

**Belmont University
First Report of Injury Form**

Belmont University
1900 Belmont Blvd
Nashville TN 37212
615-460-6000

Injured Employee

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Job Title: _____ Department: _____

Belmont Phone #: _____ Supervisor: _____

Date of Birth: _____ Date of Hire: _____ Male _____ Female _____ Married _____ Single _____

Hours worked: per day _____ per week _____ Work schedule: _____

Injury or Occupational Illness Description

Did the injury or exposure occur on Belmont premises? If so, what building or location? _____

If not, give the address where it occurred: _____

What was the Injured Employee (IE) doing at the time of the injury or exposure, listing tools, equipment or materials involved: _____

Describe how and why the injury or exposure occurred: _____

List the body part(s) affected/injured, including the injury or exposure type for each part: _____

Date of Injury: _____ Time of Injury: _____ AM PM Date employer notified: _____

Witness names and phone numbers: _____
