



Jaime Barnhart &lt;jaime@acrobatoutsourcing.com&gt;

## Injury Report

1 message

Google Forms <forms-receipts-noreply@google.com>  
To: Jaime@acrobatoutsourcing.com

Mon, Oct 8, 2018 at 4:05 PM

Thanks for filling out [Injury Report](#)

Here's what we got from you:

[EDIT RESPONSE](#)

## Injury Report

Acrobat Supervisor Injury Report Form

Email address \*

[Jaime@acrobatoutsourcing.com](mailto:Jaime@acrobatoutsourcing.com)

## Employee Information

Name of the injured employee \*

First name, last name

Juan Jose Mancia

Employee Taborca Number \*

48902

What office is the employee from? \*

- ☒ San Francisco  
☐ San Jose

- ☐ Oakland
- ☐ Sacramento
- ☐ San Diego
- ☐ Los Angeles
- ☐ Orange
- ☐ Redlands
- ☐ Houston
- ☐ Austin
- ☐ San Antonio
- ☐ Dallas
- ☐ New Jersey
- ☐ Kansas City
- ☐ Atlanta
- ☐ Auburn

## Injury Information

### Date of Injury or Illness

|         |   |      |
|---------|---|------|
| October | 8 | 2018 |
|---------|---|------|

If no specified date, please put "Unspecified" below.

### Where was the employee working? \*

Example: Double Tree Anaheim. Dropbox-SF. Dodgers Stadium.

### Type of Injury \*

Example: Laceration, strain, sprain, head contusion.

### Body part Injured \*

Example: Left arm, right leg, lower left back side.

fell on left hand

**Description of Injury/Illness \***

Example: John states he was walking to the dish-pit from the main dining area and slipped on a banana peel. He fell and landed on his right side, injuring his right hip.

Juan Jose was walking through the kitchen carryin various items, and slipped on an oil spill, landing on his left hand/wrist.

**Has the employee called the injury hotline? \***

- ☒ Yes
- ☐ No
- ☐ Gave the hotline number and code but unsure if they called
- ☐ They were transferred but I'm unsure if they completed the call
- ☐ Other:

**Additional Information**

Please complete to the best of your knowledge.

**Did the employee work the whole shift?**

- ☒ Yes
- ☐ No
- ☐ Unknown

**If no, how many hours did they miss due to the injury?****Are they missing time from work?**

- ☐ Yes
- ☒ No
- ☐ Unknown

**If yes, which dates? Please specify all dates.**

Example: 3/8/18, 3/20/18, 3/22/18

**Did they go in for treatment or observation?**

- ☐ Yes
- ☒ No
- ☐ Unknown

**If yes, do you know which location they went to?**

Any information on hospital, urgent care clinic, etc will be helpful.

**Are they waiving treatment?**

- ☒ Yes
- ☐ No
- ☐ Unknown

**If applicable, please provide the reference number the employee was given by the hotline representative.****Comments**

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