

EMPLOYER'S REPORT OF INDUSTRIAL INJURY FORM INSTRUCTIONS

(TO BE COMPLETED BY COUNTY/EMPLOYER)

- 1. Please complete and return this form via e-mail within 10 days of notice of accident. Fatalities must be reported within 24 hours.
- 2. E-mail forms to the correct ACIP Workers' Compensation Claims Adjuster for your Member County:

Apache, Cochise, Gila, Graham, Greenlee, Navajo, Santa Cruz and Yavapai Counties: <u>arlene@aciponline.org</u>

La Paz, Mohave, and Pinal Counties: susan@aciponline.org

Employer must, on this form, notify his insurance carrier of every injury or disease suffered by an employee, fatal or otherwise, which is claimed to arise out of or in the course of employment.

ARIZONA REVISED STATUTES § 23-908 & 23-1061

•••	PLOYER'S REPOR		INDUSTRIAL COMMISSION OF ARIZONA P.O. BOX 19070 PHOENIX, ARIZONA 85005-9070			NA	FOR CARRIER USE ONLY			
COMPLETE AND MAIL THIS REPORT WITHIN 10			PROENIX: ARIZONA 85005-9070				FOR OSHA PURPOSES ONLY			
DAYS FROM NOTICE OF ACCIDENT. FATALITIES MUST BE REPORTED WITHIN 24 HOURS. Employer must, on this form, notify his insurance carrier of every			MAIL TO: (CARRIER NAME & ADDRESS)				OSHA Case #:			
			Arizona Counties Insurance Pool 1905 W. Washington St., Suite #200 Phoenix, AZ 85009				RECORDABLE INJURY			
injury or disease suffered by an employee, fatal or otherwise, which is claimed to arise out of or in the course of employment. ARIZONA REVISED STATUTES 23-908 & 23-1061										
EMPLOYEE	1. LAST NAME		FIRST	M.I.	2. SO	CIAL SECU	JRITY NUMBER	२ क		3. BIRTH DATE
-										
4. HOME ADDRESS (I	NUMBER & STREET)		CITY	STATE			ZIP CODE		5. TELEPHON	E
6. SEX	LE FEMALE	7. MARITAL STATU			DIVORCE		WIDOWED	C		
EMPLOYER	8. EMPLOYER'S NAME			9. POLICY	NUMBER			10. 1	NATURE OF BUSI	NESS (MANUFACTURING, ETC.)
	S (NUMBER & STREET)		CITY	STATE			ZIP CODE		12. TELEPHO	NE
TT. OFFICE ADDRESS	(NOMBER & STREET)		GIT	SIAIL					12. TELEFIIO	
ACCIDENT	13. DATE OF INJURY OR II	LNESS	14. TIME OF EVENT		5. TIME EMPL	OYEE BEG	GAN WORK		16. DATE EMP	LOYER NOTIFIED OF INJURY
17. LAST DAY OF WC		18. DATE OF RETU		. P.M. 19. EMPLOYEE'S OCC				P.M.		
17. LAST DAY OF WC	IRK AFTER INJURY	18. DATE OF RETU	KN TO WORK	19. EMPLOYEE'S OCC	JUPATION (JU	BIIILE) V	VHEN INJUREL)		
20. CLASS CODE ON	PAYROLL REPORT	21. EMPLOYEE'S A	SSIGNED DEPARTMENT	22. DEPARTMENT NU	IMBER	23.	DID INJURY C	OCCUR (ON EMPLOYER P	REMISES?
							YES		NO	
24. ADDRESS OR LO	CATION OF ACCIDENT			CITY	С	OUNTY			STATE	ZIP CODE
25. WHAT WAS THE	NJURY OR ILLNESS? Tell us t	he part of the body that	was affected and how it was affe	ected; be more specific the	an "hurt," "pain,'	" or sore."	Examples: "stra	ained bad	ck"; "chemical burr	n, hand"; "carpal tunnel syndrome."
26. PART OF BODY IN	JURED		27. FATAL		NO 28.	IF THE EM	PLOYEE DIED,	, WHEN	DID THE DEATH	OCCUR? DATE OF DEATH
	TREATED IN AN EMERGENCY	NAME OF PHYS	ICIAN OR OTHER HEALTH CA	ARE PROFESSIONAL		A	DDRESS (STRE	ET, CIT	Y, STATE & ZIP C	CODE)
ROOM?										
30. WAS EMPLOYEE H AN IN-PATIENT?	HOSPITALIZED OVERNIGHT A	S IF HOSPITALIZE	ED, HOSPITAL NAME			AD	DRESS (STRE	ET, CITY	Y, STATE & ZIP C	ODE)
31. IF VALIDITY OF C	LAIM IS DOUBTED, STATE RE	ASON								
CAUSE OF			rred. Examples: "When ladder	slipped on wet floor, work	ker fell 20 feet";	"Worker w	vas sprayed with	n chlorine	e when gasket brok	ke during replacement"; "Worker
ACCIDENT	developed soreness in wrist of	over time."								
33. WHAT OBJECT O	R SUBSTANCE DIRECTLY HA	RMED THE EMPLOYEE	Examples: "concrete floor";	"chlorine"; "radial arm sa	aw." If this ques	stion does n	not apply to the i	incident,	leave it blank.	
					-					
34. WHAT WAS EMPL	R SUBSTANCE DIRECTLY HA OYEE DOING JUST BEFORE aying chlorine from hand spraye	THE INCIDENT OCCUR	RED? Describe the activity, as		-					limbing a ladder while carrying
34. WHAT WAS EMPL	OYEE DOING JUST BEFORE	THE INCIDENT OCCUR	RED? Describe the activity, as		-					limbing a ladder while carrying
34. WHAT WAS EMPL roofing materials"; "spr	OYEE DOING JUST BEFORE	THE INCIDENT OCCUR	RED? Describe the activity, as nntry."	well as the tools, equipm	-					limbing a ladder while carrying
34. WHAT WAS EMPL roofing materials"; "spr 35. IF ANOTHER PER	OYEE DOING JUST BEFORE aying chlorine from hand spraye SON NOT IN COMPANY EMPL	THE INCIDENT OCCUR "; "daily computer key-d DY CAUSED ACCIDEN	RED? Describe the activity, as ntry." T, GIVE NAME AND ADDRESS	s well as the tools, equipm	ent, or material	the employ	yee was using.	Be speci	ific. Examples: "c	
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The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division of Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.