



**Strada Electric & Security Off Job Injury Notice**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Location of Injury: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Reported to: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Describe injury and part of body affected:

---

---

---

---

I, \_\_\_\_\_ acknowledge that I have reported an off-the-job injury to my employer, Strada Electric & Security. This injury occurred on my own time and not while I was working for Strada Electric & Security. Should this injury get worse, I understand Strada Electric & Security is not responsible for medical treatment and payment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_