

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS

General	Employer (Name & Address incl. zip)				Carrier Administrator Claim Number				Report Purpose Code							
					Jurisdiction		Jurisdiction Claim Number									
	Sic Code				Employer FEIN				Insured Report Number							
									Employer's Location Address (if different)				Location No.			
								Phone No.								
Carrier/Claims Admin	Carrier (Name, Address & Phone Number)				Policy Period		Claims Admin (Name, Address & Phone Number)									
					to											
					<input type="checkbox"/>	Check if self insured										
	Carrier FEIN				Policy Number or Self-Insured Number				Administrator FEIN							
Agent Name & Code Number																
Employee/Injured	Legal Name (Last, First, Middle)				Date of Birth		Social Security Number				Date Hired		State of Hire			
	Address (incl. zip)				Sex		Marital Status		Occupation/Job Title							
					<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unmarried/Single/Div.	<input type="checkbox"/> Married								
					<input type="checkbox"/> Unknown	<input type="checkbox"/> Separated										
	Phone				No. of Dependents		Unknown		NCCI Class Code							
	Wage Rate		<input type="checkbox"/>	Day	<input type="checkbox"/>	Month	if days involved		Full Pay for Date of		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	\$		<input type="checkbox"/>	Week	<input type="checkbox"/>	Other	if hrs worked per day		Did Salary Continue?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Occurrence	Time Employee Began Work		<input type="checkbox"/> A	Date of Injury or Illness		Time Occurred		<input type="checkbox"/> A	Last Work Date		Date Employer Notified		Date Disability Began			
	<input type="checkbox"/> P						<input type="checkbox"/> P									
	Employer Contact Name/Phone Number						Type of Illness/Injury				Part of Body Affected					
	Did Injury/Illness Exposure Occur on Employer's Premises?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		Type of Illness/Injury Code				Part of Body Affected Code	
	Department or location where accident or illness exposure occurred						All Equipment, Materials, or Chemicals Employee was using when accident or illness exposure occurred.									
	Specific Activity the Employee was engaged in when the accident or illness exposure occurred.						Work Process the Employee Was Engaged in when accident or illness exposure occurred.									
	How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill.										Cause of Injury Code					
	Date Returned to				if Fatal, Date of Death				Were Safeguards or Safety Equipment Provided?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
									Were they used?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Treatment	Physician/Health Care Provider (Name & Address)				Hospital (Name & Address)				Initial Treatment						
								<input type="checkbox"/> 0 No Medical Treatment <input type="checkbox"/> 1 Minor: By Employer <input type="checkbox"/> 2 Minor Clinic/Hosp <input type="checkbox"/> 3 Emergency Care <input type="checkbox"/> 4 Hospitalized > 24 hr. <input type="checkbox"/> 5 Future Major Medical/Lost Time Anticipated								
Other	Witness to Accident (Name & Phone Number)															
	Date Administrator Notified				Date Prepared		Preparer's Name & Title				Preparer's Phone Number					
IA-1 (2/95)				SEE NEXT PAGE FOR IMPORTANT STATE INFORMATION/SIGNATURE												

Kentucky First Report Of Injury Form

Marco Cascella

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the name bar.

Kentucky First Report Of Injury Form:

Kentucky Workers' Compensation Ronald W. Eades,1989 **Baldwin's Kentucky Revised Statutes Annotated**
Kentucky,2006 **Legal Liability** Thomas D. Schneid,Michael S. Schumann,2006-06-20 The field of safety is not new to the
industry but professional status has severely changed The goal of every safety professional and safety programs is to be
proactive and to identify problems while complying within safety guidelines This text clarifies in answering basic questions
about legal liability how to minimize prevent and identify legal risks Appendices case studies and sample forms are also
included in this helpful resource *Kentucky Administrative Regulations Service* ,2005 **Administrative Register of**
Kentucky ,2008 *Kentucky Workers' Compensation* Shirley A. Champa,1982 *Checklist of Kentucky State Publications*
Kentucky. State Archives & Records Service,1983 **Construction Accidents** ,1992 **Supplementary Data System ...**
Injury/illness Summary ,1982 **Workmen's Compensation Law of Kentucky** Nicholas Herman Dosker,1927
Hearings, Reports and Prints of the House Committee on Education and Labor United States. Congress. House.
Committee on Education and Labor,1976 *Annual Report of the Department of Industrial Relations* Kentucky. Dept. of
Industrial Relations,Kentucky. Dept. of Labor,1959 *National Workers' Compensation Act of 1975* United States.
Congress. House. Committee on Education and Labor. Subcommittee on Manpower, Compensation and Health and
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Service Research Paper NE. ,1978 *1978 National Camping Market Survey* Wilbur F. LaPage,Gerald Leon Cole,1979
State Workers' Compensation Administration Profiles ,1997 **Information on the Administration of Workers'**
Compensation Programs in Each State and the District of Columbia ,1996

Unveiling the Magic of Words: A Report on "**Kentucky First Report Of Injury Form**"

In a global defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their capability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "**Kentucky First Report Of Injury Form**," a mesmerizing literary masterpiece penned by way of a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve into the book's central themes, examine its distinctive writing style, and assess its profound impact on the souls of its readers.

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