

# RIO GRANDE PACIFIC CORPORATION

## INITIAL EMPLOYEE INJURY REPORT

(TO BE COMPLETED BY RESPONDING MANAGER)

|                               |                               |                               |                               |                                |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> INPR | <input type="checkbox"/> NCRC | <input type="checkbox"/> NOGC | <input type="checkbox"/> WTJR | <input type="checkbox"/> RGPTG |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|

NAME OF EMPLOYEE:

DID EMPLOYEE REQUEST MEDICAL TREATMENT?  YES  NO

IF NO, THE EMPLOYEE MUST BE ADVISED THAT ANY SUBSEQUENT REQUESTS TO THE RAILROAD FOR MEDICAL ATTENTION MUST BE MADE WITHIN 24 HOURS FROM THE TIME OF THIS REPORT. WAS THE EMPLOYEE ADVISED OF THIS PROVISION?  YES  NO

DID EMPLOYEE REQUEST BASIC FIRST AID?  YES  NO

IF NO, THE EMPLOYEE MUST BE ADVISED THAT ANY SUBSEQUENT REQUESTS TO THE RAILROAD FOR BASIC FIRST AID MUST BE MADE WITHIN 24 HOURS FROM THE TIME OF THIS REPORT. WAS THE EMPLOYEE ADVISED OF THIS PROVISION?  YES  NO

EMPLOYEE DESCRIPTION OF NATURE OF INJURY:

EMPLOYEE DESCRIPTION OF INCIDENT CAUSING THE INJURY:

DATE/TIME EMPLOYEE REPORTED INCIDENT TO MANAGER:

DATE/TIME EMPLOYEE REPORTED INCIDENT OCCURRED:

LOCATION EMPLOYEE REPORTED INCIDENT OCCURRED:

EMPLOYEE DESCRIPTION OF WEATHER CONDITIONS AT TIME OF INJURY:

DAYLIGHT  DARK  CLEAR  CLOUDY TEMPERATURE:

OTHER:

EMPLOYEE ACCOUNT/NAMES OF ANY WITNESSES:

REPORT SUBMITTED BY:

DATE & TIME: