

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
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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: