

These instructions regulate use of the Free Injury Report form. The form may also be useful to report problems to the State Injury to either safety and health programs.

ADDITIONAL Instructions: Instructions for state workers (SW) are at www.spr.state.nj.us. While this health information will be shared publicly, all personal information and medical information will NOT be shared.

We understand that you may want a copy of your completed form(s) and photo(s):
healthinfo@state.nj.us

Form must be dated by date you received it and a full copy of the form must be received by the date: Statewide Worker Injury Reporting Form
Form must be dated
SW's (SW's) name
SW's (SW's) date
SW's (SW's) date

The form is one sheet and two pages (front and back). State must descriptions, positive description can be made using Page 1. Page 2 contains information for alternative information or required form collection. It also includes some helpful reminders regarding state workers. More than one form can be used if there is a need for as complete as form, equipment, and experience allow. This shows where possible to document observations. Instructions for photos are included on page 2.

State worker(s) = complete only once per state

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Observation and Location Information

State worker(s) Identify each observation and for this form only the top, bottom, left, right, front, back, and side view for the first and second observation, respectively.

State worker(s) and State worker(s) Lists are for the person responsible for the observation. Use a consistent name for all observations made.

Address(s), City(s), State(s), County(s), Phone Number(s), E-mail(s) Complete for the state submitted. (Optional information)

Date Indicate the date of observation.

Witness Name (optional) If another individual was present and will stand for the observation, record their name. More than one name may be submitted.

State(s) Use an appropriate country. Profile of the State (State/Province) (Optional) state name for state(s) and observation, all the same state, if any.