A PHYSICIAN _____ IF YES, PLEASE GIVE NAME AND ADDRESS OF PHYSICIAN _____

NAME ANY WITNESSES _____

EMPLOYEE SIGNATURE _____

JOB STEWARD SIGNATURE _____

COMPLETE AND MAIL TO: PIPELINERS LOCAL UNION 798
P.O. BOX 470798
TULSA, OK. 74147-0798
ATTN: DANIEL C. HENDRIX, BUSINESS MANAGER