

**EMPLOYER'S REPORT  
OF INDUSTRIAL INJURY**

**INDUSTRIAL COMMISSION OF ARIZONA  
P.O. BOX 19070  
PHOENIX, ARIZONA 85005-9070**

**FOR CARRIER USE ONLY**

COMPLETE AND SUBMIT THIS REPORT WITHIN 10 DAYS FROM NOTICE OF ACCIDENT. FATALITIES MUST BE REPORTED WITHIN 24 HOURS.

Employer must, on this form, notify his insurance carrier of every injury or disease suffered by an employee, fatal or otherwise, which is claimed to arise out of or in the course of employment.

ARIZONA REVISED STATUTES 23-908 & 23-1061

**FOR OSHA PURPOSES ONLY**

OSHA Case #: \_\_\_\_\_  
RECORDABLE INJURY \_\_\_\_\_  
NON-RECORDABLE INJURY \_\_\_\_\_

|   |  |  |        |  |                  |   |  |   |                |
|---|--|--|--------|--|------------------|---|--|---|----------------|
| <b>EMPLOYEE</b>   |  | 1. LAST NAME   |        | FIRST  | M.I.             | 2. SOCIAL SECURITY NUMBER *                                       |  | 3. BIRTH DATE   |                |
| 4. HOME ADDRESS (NUMBER & STREET)   |  |  |        | CITY   |                  | STATE   | ZIP CODE                                     | 5. TELEPHONE  |                |
| 6. SEX  |  | MALE   | FEMALE | 7. MARITAL STATUS:   |                  | SINGLE  | MARRIED                                      | DIVORCED  | WIDOWED        |
| <b>EMPLOYER</b>   |  | 8. EMPLOYER'S NAME   |        |  | 9. POLICY NUMBER |   | 10. NATURE OF BUSINESS (MANUFACTURING, ETC.) |   |                |
| 11. OFFICE ADDRESS (NUMBER & STREET)  |  |  |        | CITY   |                  | STATE   | ZIP CODE                                     | 12. TELEPHONE   |                |
| <b>ACCIDENT</b>   |  | 13. DATE OF INJURY OR ILLNESS  |        | 14. TIME OF EVENT  |                  | 15. TIME EMPLOYEE BEGAN WORK                                      |  | 16. DATE EMPLOYER NOTIFIED OF INJURY                    |                |
| 17. LAST DAY OF WORK AFTER INJURY   |  | 18. DATE OF RETURN TO WORK   |        | 19. EMPLOYEE'S OCCUPATION (JOB TITLE) WHEN INJURED   |                  |   |  |   |                |
| 20. CLASS CODE ON PAYROLL REPORT  |  | 21. EMPLOYEE'S ASSIGNED DEPARTMENT   |        | 22. DEPARTMENT NUMBER  |                  | 23. DID INJURY OCCUR ON EMPLOYER PREMISES?                        |  |   |                |
|   |  |  |        |  |                  | YES   |  | NO  |                |
| 24. ADDRESS OR LOCATION OF ACCIDENT   |  |  |        | CITY   |                  | COUNTY  |  | STATE   | ZIP CODE       |
| 25. WHAT WAS THE INJURY OR ILLNESS? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." <i>Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."</i>   |  |  |        |  |                  |   |  |   |                |
| 26. PART OF BODY INJURED  |  |  |        | 27. FATAL  |                  | YES   |  | NO  |                |
| 29. WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?  |  | YES  |        | NO   |                  | NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL               |  |   |                |
|   |  |  |        |  |                  | ADDRESS   |  | CITY  | STATE ZIP CODE |
| 30. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT?   |  | YES  |        | NO   |                  | IF HOSPITALIZED, HOSPITAL NAME                                    |  |   |                |
|   |  |  |        |  |                  | ADDRESS   |  | CITY  | STATE ZIP CODE |
| 31. IS VALIDITY OF CLAIM DOUBTED  |  | YES  |        | NO   |                  | 31.a IF YES, STATE REASON   |  |   |                |
|   |  |  |        |  |                  |   |  |   |                |
| <b>CAUSE OF ACCIDENT</b>  |  | 32. WHAT HAPPENED? Tell us how the injury occurred. <i>Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."</i> |        |  |                  |   |  |   |                |
| 33. WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? <i>Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.</i>  |  |  |        |  |                  |   |  |   |                |
| 34. WHAT WAS EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. <i>Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."</i> |  |  |        |  |                  |   |  |   |                |
| 35. IF ANOTHER PERSON NOT IN COMPANY EMPLOY CAUSED ACCIDENT, GIVE NAME AND ADDRESS  |  |  |        |  |                  |   |  |   |                |
| <b>EMPLOYEE'S WAGE DATA</b>   |  | 36. WAS WORKER IN YOUR EMPLOY WHEN INJURED?  |        | 37. HOURS PER DAY EMPLOYEE WORKED  |                  | 38. WAS EMPLOYEE ON OVERTIME WHEN INJURED?                        |  | 39. NUMBER OF DAYS PER WEEK USUALLY WORKED              |                |
|   |  | YES  |        | NO   |                  | YES   |  | NO  |                |
|   |  |  |        | FROM   |                  | THRU  |  | EMPLOYEE  |                |
|   |  |  |        |  |                  |   |  | COMPANY   |                |
| <b>IMPORTANT</b>  |  | IF WORK LOSS IS EXPECTED TO EXCEED SEVEN CALENDAR DAYS, COMPLETE ITEMS 40 THRU 47  |        | 40. DATE OF LAST HIRE  |                  | 41. WAS WORKER PAID FOR DAY OF INJURY?                            |  | 42. WAS EMPLOYEE HIRED FOR PERMANENT EMPLOYMENT?        |                |
|   |  |  |        |  |                  | YES   |  | NO  |                |
|   |  |  |        |  |                  | IF YES, \$  |  | YES   |                |
|   |  |  |        |  |                  |   |  | NO  |                |
| 43. NUMBER OF MONTHS EMPLOYMENT AVAILABLE DURING THE YEAR   |  | 44. GIVE EMPLOYEE'S WAGE STATUS AS APPLICABLE  |        | 45. IS EMPLOYEE FURNISHED  |                  |   |  |   |                |
|   |  | \$   |        | PER  |                  | LODGING   |  | BOARD   |                |
|   |  |  |        |  |                  | BOTH  |  | \$  |                |
| 46. ACTUAL GROSS EARNINGS OF EMPLOYEE FOR THE 30 CALENDAR DAYS PRECEEDING INJURY (EXAMPLE: IF INJURED APRIL 8, GIVE EARNINGS FROM MARCH 9 THRU APRIL 7)   |  |  |        |  |                  | 47. DOES EMPLOYEE CLAIM DEPENDENTS?                               |  |   |                |
|   |  |  |        |  |                  | YES   |  |   |                |
|   |  |  |        |  |                  | NO  |  |   |                |
| <b>IMPORTANT</b>  |  | IF EMPLOYEE IS PAID OTHER THAN FIXED WEEKLY OR MONTHLY SALARY, COMPLETE ITEMS 48 THRU 55   |        | 48. IF EMPLOYEE EARNS EXTRA PAY FOR OVERTIME, WHAT IS BASIS OF PAYMENT?                                    |                  | PER HOUR  |  | 49. NUMBER OF HOURS OVERTIME CONSIDERED NORMAL PER WEEK |                |
|   |  |  |        |  |                  |   |  |   |                |
| 50. GROSS WAGES OF EMPLOYEE DURING 12 MONTHS PRECEEDING INJURY  |  |  |        | 51. IF EMPLOYEE WORKED LESS THAN 12 MONTHS, SHOW GROSS WAGES FROM DATE OF HIRE THROUGH DAY PRIOR TO INJURY |                  |   |  |   |                |
| FROM  |  | THRU   |        | \$   |                  | FROM  |  | THRU  |                |
|   |  |  |        |  |                  |   |  | \$  |                |
| 52. DATE OF LAST WAGE INCREASE IF WITHIN 12 MONTHS PRIOR TO INJURY  |  | 53. WAGE BEFORE INCREASE   |        | 54. WAGE AFTER INCREASE  |                  | 55. GROSS EARNINGS FROM DATE OF INCREASE THRU DAY PRIOR TO INJURY |  |   |                |
|   |  | \$   |        | \$   |                  | \$  |  |   |                |
| <b>AUTHORIZED SIGNATURE</b>   |  | DATE   |        | AUTHORIZED SIGNATURE   |                  |   |  | TITLE   |                |
|   |  |  |        |  |                  |   |  |   |                |

