** The Baltimore County Volunteer Firemen’s Association**

**SUPERVISOR’S FIRST REPORT OF INJURY**

**This report must be submitted to the Volunteer Association Office and**

**Baltimore County Worker’s Compensation Unit within *24 hours* of the incident**

***Fax to (410) 832-1516 (HR Office) and (410) 832-8507 (Vol. Office) or email to***

**Worker’s Compensation email:** **ohrwccfax@baltimorecountymd.gov** **//**

**BCVFA email:** **bcvfa-admin@baltimorecountymd.gov**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **STATION NUMBER**

 | **(2) NAME OF VOLUNTEER COMPANY**  | 1. **MEMBER’S FIRE SERVICE I.D. NO.**

 | 1. **BALTIMORE CO CLAIM NUMBER**

 |
| **(5) LAST NAME OF MEMBER** | 1. **FIRST NAME OF MEMBER**

 | **(7) MIDDLE**  **INITIAL** | 1. **SOCIAL SECURITY NUMBER**

 |
| **(9) ADDRESSS** | **(10) SEX** **[ ] MALE** **[ ] FEMALE** | **(11) MARITAL** **STATUS****[ ] UNMARRIED****[ ] MARRIED****[ ] SEPARATED**  | **(12) NUMBER OF**  **DEPENDENTS** |
| **(13) CITY** | 1. **STATE**

 | 1. **ZIP CODE**

 | 1. **DATE OF BIRTH**

 |
| **(17) MEMBER’S HOME PHONE** | 1. **MEMBER’S WORK PHONE**

 | 1. **MEMBER’S PAGER NUMBER**

 |
| **(20) DATE AND TIME INJURY OCCURRRED** | **(22) DATE SUPERVISOR** **WAS NOTIFIED** | 1. **TYPE OF INJURY, ILLNESS OR EXPOSURE**

 |
| 1. **PART OR PARTS OF BODY AFFECTED BY INJURY, ILLNESS OR EXPOSURE**

 | 1. **LOCATION OF INCIDENT WHERE INJURY, ILLNESS OR EXPOSURE OCCURRED**

 |
| **(26) EXACTLY WHAT WAS MEMBER DOING WHEN INJURY, ILLNESS OR EXPOSURE OCCURRED?** |
| **(27) TELL EXACTLY WHAT HAPPENED AND STATE WHAT TOOL OR OBJECT WAS INVOLVED IN THE INJURY, ILLNESS OR EXPOSURE** |
| **(28) NAME OF DOCTOR WHO EXAMINED OR TREATED INJURY, ILLNESS OR EXPOSURE** |
| **(29) NAME OF HOSPITAL WHERE INJURY, ILLNESS OR EXPOSURE WAS EXAMINED OR TREATED** |
| **(30) DID MEMBER GO TO THE** **MERCY MEDICAL LUTHERVILLE** **PERSONAL PHYSICIANS****[ ] YES** **[ ] NO** | **(31) WAS REQUIRED PERSONAL PROTECTIVE SAFETY EQUIPMENT IN USE? YES** **[ ]  NO** **[ ]**  **WERE ANY SAFETY REGULATIONS VIOLATED? YES** **[ ]  NO** **[ ]**  |
| **(32) TITLE, NAME, COMPANY OF WITNESSES TO INJURY, ILLNESS OR EXPOSURE** |  |
| **(33) NAME AND PHONE OF MEMBER’S EMPLOYER** |
| **(34) NAME OF COMPANY OFFICER PREPARING THIS REPORT** | 1. **TITLE**

 |
| **(36) SIGNATURE OF COMPANY OFFICER PREPARING THIS REPORT** | 1. **DATE**

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THE BALTIMORE COUNTY VOLUNTEER FIREMEN’S ASSOCIATION



700 East Joppa Road – 3rd Floor Phone: (410) 887-4885

Towson, MD 21286 Fax: (410) 832-8507

Email: bcvfa-admin@baltimorecountymd.gov

Effective Monday, July 1, 2013, **Mercy Medical Center** will be the designated Baltimore County Employee Health Clinic, instead of Concentra. One location will be utilized:

**Lutherville Personal Physicians**

1734 York Road (corner of York and Ridgely Roads)

Lutherville, MD 21093

443-275-5090

Hours of Operation: 0800 – 1600, Monday through Friday

After hours, you should go to St. Joseph’s Hospital. If not close to St. Joseph’s Hospital, go to your nearest hospital.

**Worker’s Compensation Claims are now being handled by Baltimore County**

Supervisor’s First Report of Injury will need to be **faxed or emailed** to the Volunteer Office and the Baltimore County Worker’s Compensation Unit within 24 hours of incident.

Baltimore County WC Unit Fax # (410) 832-1516 or email at: ohrwccfax@baltimorecountymd.gov

Volunteer Office Fax# (410) 832-8507 or email at: bcvfa-admin@baltimorecountymd.gov

Fax numbers and email addresses are also on the top of the form.

Baltimore County

Workers Compensation Unit

Office of Human Resources

308 Allegheny Avenue

Towson, MD 21204

PH#: 410-887-6565

Revised 2/7/17