OJI / WORKERS' COMPENSATION
WORK SHEET

BASE: _____ DATE: ____/____/____

NAME: _____ PHONE #: _____

EMP #: _____ DATE OF INJURY: ____/____/____ EQUIPMENT: _____

TYPE OF INJURY: _____

SPECIFIC INFORMATION: _____

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BASE REPRESENTATIVE: _____

(USE REVERSE SIDE FOR ADDITIONAL SPACE)