Rev. 7/07/2022

COOPERATIVE EDUCATIONAL SERVICES

EMPLOYEE'S FIRST REPORT OF INJURY FORM
PLEASE RETURN TO OFFICE OF ASSOCIATE EXECUTIVE DIRECTOR
WITHIN 24 HOURS OF INJURY

EMPLOYER INFORMATION	EMPLOYEE INFORMATION
Employer Name: Cooperative Educational Services	Last Name:
Employer Mailing Address: 40 Lindeman Drive, Trumbull, CT 06611	First Name: M.I.
	Social Security #:
	Address:
Nature of Business: Regional Educational Service Center	
Location if Different from Mailing Address:	Home Phone:
	DOB: Age: Sex: M F
	Occupation:
Name of Insurer: CIRMA	Department:
	Date of Hire:
Policy # WC 2022013226 07	Date Current Duties Began:
Policy Period: 07/01/22-06/30/23	Weekly Wage at Time of Injury:

INJURY OR EXPOSURE INFORMATION

Date & Time of Injury	Did injury or exposure occur on employer's premisis shown above? Yes No
am pm	If no, place where injury/exposure occurred, include town:

Describe the events whch resulted in the injury or disease (give full details on all factors that led or contributed to the injury or the onset of disease)

Name the object, substance or exposure which directly brought about the injury or disease:

Describe the injury or disease and indicate part of body affected:

Name(s) of witness(es) to incident:

Physician (Name & Address):	☐ First Aid ☐ Hospital ☐ ER ☐ Out-Patient	Hospital (Name & Address):

Date Employer Notified:	Time Employee's Workday Began: AM PM

Did Employee Lose One or More Days Work? Yes No If no,skip boxes 1, 2, 3 & 4

1. Date Incapacity Began:	2. Has Employee Returned to Work? Yes No If yes, give date:	

3. Did Employee Die? No Yes If yes,give date:	4. For Occupational Disease Date of Last Exposure: Date of Diagnosis As Occupational Related:

PREPARER'S INFORMATION		
Preparer's Name & Title (type or print):	Signature:	Date:
Supervisor's Signature:	Date:	

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Employee's Name: ______________________________

Date: ____________

Part II

Please answer the following additional questions which will assist us in handling this matter:

1. If the injury occurred where students were present, was any student directly involved in causing the injury?
YES NO

If the answer to Question 1 Is Yes - answer Questions 2, 3 & 4

2. If a student was directly involved in causing the injury, describe in full the student's actions that resulted in the injury:

3. In light of the description of the student's actions above, did the student engage in an "intentionally violent and hostile attack" (see below) against you that resulted in the injury you are reporting? YES NO

4. Name(s) of witness(es) at time of incident:

"Intentionally violent and hostile attack" means that the student has acted of his/her own volition, deliberately and with purpose to harm or injure, or has deliberately acted in such a way that the student knew or should have known that the likely outcome or result would be harm or injury.

When a student injures a staff member, the staff member should meet with their Program Administrator to discuss the incident in detail within 24 hours from the time of the incident.