

PLEASE READ CAREFULLY

The Colorado Revised Statutes, Section 8-43-102(1)(a), provides:

Every employee who sustains an injury resulting from an accident shall notify said employee's employer in writing of the injury **within four days of the occurrence of the injury**. If the employee is physically or mentally unable to provide said notice, the employee's foreman, superintendent, manager, or any other person in charge who has notice of said injury shall submit such written notice to the employer. Any other person who has notice of said injury may submit a written notice to the said person in charge or to the employer, and in that event the injured employee shall be relieved of the obligation to such notice. Otherwise, **if said employee fails to report said injury in writing said employee may lose up to one day's compensation for each day's failure to so report**. If, at the time of said injury, the employer has failed to display the notice specified in paragraph (b) of this subsection (1), the time period allotted to the employee shall be tolled for the duration of such failure.

INSTRUCTIONS TO EMPLOYEE

1. All injuries, no matter how trivial, **must be** reported on this form to your employer immediately, but in any event within four working days of the occurrence of the injury.
2. Type or print your responses legibly.

INSTRUCTIONS TO EMPLOYER

1. Complete an Employer's First Report of Injury and send it along with this form to CIRSA.
2. Note the date and time of receiving this notice from the employee in the space provided below.
3. Provide a copy of this completed Employee's Written Notice of Injury to the injured employee within two working days.

EMPLOYER'S ACKNOWLEDGMENT OF RECEIPT

The foregoing completed Employee's Written Notice of Injury was received the undersigned employer representative on _____ 20____ at _____ a.m./p.m.

To be completed by supervisor submitting the form

OFFICE USE ONLY

A copy of the completed Employee's Written Notice of Injury was provide to the Employee on _____ 20 ____ at _____ a.m./p.m.

Risk Management Representative: _____

**CIRSA
EMPLOYEE'S WRITTEN NOTICE OF INJURY**

Note to Employer: You must complete the Employer's First Report of Injury form after receiving this completed form from the Employee.

Please read instructions before completing this form.

1. Name of Employer: _____
 2. Name of Injured Employee: _____
 3. Social Security Number: _____ DOB: _____
 4. Home Address: _____ Phone Number: _____
 5. Employee's Position: _____
 6. Employee's Work Schedule (example: 8am-5pm M-F):

 7. Brief Description of How Accident Occurred:
 8. Location of Accident: _____
 9. Briefly Describe Injury/Illness and Indicate Part of Body Afflicted:
 10. What Time did Accident Occur: _____
 11. Was Safety Equipment Worn? Yes No
 12. Time Work Began: _____
 13. Last Work Date: _____
- Did Employee Return to Work?
 Yes No
14. Who Witnessed the Injury/Incident/Illness? _____
 15. Day/Date of Injury: _____

Employee Signature _____ Date: _____