

County Workers' Compensation Pool

Employee's Written Notice of Injury to Employer

Please read instructions on reverse side before completing this form.

Note to Employer: You are required to complete the Employer's First Report of Injury.

1.	Name of Employer:	Phone:	
2.	Name of Injured Employee:	Social Security #:	
3.	Home Address:	Phone:	
4.	Age:	5. Birth Date:	6. Sex:
7.	How long employed by employer?	8. Employee occupation:	
9.	Place of accident/exposure: (see instructions on reverse side) (No. & Street) (City) (State) (Zip)		
10.	What was employee doing when injured?		
	Be specific. If using tools or equipment, name them and tell how they were being used.		
11.	How did the accident occur?		
	Describe fully the events which resulted in the injury/occupational illness. Tell what happened and how it happened. Give full details on all factors which led or contributed to the accident/exposure. Use separate sheet if additional space is needed.		
12.	Name the object or substance which directly affected the employee:		
	For example, the machine or thing he struck against or which struck him; the vapor or poisons inhaled or swallowed; the chemical or radiation which irritated the skin; or in the case of strains, hernia, etc, the thing lifted, pulled, etc.		
13.	Describe the injury/illness in detail and indicate the part of the body affected:		
	For example, amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand; etc. (medical description).		
14.	Date of Injury:	Time:	Working shift: from to
15.	Was employee able to continue work after the injury? Yes ___ No___		If no, date left work:
	(b) Has employee returned to work?	(c) If so, give date:	
	(d) If not, probable length of disability:	(e) Did injury/illness force employee to transfer to a different assignment?	
16.	Date of last job-related injury/illness:		
17.	Prepared by: (employee signature)		Date:

Employee and Employer: See Reverse Side for Important Notice



Form prepared by County Technical Services Inc. 7/90, 12/93, 1/97

READ CAREFULLY

Effective August 10, 2022, SECTION 1. 8-43-102, Colorado Revised Statutes, 1986 Repl. Vol., as amended by House Bill 22-1112, enacted at the Second Regular Session of the Seventy-third General Assembly, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

8-43-102. Notice to employer of injury -notice to employees of requirement -failure to report. [Editor's note: This version of section 8-43-102 is effective August 10, 2022.] (1)(a)(I) Every employee who sustains an injury resulting from an accident shall notify the employee's employer in writing of the injury within ten days after the occurrence of the injury. If the employee is physically or mentally unable to provide the notice, the employee's foreman, superintendent, manager, or any other person in charge who has notice of the injury shall submit written notice of the injury to the employer. Any other person who has notice of the injury may submit a written notice to the person in charge or to the employer, and in that event the injured employee is relieved of the obligation to give the notice. Otherwise, if the employee fails to report the injury in writing, the employee may lose up to one day's compensation for each day's failure to report. If the employer fails to provide a copy of the employee's written notice pursuant to subsection (1)(a)(II) of this section, or if, at the time of the injury, the employer failed to display the notice specified in subsection (1)(b) of this section, the time period allotted to the employee is tolled for the duration of time that the employer fails to provide the written notice and display the notice. If the employer has actual notice of the injury or good cause is shown for the failure of the employee to report the injury in writing, there is no loss of compensation pursuant to this subsection (1) for the failure to report the injury.

INSTRUCTIONS TO EMPLOYEE

1. All injuries, no matter how trivial, must be report to your employer.
2. Forms should be typed or printed legibly.
3. Instructions for Question 9:
If an accident/exposure occurred on employer's premises, give address of plant or establishment in which it occurred. If it occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of accident or exposure as accurately as possible.

INSTRUCTIONS TO EMPLOYER

1. You must complete an Employer's First Report of Injury and send it along with this form to the pool's claims administrator.
2. You must note the date and time of receiving this notice from the employee in the space provided below.
3. You must provide a copy of this complete Employee's Notice of Injury to the employee within seven days.

EMPLOYER'S ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE'S NOTICE OF INJURY

Completed form received from employee on _____ at _____ am/pm
(date)

by: _____
employer representative

completed copy of this form provided to employee on _____.