

EMPLOYER'S REPORT OF INDUSTRIAL INJURY

(Hawaii)

INSTRUCTIONS:

Within 7 working days after the employer has knowledge of such injury causing absence from work for 1 day or more or requiring medical treatment beyond ordinary first aid, the employer shall make a report to the director.

When an injury results in immediate death, the employer shall within 48-hours notify personally or by telephone a representative of the department in the county where the injury occurred.

Report shall be written in ink or typewritten and shall be signed in ink with the following information:

Name, address, and nature of employer's business.

Name, age, sex, wages, and occupation for the injured employee.

Date and hour of accident, if the injury is produced thereby, the nature and cause of the injury, and such other information required.

Employer shall answer every question fully to avoid further correspondence.

Mail by regular mail, the original, to the Director at:

**Department of Labor & Industrial Relations
Disability Compensation Division
830 Punchbowl Street, Room 209
Honolulu, Hawaii 96813**

(808) 586-9174, Fax: (808) 586-9219

Copy to the employee.