Completion Instructions
for Forms F and G
the Employer’s Report of Occupational Injury or Disease
(LIBC-344 Rev 1-01)

- **General Information:**
  - The injured employee’s direct supervisor is to complete the injury report and not the injured employee.
  - Type or hand-write using blue or black ink. If typing, no need to put one letter per box. Stay within the range of boxes and avoid typing or writing in the margins.
  - Employee’s address, phone number, etc at the top of the form should be the employee’s home information and not work information.
  - **There is no need to complete any of the following codes:** NCCI Class Code, SIC Code, NAICS Code, Type of Injury Code, Part of Body Affected Code, or the Cause of Injury Code

- **Dates:**
Enter all dates as MMDDCCYY. *(Correct example: 01/01/2008)*

- **Phone Numbers:**
Phone numbers must include area code. *(Correct example: 412-624-1198)*

- **Times:**
Enter all times as HHMM, checking the AM or PM box, as appropriate. **Do not use military time.** *(Correct example: 08:30 AM)*

- **Date Returned To Work:**
If employee has NOT lost any time, please enter the same date as the day of injury.

- **Contact Name and Number:**
This should be the name and campus number of the injured worker’s direct supervisor and not a personal contact.

- **Type of Injury or Illness:**
Briefly describe the nature of the injury or illness. *(Correct example: contusion, fracture, sprain, strain)*

- **Parts of Body Affected:**
Indicate the part(s) of the body affected by the injury or illness. *(Correct example: neck, upper or lower back, left or right wrist)*

- **Cause of Injury:**
Briefly indicate how the employee incurred the injury or illness. *(Correct example: cut from broken glass, fell from ladder, strain from lifting)*

Revised: October 10, 2008

Form - E