ACORD Workers Compensation –First Report of Injury or Illness

Employer (Name & Address INCL Zip)	Broker (Name, Address & Phone No)	Policy Period
CRISTA Ministries **19303 Fremont Ave N.** **Seattle, WA 98133**		TO
	Policy/Self-Insured Number	

Employer's Contact Person and Number	Broker's Contact Name & NO.	Employer's Location Address (if different)	Location #:
Mike Walker ph. (206) 546-7323 **Fax. (206)546-7535**			Phone #:

Employee/Wage

Name (Last, First, Middle)	Date of Birth	Social Security Number	Date Hired	State of Hire

Address (INCL ZIP)	Gender	Martial Status	Occupation/Job Title
	☐ Male ☐ Female ☐ Unknown	☐ Unmarried ☐ Married ☐ Separated ☐ Unknown	Employment Status
Phone	# of Dependants		NCCI Class Code

Rate		Day		Month	Average Weekly Wages	# Days Worked/Week	Full Pay for Day of Injury?		Yes		No
Per:		Week		Other			Did Salary Continued		Yes		No

OCCURRENCE/TREATMENT

Time Employee began work		AM PM	Date of Injury/Illness	Time of Occurrence		AM PM	Last Work Date	Date Employer Notified	Date Disability Began

Contact Number/Phone Number	Type of Injury/Illness	Part of Body Affected

Did Injury/Illness Exposure Occur on Employer's Premises? Yes or No

Department Or Location Where Accident or Illness Exposure Occurred	All Equipment, Materials, or Chemicals Employee was Using when accident or illness 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/Illness occurred. Describe the Sequence of Events and include any objects or Substances that directly injured the employee or made the employee ill.

Date Returned to Work	If Fatal, Give date of death	Were Safeguards or Safety Equipment provided		Yes		No
		Were they used?		Yes		No

Physician/Health Care Provider (Name & Address)	Hospital (Name & Address)	Initial Treatment
		☐ No Medical Treatment ☐ Minor: By Employer ☐ Minor Clinic/HOSP ☐ Emergency Care ☐ Hospitalized > 24 Hours ☐ Future Major Medical/Lost time Anticipated

Date Broker Notified	Date Prepared	Preparer's Name & Title	Phone Number