SIMSBURY PUBLIC SCHOOLS
1ST REPORT OF WORK RELATED INJURY OR ILLNESS

Before beginning the process of completing the first report of injury, ascertain if the worker is in need of emergency medical attention. If so, call 911 for ambulance transport to hospital. If not, complete this first report.

Please note - If injury requires additional medical treatment and employee is being sent to secondary response center, this claim must be called into CIRMA (worker's compensation carrier) at 1-800-652-4762. The claim number must be recorded on this form before sending the employee to the secondary response center.

Copies of this report should go to the following:
- Employee
- Employee's Supervisor
- 1st Response Personnel
- Secondary Treatment Facility
- Employee Benefits Office

W/C Claim Number
(for claims requiring secondary treatment)

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(This section should be completed by employee.)

NAME OF INJURED EMPLOYEE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE OF HIRE	HOME PHONE #

HOME ADDRESS	CITY/STATE/ZIP	WORK NUMBER

SCHOOL NAME & LOCATION	OCCUPATION	SUPERVISOR NAME	DATE SUPERVISOR NOTIFIED

(This section should be completed by employee and supervisor or 1st response personnel.)

DATE/TIME OF INJURY	TIME EMPLOYEE BEGAN WORK	BODY PART(S) INJURED	BUILDING OR ROOM WHERE INJURY OCCURRED
DATE: ________________ TIME: __________ ☐ AM ☐ PM			

DESCRIPTION OF INJURY

WHAT WAS EMPLOYEE DOING JUST BERFORE THE INCIDENT OCCURRED?

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE?

HAS EMPLOYEE RETURNED TO WORK?	DATE EMPLOYEE RETURNED TO WORK	DATE EMPLOYER NOTIFIED	WITNESSES

(This section is to be completed by 1st Response Personnel.)

INITIAL RESPONSE PROVIDED BY: *(Please print name.)*

DESCRIBE FIRST AID TREATMENT:

DEGREE OF TREATMENT:		DATE OF TREATMENT:
MINOR		
EXTENDED		
FOLLOW-UP		
SENT TO Doctors Treatment Center OR HOSP		

SECONDARY RESPONSE PROVIDED BY: THE DOCTORS TREATMENT CENTER OF GRANBY, 7 Mill Pond Rd, Granby, CT 06035
Phone - 860-653-2382 Fax 860-653-6235

Please note that additional selections for further treatment are available in the Workers' Compensation Preferred Provider Network - PPN. Should you choose to seek treatment with a provider outside the network, you may be responsible for the payment of those services and you will be placing your Workers' Compensation benefits at risk.