



mvp

A division of Workflex, LLC

IIR Reference Guide

Branch Information

- Name
- Location
- Client
- Company Number

Injured Worker's Demographics

- Name
- DOB
- SS#
- Phone Number
- Job Title/Position
- Email (if available)

Injury/Incident Information

- DOI
- Time of Injury
- Body Part
- Injury Type
- Date Reported
- Date of Employer's Knowledge
- Injury Location (exact location i.e., kitchen, bathroom, street, etc.)

Injury/Incident Reported

- Supervisor's Name
- Phone Number
- Email
- Is incident OSHA reportable (if so, report accordingly)

Injury Description

- Was injured working performing his/her assigned duties
- What task caused or was being performed
- What caused the injury (i.e. defected tools, machinery, third party, etc.)
- Were chemicals involved (if so provide SDS)

Employment Status

- Date of assignment
- Last date worked
- Current employment status
- Reason for termination (if applicable)