

EMPLOYER'S REPORT OF INJURY

WYOMING REPORT OF OCCUPATIONAL INJURY OR DISEASE Case no. _____

NOTE: This report is not a claim for benefits. PLEASE TYPE OR PRINT LEGIBLY. An injury must be reported to the employer within 72 hours and filed with the Division in 10 days.
(Box numbers on this form WILL NOT be sequential.)

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|--|--|
| Employer Name: Employer Address: City: State: Zip: | Employee Name: Employee Address: City: State: Zip: |
| Employer Phone No. | 15. Time of Injury: |
| Employer Number (required): | 20. Date Employer was Notified: |
| SIC Code of Injured Worker: | 21. Person Contacted: |
| Employee Soc Sec No: | 22. Contact Phone No: |
| Is Employee a U.S. Citizen: | 24. Injury Occurred on Employer Premises? |
| Employee's Job Title: | |
| Employee's Date hired: | 29. Machine/Product Failure/Vehicle Accident: |
| 5. Employee's Status: (Owner, Corporate Officer, Partner, Ind Contractor) | 31. If Fatality, Date of death: |
| 6. Type of Employee: (Regular, Volunteer, JTPA Worker, Inmate, Other) | 16. Describe Injury (use separate sheet if needed): |
| 7. Employee's Rate of Pay: (Hourly, Weekly, Daily, Monthly, Annually) | |
| 8. Number of Days Worked per Week: | |
| 9. Number of Hours Worked per Day: | |
| 10. Number of OT Hours per Week: | |
| 11. Paid in Full for Day of Injury: | |
| 12. Time Shift Began: | |
| 13. Time Shift Ended: | |
| 14. Date of Injury: | |

INJURY CODES

Please code more than one box if applicable. (See back of this form.)

- A. Nature of Injury
- B. Source of Injury
- C. Part(s) of Body
- D. Event type
- E. Environmental Factors

30. Do you believe this injury or condition is work-related? If no, attach letter of explanation and disputed facts.
 If yes, do you approve of any temporary total disability benefits to which the employee is entitled:
 If no, please attach letter of explanation.

Certification: I am an authorized agent of the employer. The information given by me herein is true and correct. I further acknowledge that misrepresentation or fraud can lead to a civil action or criminal prosecution.

Signature of person filling out this report:

Date:

Print Name:

Title:

Phone No:

Do not write in this area.

For your convenience, forms may be faxed to :
(307) 777-6552.

Please copy this document for your records.

Select from each table a description and code number that best describes the nature, source, body part, event and environmental factor that existed at the time of injury. Boxes are provided for additional codes if necessary.

Nature of Injury Codes

| Code | Injury | Code | Injury |
|------|-----------------------------|------|------------------|
| 01 | Amputation | 02 | Asphyxia |
| 03 | Bruise, contusion, abrasion | 04 | Burn (chemical) |
| 05 | Burn or scald (heat) | 06 | Concussion |
| 07 | Cut or laceration | 08 | Dermatitis |
| 09 | Dislocation | 10 | Electric shock |
| 11 | Foreign body in eye | 12 | Fracture |
| 13 | Freezing or frost bite | 14 | Hearing loss |
| 15 | Heat exhaustion | 16 | Hernia |
| 17 | Poisoning (systemic) | 18 | Puncture |
| 19 | Radiation effect | 20 | Strain or sprain |
| 21 | Other, please describe | 22 | Cancer |
| 23 | Industrial disease | 24 | Mental disorder |
| 25 | Coronary condition | | |

Source of Injury Codes

| Code | Injury | Code | Injury |
|------|-------------------------------------|------|-----------------------------|
| 01 | Aircraft | 02 | Air Pressure |
| 03 | Animal, insect, bird, reptile, fish | 04 | Boat |
| 05 | Bodily motion | 06 | Boiler, pressure |
| 07 | Boxes, barrels, etc. | 08 | Buildings, structures |
| 09 | Chemical liquids or vapors | 10 | Cleaning compound |
| 11 | Cold (environmental or mechanical) | 12 | Dirt, sand, stone |
| 13 | Drugs or alcohol | 14 | Dust, particles, chips |
| 15 | Electrical apparatus or wiring | 16 | Fire or smoke |
| 17 | Food | 18 | Furniture of furnishings |
| 19 | Gases | 20 | Glass |
| 21 | Hand tool (powered) | 22 | Hand tool (manual) |
| 23 | Heat (environmental or mechanical) | 24 | Hoisting apparatus |
| 25 | Ladder | 26 | Machine |
| 27 | Materials handling equipment | 28 | Metal products |
| 29 | Motor vehicle (highway) | 30 | Motor vehicle (industrial) |
| 31 | Motorcycle | 32 | Windstorm, lightning, etc. |
| 33 | Firearm | 34 | Person |
| 35 | Petroleum products | 36 | Pump or Prime motor |
| 37 | Radiation | 38 | Train or railroad equipment |
| 39 | Vegetation | 40 | Waste products |
| 41 | Water | 42 | Working surface |
| 43 | Other, please describe | 44 | Fumes |
| 45 | Mists | 46 | Vibration |
| 47 | Noise | 48 | Biological agent |

Part of Body Codes

| Code | Injury | Code | Injury |
|------|------------------------------------|------|---------------------|
| 01 | Abdomen | 02 | Arm(s) – multiple |
| 03 | Back | 04 | Body system |
| 05 | Chest | 06 | Ear(s) |
| 07 | Elbow(s) | 08 | Eye(s) |
| 09 | Face | 10 | Finger(s) |
| 11 | Foot, feet, toe(s), or ankle(s) | 12 | Hand(s) |
| 13 | Head | 14 | Hip(s) |
| 15 | Knee(s) | 16 | Leg(s) |
| 17 | Lower arm(s) | 18 | Lower leg(s) |
| 19 | Multiple | 20 | Neck |
| 21 | Shoulder(s) | 22 | Upper arm(s) |
| 23 | Upper leg(s) | 24 | Wrist(s) |
| 25 | Blood | 26 | Kidney |
| 27 | Liver | 28 | Lung |
| 29 | Nervous system | 30 | Reproductive system |
| 31 | Other body system, please describe | | |

Event Type Codes

| Code | Injury | Code | Injury |
|------|-----------------------------|------|---|
| 01 | Struck by | 02 | Caught in or between |
| 03 | Bite, sting, or scratch | 04 | Fall (same level) |
| 05 | Fall (from elevation) | 06 | Struck against |
| 07 | Rubbed or abraded | 08 | Inhalation |
| 09 | Ingestion | 10 | Absorption |
| 11 | Repeated motion or pressure | 12 | Cardio-vascular, respiratory system failure |
| 13 | Shock | 14 | Other, please describe |

Environmental Factor Codes

| Code | Injury | Code | Injury |
|------|--|------|--|
| 01 | Pinch point action | 02 | Catch point or puncture action |
| 03 | Shear point action | 04 | Squeeze point action |
| 05 | Flying object action | 06 | Overhead moving and/or falling object action |
| 07 | Gas, vapor, mist, fume, dust, etc. condition | 08 | Materials handling equipment or method |
| 09 | Chemical action/re-action exposure | 10 | Flammable liquid or solid exposure |
| 11 | Temperature above or below tolerance level | 12 | Radiation condition |
| 13 | Working surface or facility layout condition | 14 | Illumination |
| 15 | Overpressure or under pressure condition | 16 | Sound level |
| 17 | Weather, earthquake, etc. condition | 18 | Other, please describe |

