



# National Association of Letter Carriers



## Initial Heat Injury Report

Date of Injury: \_\_\_ / \_\_\_ / \_\_\_

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

Contact#: \_\_\_\_\_  
(cell preferred)

Email address: \_\_\_\_\_

Work Location: \_\_\_\_\_ State: \_\_\_\_\_  
Installation and Station

Branch President: \_\_\_\_\_ Branch: \_\_\_\_\_

Contact#: \_\_\_\_\_  
(cell preferred)

Email address: \_\_\_\_\_

Events leading to injury:

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**Please send a copy of this form to NALC Director of Safety and Health at NALC Headquarters or to [peralta@nalc.org](mailto:peralta@nalc.org)**