State of Rhode Island EMPLOYER'S FIRST REPORT O					CTION OF PRIO	R REPORT
Department of Labor and Training, Di PO Box 20190, Cranston, RI 02920-0942 Phone (401) 462-8100 TDD (401) 462-8	2			Insurer File No.		
1. EMPLOYER LOCATION:			2. EMPLOYER NAM		NCE POLICY:	SAME AS BLOCK
FEIN			FEIN			
Name			Name			
Address			Address			
City, State, Zip			City, State, Zip			
Phone Ext.	Type of Business		Phone			Ext.
RI Unemployment Ins. No.	NAICS		WC Policy Number			
3. INSURANCE COMPANY NAMED ON WC POLICY:			4. CLAIM ADMINIS	RATOR:		SAME AS BLOCK
FEIN			FEIN			
Name			Name			
Address			Address			
Address			Address			
City, State, Zip			City, State, Zip			
Phone		Ext.	Phone			Ext.
5. Employee information:			6. MEDICAL INFOR	MATION:		
SSN	Male	Female	Treatment Facility			
Name			Address			
Address			City, State, Zip			
City, State, Zip			Phone			Ext.
Phone	Date of Birth		7. WITNESS INFOR	MATION:		
Occupation	Date Hired		Name		Phone	
State of Hire	Preferred Language	of Employee: O Eng	lish O Spanish O P	ortuguese 0 Other:		
8. INJURY INFORMATION:	-		What was person do	ing when injured?		
Injury Date						
Time injury occurred						
Time employee began work						
1. First full day lost from work						
			List injured body par	s and nature of injury	y:(ex: Broken left fing	er, lower back strai
2. Date returned to work (if appropriat	ie)		-		-	
3. Date employer notified of injury			-			
If fatal - REPORT WITHIN 48 HOURS - D	Date of death		Complete address white	ro accident accurred		
Place where injury/illness occurred:	At employer location	listed in Block 1 OR	Complete address whe	re accident occurred:		
Was this injury previously an incident-only	y with no medical treat	ment and no time los	st?	Yes	No	
	er first notified of medi	cal treatment or time	lost			
If Yes, date employe	of mot notified of medal					
If Yes, date employe Category(ies) of injury or illness: O Inju		Occupational Diseas	e O Repetitive Tra	uma O Occupati	onal Hearing Loss	O Unknown
· ·		Occupational Diseas	be O Repetitive Tra	uma O Occupati	onal Hearing Loss Phone & Extension	O Unknown
Category(ies) of injury or illness: O Inju	ury O Illness O			uma O Occupati	0	O Unknown