



MayDay Staffing Solutions
 “Responsive Business – Compassionate Nurses”
 16654 Soledad Canyon Rd. # 419
 Santa Clarita, CA 91387

Phone: (888) 640-7111

website: maydayss.com

Fax: (661) 309-9073

Accident/Injury 417p

Incident/Near Miss

First Aid Report

ACCIDENT / INJURY REPORTING FORM

Company:		
Employee Name (Last):	(First):	(Middle):
Employee Current Address:		City/State/Zip:
Employee Current Telephone:		Mobile:
Employee Permanent Telephone:		E-Mail:
Date of Injury: ___ / ___ / ___	Time of Injury: _____	Time Employee Began Work: _____
Date of Birth: ___ / ___ / ___		Social Security #:
Date Employee Sought Treatment: ___ / ___ / ___		Date Notified Employer of Injury: ___ / ___ / ___
Date Employee Was Provided State Claim Form DWC1 (CA Only): ___ / ___ / ___		
Was Employee Paid Full Day's Wages for Date of Injury or Last Day Worked? <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Employee's Job Title:		
Accident Location:	Accident Address:	Accident City/State/Zip:
Please Describe How This Accident Occurred: What, When, How – Nature of the injury.		
What Treatment Facility Did The Employee Seek For Medical Care:		
Treatment Name:		Treatment Telephone #:
Treatment Address:		Treatment City/State/Zip:
Is The Employee Expected to Return To Work By The Next Day?		<input type="checkbox"/> Yes, <input type="checkbox"/> No
If "NO", you must notify *MSS when the employee return back to work and if there are any work restrictions. Keep a copy of the work status reports to assist filling out your OSHA 300 log.		
Is Temporary Modified Duty or Light Duty Available?		<input type="checkbox"/> Yes, <input type="checkbox"/> No
Name of Employee's Supervisor:		Telephone:
Names of Witness(s) if Any: #1		Witness #2:
Info Taken By:		Date:

*MSS must receive this "Accident Reporting Form with twenty-four (24) hours of the accident occurring. Failure to do so may result in denial of the claim by the insurance carrier or delay benefits. Reporting a false claim is a felony and may result in legal action. MSS claims division may be contacted here: (888) 640-7111, Fax all reports to: 661-309-9073, or E-Mail: info@maydayss.com