

### Purpose of form

This form is to be completed by all OKDHS staff to report any job-related accident, illness, or condition that occurs regardless of the type or severity. The form is completed even if no injury is involved or time lost from work. The employee must notify his or her supervisor immediately when a job-related accident or illness is sustained.

### Instructions

An original and four copies of the form are prepared by the employee as soon as possible after the occurrence of any job-related accident, illness, or condition.

**Part I. Identifying information:** All identifying information is completed as indicated. (NOTE: the WC claim number entry is not completed by the employee.)

**Part II. Employees report/notice of accident/injury:** All items in this section are completed as clearly, accurately, and concisely as possible by the **employee**. (NOTE: the WC claim number entry is not completed by the employee).

The employee, if available, must sign and date page three, and if medical treatment is received, must sign and date page four of the form.

### Routing

The completed form(s) is processed as quickly as possible to eliminate any delays in the processing and/or necessary action(s) regarding this form. The original forms are forwarded to the local OKDHS administrator, and copies are forwarded to the: local personnel officer; local safety officer; and Risk and Safety Management Unit.