



Senior Service America, Inc.
Senior Environmental Employment (SEE) Program
 8403 Colesville Road, Suite 1200 • Silver Spring, Maryland 20910
 Phone: (301) 578-8900 • Fax: (301) 578-8895



FIRST REPORT OF INJURY
Notice of Accidental Injury or Occupational Disease

TO SEE ENROLLEE: You must fill out and fax this report **immediately** after you become aware of an accident, injury or occupational disease and its relationship to your assignment. **Fax to: 1 (301) 578-8895 Within 24 Hours.**

ENROLLEE INFORMATION			
Enrollee name:		Date of this report:	
Home address:		City:	State: Zip:
EPA site:		Monitor:	Phone: ()
Address:		City:	State: Zip:
INJURY INFORMATION			
Date of injury:		Time of injury:	
Place where injury occurred:			
Address:		City:	State: Zip:
Brief description of injury (attach additional sheets, if necessary)			
WITNESS INFORMATION			
Witness name:		Phone/cell:	Email:
TREATING PHYSICIAN INFORMATION & ENROLLEE SIGNATURE			
<p>This is to notify the SSAI/SEE Program that while enrolled in the SEE Program,</p> <p>I sustained an: <input type="checkbox"/> injury <input type="checkbox"/> occupational disease</p> <p>caused by:</p>			
Treating Physician:		Phone:	
Address:		City:	State: Zip:
The above information is true and correct to the best of my knowledge, information and belief.			
_____		_____	
Enrollee Signature		Date	

SSAI provides Worker's Compensation benefits in the event of a work-related injury or occupational illness or death to Enrollees that occurs while on assignment in an EPA facility or conducting other authorized assignments on behalf of EPA. All injuries must be reported within 24 hours to SSAI. In case of an emergency, the Enrollee is responsible for immediately notifying his/her Monitor and SSAI Field Operations Officer to report the incident accurately. It is essential that all information surrounding an injury or occupational illness be obtained. This enables the SSAI Field Operations Officer to report the incident accurately.