## WORKER'S COMPENSATION COMMISSION

Department of Labor \* Government of Guam P.O. Box 9970, Tamuning, Guam 96931

Tel: (671) 475-7033/34 \* Fax: (671) 475-7026

WCC File #:

	n injury or illness. 22 GCA 9131 requires the Employer to report to the Commissioner ss. Failure or refusal to file this report may subject the Employer to a penalty of up to								
1. Name of injured Employee, DOB & SSN:	2. Name of Employer & EIN:								
3. Employee's address & telephone no: ( )	4. Employer's address & Telephone no.: ( )								
5. Date & time of alleged injury/illness:	6. Date of Employer's first knowledge of injury:								
7. Date & hour Employee first lost time because of injury/illness:	8. Date & hour Employee returned to work:								
9. Date & hour pay stopped:	10. Days usually worked per week (x days): S M T W TH F S Average hours per week:								
11. Employee's occupation:	12. Employee's wages/earnings (overtime, etc):								
13. Is another person not of your employment caused the accident?	a. Hourly: \$ b. Weekly: \$								
	the events which resulted in the injury/illness. Tell what the injured was doing at the any object or substance involved and tell how they were involved. Give full details on ets if required and attach to this report.								
15. NATURE OF INJURY/ILLNESS (Name part of body affected - fractured leg, bruised arm, lacerated finger, etc) Note any amputations.									
16. Has medical attention been authorized?     17. Date authorized:	18. Has insurance carrier been notified?   19. Date notified:								
[ ] YES [ ] NO 20. Name of treating physician:	21. Name of insurance carrier:								
22. Name of treating facility:	23. Name & signature of person completing report:								
22 GCA 9132 PENALTY FOR MISREPRESENTATION: "Any person who willfully makes any false or misleading statement or representation for the purpose of obtaining any benefit or payment under this Title or for the purpose of evading liability for any benefit or payment under this Title shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000.00), or by imprisonment not to exceed one (1) year, or both."									
24. Title of person completing report:	25. Date of this report:								
FOR STATISTICAL PURPOSES ONLY									
Please choose ONE ETHNICITY:	Please choose ONE CITIZENSHIP:								
YapeseMarshalleseAfrican AmericanChuukesePalauanJapaneseKosraeanChamorroChinesePohnepianFilipinoAmericanKoreanOther (specify):	United States Permanent Resident Alien Other (specify):								

Form GWC-202: EMPLOYER'S REPORT of OCCUPATIONAL INJURY or ILLNESS (Revised 01/2005)

## PLEASE CIRCLE THE APPROPRIATE ITEMS (for statistical purposes)

A. EVENT CODE			02 No Timo	1 000	02 Time Lose					
01 Fatality 02 No Time Loss				LOSS	03 Time Loss					
B. NATURE OF INJURY CODE         01 Amputation         02 Asphyxia         03 Bruise/Contusion/Abrasion         04 Burn (Chemical)         05 Burn (Heat)         06 Concussion         07 Cut/Laceration/Puncture			<ul> <li>08 Disease/Illness</li> <li>09 Dislocation</li> <li>10 Electric Shock</li> <li>11 Exertion</li> <li>12 Foreign Body in Eye/Conjunctivitis</li> <li>13 Fracture</li> <li>14 Freezing/Frostbite</li> </ul>				15 Hearing Loss 16 Hernia 17 Poisoning (Systemic) 18 Puncture 19 Radiation Effects 20 Strain/Sprain 21 Other (Specify)			
C. BODY PART CODE LEFT   RIGHT										
Abdomen 01	03 10 12	Thumb Fingers (First-Fou Wrist Hand Elbow Arm Shoulde		14 16 17 18 19 24 26 28 30 32	15 20 21 22 23 25 27 29 31 33	To (Firs An Fo Kn Le	t-Fourth) kle ot ee	34 36 37 38 39 44 46 48 50 52	35 40 41 42 43 45 47 49 51 53	
D. TYPE OF EVENT CODE         01 Absorption       05 Fall (Same level)         02 Bite/Sting/Scratch       06 Fall (From elevation)         03 Cardio-Vascular/Respiratory       07 Ingestion         System Failure       08 Inhalation         04 Caught In or Between       09 Repeated Motion/			m elevation) า ท	sure		10 Rubbed/Abraded 11 Shock 12 Struck Against 13 Struck By 14 Other (Specify)				
E. SOURCE INJURY CODE 01 Aircraft 02 Air Pressure 03 Animal/Insect/Bird/Reptile/Fish 04 Boat 05 Bodily Motion 06 Boiler/Pressure Vessel 07 Boxes/Barrels, Etc. 08 Buildings/Structures 09 Chemical Liquid/Vapor 10 Cleaning Compound 11 Cold (Environment/Mechanical) 12 Dirt/Sand/Stone 13 Drugs/Alcohol 14 Dust/Particles/Chips			<ul> <li>15 Electrical Apparatus/Wiring</li> <li>16 Explosives</li> <li>17 Fire/Smoke</li> <li>18 Food</li> <li>19 Furniture/Furnishings</li> <li>20 Gases</li> <li>21 Glass</li> <li>22 Hand Tool (Manual)</li> <li>23 Hand Tool (Powered)</li> <li>24 Heat (Environmental/Mechanical)</li> <li>25 Hoisting Apparatus</li> <li>26 Ladder</li> <li>27 Machine</li> <li>28 Materials Handling Equipment</li> </ul>				29 Metal Products 30 Motor Vehicle (Highway) 31 Motor Vehicle (Industrial) 32 Motorcycle 33 Person 34 Petroleum Products 35 Pump/Prime Motor 36 Radiation 37 Vegetation 38 Waste Products 29 Water 40 Weapons 41 Working Surface 42 Other (Specify)			
F. CONTRIBUTING ENVIRONMENTAL FACTOR CODE         01 Catch Point/Pointer Action         02 Chemical Action/Reaction Exposure         03 Flammable Liquid/Solid Exposure         04 Flying Object Motion         05 Gas/Vapor/Mist/Fume/Smoke/Dust Condition         06 Illumination         07 Materials Handling Equipment/Method         08 Overhead Moving and/or Falling Object Action         09 Overpressure/Underpressure Condition					<ul> <li>10 Pinch Point Action</li> <li>11 Radiation Condition</li> <li>12 Shear Point Action</li> <li>13 Sound Level</li> <li>14 Squeeze Point Action</li> <li>15 Temperature Above or Below Tolerance Level</li> <li>16 Weather/Earthquake, Etc. Condition</li> <li>17 Working Surface/Facility Layout Condition</li> <li>18 Other (Specify)</li> </ul>					
G. TASK ASSIGNMENT CODE         01 Employee Working at Regularly Assigned Task(s)       02					02 Employee Working at OTHER than Regularly Assigned Task(s)					

Form GWC-202: EMPLOYER'S REPORT of OCCUPATIONAL INJURY or ILLNESS (Page 2): Rev 01/2005