



# National Association of Letter Carriers



## Initial Heat Injury Report

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

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

Contact#: \_\_\_\_-\_\_\_\_-\_\_\_\_      Email address: \_\_\_\_\_  
(cell preferred)

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

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

Contact#: \_\_\_\_-\_\_\_\_-\_\_\_\_      Email address: \_\_\_\_\_  
(cell preferred)

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)**