

IBEW Local 82 – Form 173 Supplemental

Instructions to Worker, Steward or Supervisor

1. Fill out this form immediately in case of a serious lost time accident or fatality.
2. This form must be filled out by the injured worker or if impaired, by his / her Steward or immediate field supervisor.
3. Return to Local 82 Safety Director within 36 hours of the incident.

Note: This form is required by the IBEW Constitution (Article XV, Section 15).

FAX FORM TO: 937.264.2040 ATTN: SAFETY DIRECTOR

Report of Occupational Injury, Illness or Fatality

Injured Person Information

First Name: _____ Last Name: _____

Age: _____ Card # _____ Local Union #: _____ Years as Member _____

Job Classification: _____ Time in Present Job: _____

Employer Information

Company: _____ City/State: _____

Type of Employer: _____

Where Did Injury Occur?

City: _____ State: _____

Injury, Illness or Fatality Information

Type of Injury: _____

Date of Injury: _____ Time of Injury: _____

Check if Poor Lighting Contributed to Injury: _____

If Fatality, date of Death: _____

Injury, Illness or Fatality Information(continued)

Description of Impairment: _____

Job Assignment at Time of Injury: _____

Describe how injury occurred and any unsafe procedures which contributed to injury: _____

What has been done to prevent similar injuries from occurring? _____

