



City of Omaha Initial Report of Injury on Duty

Employer

Employer FEIN: 47-6006304

UI# 0160241004

SIC Code: 9199

Business Name: City of Omaha
 Address: 1819 Farnam Street
 Human Resources Dept. Suite 506
 Omaha, NE 68183

Phone: (402) 444-5313
 FAX: (402) 444-5314
 Web: www.ci.omaha.ne.us/HumanResources

Employee

Name: _____
 (Last, First, Middle)

of Days Worked Per Week _____

Sex
 Male Female

Address: _____

Number of Dependents: _____

Job Title: _____

City: _____

Marital Status

Wages

Employment Status

Married
 Separated
 Unmarried
 Unknown

\$ _____
 Hourly
 Bi-Weekly

FT PT Other

State: _____

ZIP Code: _____

Employee's Work Phone # _____

Phone: _____

Date of Birth _____

Social Security Number _____

Date of Hire _____

Department/Organization _____

Supervisor's Name & Phone # _____

Occurrence/Treatment

Injury/Illness Date _____

Injury/Illness Time
 AM
 _____ PM

Time Employee Began Work
 AM
 _____ PM

About the Injury/Illness

On Employer's Premise
 Yes No On Duty
 Off Duty

Medical Attention Requested

Yes No
 Not at this time

Injury/Illness Location

Street Address or Nearest Intersection _____

City _____

County _____

State _____

Zip Code _____

How Illness/Injury Occurred (Describe the sequence of events use the back or additional paper as needed.)

Internal Use Only

Cause of Injury Code

List the Objects/Substance that directly caused the injury (Include any safety concerns you may have)

Hazardous Materials Exposure

Part of Body Affected (Indicate the part of the body affect by the injury/illness; e.g., right forearm, lower back)

Part of Body Code

Is there pain/discomfort on other portions of your body in addition to the injury site? If yes, please explain.

Nature of Injury Code

Type of Illness/Injury (Briefly describe the nature of the injury or illness; e.g., lacerations to forearm)

Initial Treatment: No Medical Treatment
 Emergency Care

First Aid

Minor Clinic/Hospital

Hospitalization More than 24 Hours

Future Major Medical/Lost Time

Date Administrator Notified

Form Preparer's Name: _____

Title: _____

Phone: _____

Date Prepared _____