

Chemistry and Chemical Biology
Accident/Incident Report Form

To Be Completed by Injured Employee

Full Name _____ HUID _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Occurrence Information

Date of Injury/Illness _____ Date Employer Notified _____

Accident Cause _____

Injury Type _____ Body Party _____

Accident Description

Is the Injured Worker Losing Time? Y/N (Circle) Is the Injured Worker on Modified Duty? Y/N (Circle)

Where did the Injury Occur? _____

Full Address of Incident _____

Primary Physical Work Location Address _____

Signature of Injured Employee _____ Date _____

Signature of Claim Preparer _____ Date _____

Claim Number Assigned: _____

Comments/Concerns: _____

Information for Entering Claim into PMA System

It is important to enter claims within 24-48 hours from incident date
Be as detailed as you can be, based on the information that you have
Website: https://www.pmacompanies.com/generic_reportclaim.html
Click "Report a Claim" Username: 0790121; Password: newclaim

Information for Entering Claim into PMA System

It is important to enter claims within 24-48 hours from incident date
Be as detailed as you can be, based on the information that you have
Website: https://www.pmacompanies.com/generic_reportclaim.html
Click "Report a Claim" Username: 0790121; Password: newclaim