*Employer's First Report of*

# Injury or Occupational Illness

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of the employees to the extent possible while the information is being used for occupational safety and health purposes.

Case #: 6

1. Name: Nguyen, Henry T

2. Sex: Male

3. Social Security Number: 542-12-4216

4. Home Phone: (916) 743-2384

5. Date of birth: 5/6/1962

6. Mailing address (street or P.O. Box)
715 Russell Blvd
Davis, CA 95601-
County: Jefferson

7. Doctor's name: Dr. Paul Lin

8. Doctor's mailing address (street or P.O. Box): 885 Oakdale Avenue, Cupertino, CA

9. Date and time of injury: 4/12/2008 4:00:00 PM

10. Date lost time began: 4/12/2004

11. Nature of injury: Illness: Occupational skin diseases or disorders

12. Part of body injured or exposed: Head

13. How and why injury/illness occurred: Developed a rash from chemical spillage

14. Did employee stop work immediately: Yes

15. Was employee doing his regular job? No

16. Worksite location of injury (stairs,dock, etc.): Lab

17 Address where injury or exposure occurred, and name of business if incident occurred on a business site.
324 Sunnyside Street, Cupertino, CA 94085

County: Santa Clara

18. Cause of injury (fall, tool, machine, etc): He was not wearing proper protection

19. List witnesses: June Smithson

20. Return to work date / or expected: 4/13/2008

21. Did employee die? No

22. Employee department: Engineering Services

23. Supervisor's name: Walter Thornton

24. Date reported: 4/12/2008

25. Was medical attention authorized? Yes

26. If yes, date of authorization: 4/12/2008

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27. Date of hire: 1/1/2003

28. Length of service in current position:

29. Length of service in current occupation:

30. Employee payroll classification code: Non Exempt

31. Occupation of injured worker: Technician

32. Hourly pay rate at this job is: $43.27

33. Full work week in hours is: 40

34. Last paycheck was $ amount for # hours or # days: $320 for 16 hours

35. Is employee an owner, partner, or corporate offic: No

36. Name and title of person completing form: Walter Thornton, Engineering Supervisor

37. Name of business: ABC Corporation

38. Business mailing address and telephone number:
1234 Any Streeet
Any Town, CA 94086-3119
(408) 656-5624

39. Business location (if different from mailing address):

40. Federal tax id number: 123-45-6789

41. Primary NAICS Industry Classification: ABC123

42. Specific NAICS Code: A1B2C3

43. State Comptroller Taxpayer N:

44. Worker's compensation insurance company: Alpha Insurance

45. Policy number: GP12345

46. Did you request accident prevention services in past 12 months? Yes

If yes, did you receive them? Yes

47. Signature and title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING):

Date signed: