FORM STD-27

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Instructions: It is mandated by law for an employer to report and notify the Commission of any employee injury or death at work within 10-days from the date of injury, or from the date of having first knowledge of such injury. For injury reporting, the employer must complete and provide this form to the Commission, including a copy to the carrier. The employer is also required by law to retain a record of all employee injury reporting notifications and to furnish such record upon request of the Commission at any time.

1. Date of this Report:	2. Date of Injury:	3. Time of Injury:	4. Type of Event: ☐ Injury | ☐ Fatality	5. Specify the Location or Place of Injury:

EMPLOYEE

6. Name of Injured Employee: (First, Middle, Last):	7. Social Security No.:	8. Sex: ☐ Male | ☐ Female	9. Age:	10. Date of Birth:
11. Occupation:	12. Nationality:	13. Total Years Employed:	14. Married: ☐ Yes | ☐ No	
15. Hourly Rate:	16. Employee's Total Wages: Weekly: / Annually:	17. Total Work Hours Per Week:	18. Total Work Days Per Week:	
19. Date Employee Stops Working:	20. Employee Returned to Work: ☐ Yes | ☐ No	21. Date Returned to Work:	22. Did Employee Returned to Same Wages? ☐ Yes | ☐ No	
23. Name of Employee's Treating Physician:	24. Employee's Mailing Address:	Telephone No.:		

EMPLOYER

25. Name of Employer:	26. Industry or Employer's Nature of Business:	27. Employer's EIN No. / ID Number:
28. Name of Insurance Carrier:	29. Name of Employee's Supervisor:	30. Date Employer First Knew of Injury:
31. Has Medical Attention Authorized? ☐ Yes | ☐ No	32. Employer's Mailing Address:	Telephone No.:

ACCIDENT & EXPOSURE

33. SPECIFY THE CAUSE OF DEATH – Describe the actual cause of the employee's injury or death at work (e.g.; electrical shock, drowning, slip and fall, fire, explosion, struck by hard or sharp object, animal bite or sting, mechanical or equipment failure, etc.). Please be specific as much as possible.

34. THE NATURE OF INJURY – Describe the actual part or area of the body being injured and the nature and type of injury suffered by the employee.

35. DESCRIPTION OF OCCURRENCE & HOW INJURY OCCURRED – Describe fully the events which resulted to the employee's injury or illness. Tell what happened and how it happened. Give full details on all factors which led or contributed to the injury or disease and specify.

36. Name of Person Making & Preparing this Report:	37. Name of Authorized Person Signing this Report:	38. Title of Person Signing this Report:

39. Authorization:

(Sign Here): _____

Authorized Signature

FORM DISTRIBUTION: Original – Employer | Copy – Commission | Copy – Carrier