

ADDITIONAL SPACE IF NEEDED FOR THE DESCRIPTION OF THE INCIDENT:

WHAT	State body part(s) injured:
	Was treatment beyond first aid required? NO YES
	Explain if YES:

WHERE	Exact location where incident occurred:
	Was ambulance transport necessary? YES NO
	To what facility?

WITNESSES	Last name:
	First name:
	Title:
	Tel. #:

JOB FOREMAN DO NOT WRITE INSIDE THIS BOX!!

DATE RECEIVED BY SAFETY MANAGER: ____/____/____

DATE RECEIVED BY HR.: ____/____/____

<u>JOPLIN/KANSAS</u>	<u>SPRINGFIELD/BRANSON</u>	<u>ARKANSAS</u>	<u>OKLAHOMA</u>
FREEMAN OCCUMED 3201 McCELLAND BLVD. JOPLIN, MO. 64804 417-347-6625	FAMILY MEDICAL WALK IN CLINIC 4049 S. CAMPBELL SPRINGFIELD, MO. 65802 417-890-5550	ARKANSAS OCCUPATIONAL HEALTH 4001 WAGON WHEEL RD. SPRINGDALE, AR. 72762 479-770-0200	ACCESS MEDICAL CENTER 1926 HISTORIC US 66 CLAREMORE, OK. 74019 918-343-2273
MERCY CONVENIENT CARE 1313 S. RANGELINE JOPLIN, MO. 64804 417-623-2207	MERCY CLINIC OCCUPATIONAL MED. 3231 S. NATIONAL SPRINGFIELD, MO. 65802 417-890-5550	HARRISON MEDIQUICK 724 N. SPRING STREET HARRISON, AR. 72601 870-741-2500	
SEK URGENT CARE 200 E. CENTENNIAL DR. #3 PITTSBURGH, KS. 66762 620-231-8003	COX OCCUPATIONAL HEALTH 121 CAHILL RD, SUITE 201 BRANSON MO., 65616 417-335-7555	COOPER CLINIC OCCUPATIONAL MED. 4300 REGIONS PARK DRIVE FT. SMITH, AR. 72916 479-478-3660	

Please be as detailed as possible with all information needed and complete both sides of this form.