SUBMITTER EMAIL ADDRESS

NOTE TO EMPLOYER:

1. Submit one copy to the Industrial Commission within 10 days.
2. Submit one copy to your insurance carrier within 10 days.
3. Keep one copy, for not less than five (5) years, as your supplementary record of injuries required by the Federal Occupational Safety and Health Act of 1970.

\* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

## Concentra Locations in Arizona

### Phoenix area

Medical Center with Urgent Care  
5340 W. Buckeye Road, Suite 3  
Phoenix, AZ. 85043  
Telephone: (602) 233-2117  
Fax: (602) 484-7930  
After hours: (602) 244-9500  
Hours of Operation  
Urgent Care 8:00 am - 5:00 pm (Mon.-Fri.)  
Occupational Medicine 8:00 am - 5:00 pm (Mon.-Fri.)

Medical Center with Urgent Care  
1818 E. Sky Harbor Circle North, Bldg. 2  
Suite 150  
Phoenix, AZ. 85034  
Telephone: (602) 244-9500  
Fax: (602) 244-9543  
After Hours: (602) 256-5944  
Hours of Operation  
24 hours, 7 days a week

Medical Center with Urgent Care  
3532 W. Thomas Road, Suite 5  
Phoenix, AZ. 85019  
Telephone: (602) 272-7662  
Fax: (602) 269-2417  
After Hours (602) 244-9500  
Hours of Operation  
Urgent Care 8:00 am - 6:00 pm (Mon.-Fri.) 8:00 am -12:00 pm (Sat.)  
Occupational Medicine 8:00 am - 6:00 pm (Mon.-Fri) 8:00 am -12:00 pm (Sat.)

Medical Center with Urgent Care  
1710 W. Southern Avenue  
Mesa, AZ. 85202  
Telephone (480) 644-7900  
Fax: (480) 644-7800  
After hours (480) 644-7900  
Hours of Operation  
Urgent Care 8:00 am -6:00 pm (Mon. - Fri.) 8:00 am -12:00 pm (Sat.)  
Occupational Medicine 8:00 am -6:00 pm (Mon. - Fri.) 8:00 am -12:00 pm (Sat.)

Medical Center with Urgent Care  
14747 N. Northsight Blvd. Suite 101-105  
Scottsdale, AZ. 85260  
Telephone (480) 922-4776  
Fax (480) 922-4778  
After hours (602) 244-9500  
Hours of Operation  
Urgent Care 8:00 am -5:00 pm (Mon.-Fri.)  
Occupational Medicine 8:00 am -5:00 pm (Mon.-Fri.)

Medical Center with Urgent Care  
950 W. Southern Avenue  
Tempe, AZ. 85282  
Telephone (480) 968-7200  
Fax: (480) 968-5100  
After hours (602) 244-9500  
Hours of Operation  
Urgent Care 8:00 am - 5:00 pm (Mon. - Fri.)  
Occupational Medicine 8:00 am -5:00 pm (Mon.- Fri.)

Medical Center with Urgent Care  
12808 N. Black Canyon Highway  
Phoenix, AZ. 85029  
Telephone: (602) 375-1155  
Fax: (602) 866-9169  
After hours: (602) 244-9500  
Hours of Operation  
Urgent Care 7:00 am -7:00 pm (Mon.-Fri.)  
Occupational Medicine 7:00 am -7:00 pm (Mon.-Fri.)

Medical Center with Urgent Care  
1959 S. Val Vista Road, suite 106  
Mesa, AZ. 85204  
Telephone: (480) 545-1398  
Fax: (480) 545-2706  
After hours: (480) 545-1398  
Hours of Operation  
Urgent Care 8:00 am - 5:00 pm (Mon. - Fri.)  
Occupational Medicine 8:00 am - 5:00 pm (Mon. - Fri.)

Medical Center with Urgent Care  
14155 N. 83rd Avenue, Bldg. H  
Suite 148  
Peoria, AZ. 85381  
Telephone: (623) 487-8598  
Fax: (623) 487-8647  
After hours: (623) 487-8598  
Hours of Operation  
Urgent Care 7:00 am - 6:00 pm (Mon.-Fri.)  
Occupational Medicine 7:00 am-6:00 pm (Mon.-Fri.)

### Tucson area

Medical Center with Urgent Care  
2005 W. Ruthrauff Road, Suite 111  
Tucson, AZ. 85705  
Telephone: (520) 293-7250  
Fax: (520) 293-7234  
After hours (520) 293-7250  
Hours of Operation  
Urgent Care 8:00 am - 5:00 pm (Mon.- Fri.)  
Occupational Medicine 8:00 am -5:00 pm (Mon. - Fri)

Medical Center with Urgent Care  
4600 So. Park Avenue, Suite 5  
Tucson, AZ. 85714  
Telephone: (520) 889-9574  
Fax: (520) 889-5072  
After Hours (520) 889-9574  
Hours of Operation  
Urgent Care 7:00 am -8:00 pm (Mon.- Fri.) 8:00 am - 4:00 pm (Sat. ☐ Sun.)  
Occupational Medicine 7:00 am -8:00 pm (Mon.- Fri.) 8:00 am - 4:00 pm (Sat. ☐ Sun.)

Medical Center with Urgent Care  
3402 E. Broadway Blvd.  
Tucson, AZ. 85716  
Telephone: (520) 881-0050  
Fax: (520) 795-8815  
After Hours (520) 881-0050  
Hours of Operation  
Urgent Care 8:00 am - 5:00 pm (Mon.-Fri.)  
Occupational Medicine 8:00 am - 5:00 pm (Mon.- Fri.)

### Flagstaff area

Medical Center with Urgent Care  
120 W. Fine Ave.  
Flagstaff, AZ. 86001  
Telephone (928) 773-9695  
Fax: (928) 773-0208  
After hours: (928) 773-9695  
Hours of Operation  
Urgent Care 8:00 am - 8:00 pm (Mon.-Fri) 8:00 am - 4:00 pm (Sat. ☐ Sun.)  
Occupational Medicine 8:00 am -8:00 pm (Mon.- Fri.) 8:00 am -4:00 pm (Sat. ☐ Sun.)