STATE OF NEW JERSEY EMPLOYER'S F RST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE REPORTING INSTRUCTIONS

Print Form

This form must be completed by the injured employee and the supervisor within 24 hours of the accident in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions whether or not time is lost. Mail promptly to your Human Resource office. in case of fatal or serious injury, (hospital admission), immediately notify the Human Resource office by telephone. Retain a copy for your records and forward all other copies to your Human Resource office per your departmental procedures.

The Human Resource office shall review the report for completeness and accuracy and file the original no later than three days after the injury occurred with the Division of Risk Management Department of the Treasury.

NOTE: If the employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour time span and submit it to Human Resources.

ORIGINAL TO:

DEPARTMENT OF THE TREASURY DIVISION OF RISK MANAGEMENT PO BOX 620 TRENTON NJ 08625-0620

INCIDENT CODE DEFINITIONS

		swand subscripts and time offscrouts	
	4 1)		

were not necessary.

- 1 Medical treatment case: Indicates that treatment by a licensed physician was required, but no time off work other than day of injury for recovery.
- 5 Lost work day case: Indicates that time off work, beyond day of injury, for recovery was necessary.
- 9 Fatality case: Employee died from injuries received.

FOR EMPLOYEE'S SUPERVISOR USE

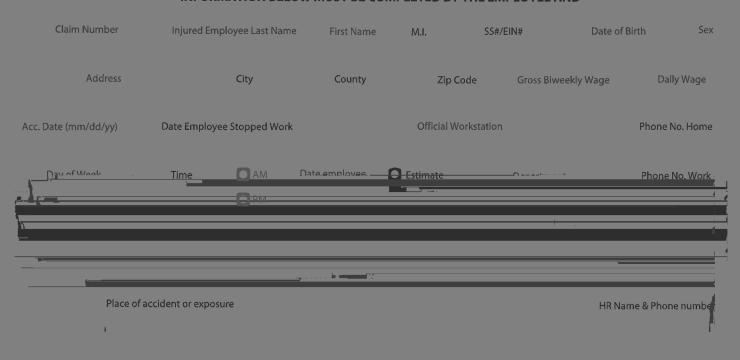
TABLE C - Unsafe Act or Hazardous Condition Classification

B1 Failure to use available personal protective equipment					P	Unsafe placing, mixing, combining, etc. (e.g. box improperly placed			
C1	e to wear safe hair. Jong slee	l at	(i	g high heels,	Q	e e	lling on nt (e.g.	ee). tagged as defective or	

STATE OF NEW JERSEY

EMPLOYER'S FIRST REPORT OF ACCIDENTAL NJURY OR OCCUPATIONAL DISEASE

INFORMATION BELOW MUST BE COMPLETED BY THE EMPLOYEE AND



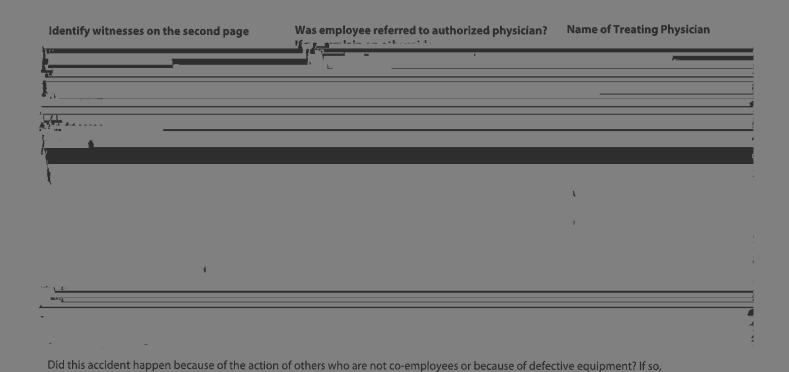
Describe how the accident occurred in detail

Describe the injury or illness and part of body affected

complete responsible party information on other side.

O No

O Yes



34:15-57.4. Workers' compensation fraud: criminal and civil penalties.

A person shall be guilty of a crime of the fourth degree if the person purposely or

knowled makes when making a claim for henefits nursuant to R.S. 34:15-1 et seg

Explanation for using unauthorized Physician

