

FIRST REPORT OF INJURY WORKSHEET

When completing the First Report of Injury or Illness Form (FROI), please complete the following categories with the appropriate information. After completing the worksheet, call AmeriSys at 800-455-2079 to report the workers' compensation claim.

The HR website has an interactive form that can be filled out on a computer, or the form can be printed and hand written.

EMPLOYEE ID: Record the employee's seven digit employee ID number at the top of the page.

NAME: Print the employee's first name and last name, as it is known by UCF.

HOME ADDRESS: Print the employee's home address that is on file with UCF, and please include city, state and zip code.

TELEPHONE: Print the employee's telephone number that is on file with UCF, including area code.

OCCUPATION: List the employee's occupation as it is stated by UCF.

DATE OF BIRTH: List the employee's date of birth.

SEX: Select the corresponding box, male or female.

SOCIAL SECURITY NUMBER: Print employee's social security number that is on file with UCF.

DATE OF ACCIDENT: Indicate on what date your accident occurred.

TIME OF ACCIDENT: Indicate what time your accident occurred, and remember to check either "AM" or "PM."

EMPLOYEE'S DESCRIPTION OF ACCIDENT: Being as descriptive as you can, indicate how the accident occurred. Be sure to tell us what the cause of the accident was. Include your direct supervisor or contact person's name and campus phone number.

INJURY/ILLNESS THAT OCCURRED: In a brief term, print a description of the injury. (Ex. Bruise, strain, cut, scrape, contusion, etc.)

PART OF BODY AFFECTED: Indicate the part of your body affected by the injury. Be sure to specify "left" or "right" when appropriate, and be specific as to the area injured (Ex. "left wrist," "right knee", "lower right back").

DATE FIRST REPORTED: Write the date on which you first reported the injury to your supervisor.

If you are using the current form on the website, these next sections (**) will be completed for you.

**COMPANY INFORMATION:

Company name is: University of Central Florida

Address: 4000 Central Florida Blvd
Orlando, FL 32816

Telephone: 407-823-2771

**EMPLOYER'S LOCATION ADDRESS:

Employer's Location Address is the address for UCF Human Resources.

3280 Progress Drive, Ste 100
Orlando, FL 32826

The location # is: 0222

DATE EMPLOYED:

Indicate the employee's date-of-hire (when the employee began working with UCF, not necessarily the date they started in your department).

PAID FOR DATE OF INJURY: Select the corresponding box, YES or NO.

LAST DATE EMPLOYEE WORKED:

If the employee missed work due to the accident, indicate here the last date you worked before you had to take time off for your injury. An employee must be authorized to be off work by a Workers' Compensation doctor prior to using disability leave. Human Resources must be advised immediately if an injured worker is out of work.

RETURNED TO WORK:

If the employee missed work due to the accident, indicate here whether or not the employee returned to duty. If the employee has returned, please indicate the date on which the employee returned.

WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP?:

For full time employees, the answer will be Yes. The date section will remain blank at this time.

RATE OF PAY: Indicate here the employee's HOURLY rate of pay.

NAME, ADDRESS, AND TELEPHONE OF PHYSICIAN OR HOSPITAL: Write the name, address and phone number of the physician or hospital AmeriSys referred the employee to go to. If AmeriSys has referred you, mark **Yes** as Authorized by Employer. If the employee has sought treatment before reporting the injury, mark **No**.

AGREE WITH DESCRIPTION OF ACCIDENT?: Mark yes or no based on the supervisor's determination if the statements given by the employee are accurate.

PLACE OF ACCIDENT: Indicate here where the accident occurred. "Campus," or "Same" are not valid responses. Please print the location and address of the incident.

SIGNATURES: Sign and date the First Report of Injury/Illness form. Both you and the employee should sign the document and keep in your department file.

TIME IS OF THE ESSENCE

**IMMEDIATELY CALL AMERISYS AT 800-455-2079 TO REPORT THE INFORMATION
COLLECTED ON THE FIRST NOTICE OF INJURY FORM
KEEP THE ORIGINAL FORM SIGNED BY THE EMPLOYEE IN DEPARTMENT**

If you need additional assistance, contact Human Resources at 407-823-2771.

Please also print and complete an "Accident-Incident Report" available at
http://www.ehs.ucf.edu/workplacesafety/Accident_Incident_Report.pdf
and fax it to the Department of Environmental Health & Safety at: 407-823-0146.

Please fax a copy of both forms (First Report of Injury & Accident-Incident Report) to UCF Human Resources at 407-823-1095.