

Department of Labor * Government of Guam
P.O. Box 9970, Tamuning, Guam 96931
Tel: (671) 300-4571/77 Fax: (671) 475-6811

INSTRUCTIONS: This form may be used by the Employer to report an injury or illness. 22 GCA 9131 requires the Employer to report to the Commissioner within ten (10) days from the date of or knowledge of any injury or illness. Failure or refusal to file this report may subject the Employer to a penalty of up to \$500.00. **PLEASE PRINT OR TYPE.**

1. Name of injured Employee, DOB & SSN:	2. Name of Employer & EIN:
3. Employee's address & telephone no.: ()	4. Employer's address & Telephone no.: ()
5. Date & time of alleged injury/illness:	6. Date of Employer's first knowledge of injury:
7. Date & hour Employee first lost time because of injury/illness:	8. Date & hour Employee returned to work:
9. Date & hour pay stopped:	10. Days usually worked per week (x days): S M T W TH F S Average hours per week:
11. Employee's occupation:	12. Employee's wages/earnings (overtime, etc):
13. Is another person not of your employment caused the accident? [] YES [] NO	a. Hourly: \$ b. Weekly: \$

15. NATURE OF INJURY/ILLNESS (Name part of body affected - fractured leg, bruised arm, lacerated finger, etc) Note any amputations.

16. Has medical attention been authorized? [] YES [] NO	17. Date authorized:	18. Has insurance carrier been notified? [] YES [] NO	19. Date notified:
20. Name of treating physician:		21. Name of insurance carrier: Worker's Compensation Commission c/o Guam Dept of Labor	
22. Name of treating facility:		23. Name & signature of person completing report:	

24. Title of person completing report:	25. Date of this report:
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Please choose ONE ETHNICITY:			Please choose ONE CITIZENSHIP:	
Yapese	Marshallese	African American	United States	
Chuukese	Palauan	Japanese	Permanent Resident Alien	
Kosraean	Chamorro	Chinese	Other (specify):	
Pohnepian	Filipino	American		
Korean	Other (specify):			

PLEASE CIRCLE THE APPROPRIATE ITEMS (for statistical purposes)

A. EVENT CODE

01 Fatality

02 No Time Loss

03 Time Loss

B. NATURE OF INJURY CODE

01 Amputation

02 Asphyxia

03 Bruise/Contusion/Abrasion

04 Burn (Chemical)

05 Burn (Heat)

06 Concussion

07 Cut/Laceration/Puncture

08 Disease/Illness

09 Dislocation

10 Electric Shock

11 Exertion

12 Foreign Body in Eye/Conjunctivitis

13 Fracture

14 Freezing/Frostbite

15 Hearing Loss

16 Hernia

17 Poisoning (Systemic)

18 Puncture

19 Radiation Effects

20 Strain/Sprain

21 Other (Specify)

C. BODY PART CODE LEFT | RIGHT

Abdomen

01

03

Thumb

14

15

Great Toe

34

35

Ankle(s):

02

03

Fingers Index-Small
(First-Fourth)

16 17 18

20 21 22

Toes

36 37 38 39

40 41 42 43

Back

04

05

Wrist

19

23

(First-Fourth)

44

45

Body

06

07

Hand

24

25

Ankle

46

47

System

08

09

Elbow

26

27

Knee

48

49

Chest

10

12

Arm

28

29

Leg

50

51

Head

11

12

Shoulder

30

31

Hip(s)

52

53

Ear(s)

13

13

32

33

33

33

33

33

Eye(s)

13

13

32

32

33

33

33

33

Face

13

13

32

32

33

33

33

33

D. TYPE OF EVENT CODE

01 Absorption

02 Bite/Sting/Scratch

03 Cardio-Vascular/Respiratory

System Failure

04 Caught In or Between

05 Fall (Same level)

06 Fall (From elevation)

07 Ingestion

08 Inhalation

09 Repeated Motion/Pressure

10 Rubbed/Abraded

11 Shock

12 Struck Against

13 Struck By

14 Other (Specify)

E. SOURCE INJURY CODE

01 Aircraft

02 Air Pressure

03 Animal/Insect/Bird/Reptile/Fish

04 Boat

05 Bodily Motion

06 Boiler/Pressure Vessel

07 Boxes/Barrels, Etc.

08 Buildings/Structures

09 Chemical Liquid/Vapor

10 Cleaning Compound

11 Cold (Environment/Mechanical)

12 Dirt/Sand/Stone

13 Drugs/Alcohol

14 Dust/Particles/Chips

15 Electrical Apparatus/Wiring

16 Explosives

17 Fire/Smoke

18 Food

19 Furniture/Furnishings

20 Gases

21 Glass

22 Hand Tool (Manual)

23 Hand Tool (Powered)

24 Heat (Environmental/Mechanical)

25 Hoisting Apparatus

26 Ladder

27 Machine

28 Materials Handling Equipment

29 Metal Products

30 Motor Vehicle (Highway)

31 Motor Vehicle (Industrial)

32 Motorcycle

33 Person

34 Petroleum Products

35 Pump/Prime Motor

36 Radiation

37 Vegetation

38 Waste Products

39 Water

40 Weapons

41 Working Surface

42 Other (Specify)

F. CONTRIBUTING ENVIRONMENTAL FACTOR CODE

01 Catch Point/Pointer Action

02 Chemical Action/Reaction Exposure

03 Flammable Liquid/Solid Exposure

04 Flying Object Motion

05 Gas/Vapor/Mist/Fume/Smoke/Dust Condition

06 Illumination

07 Materials Handling Equipment/Method

08 Overhead Moving and/or Falling Object Action

09 Overpressure/Underpressure Condition

10 Pinch Point Action

11 Radiation Condition

12 Shear Point Action

13 Sound Level

14 Squeeze Point Action

15 Temperature Above or Below Tolerance Level

16 Weather/Earthquake, Etc. Condition

17 Working Surface/Facility Layout Condition

18 Other (Specify)

G. TASK ASSIGNMENT CODE

01 Employee Working at Regularly Assigned Task(s)

02 Employee Working at OTHER than Regularly Assigned Task(s)