



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:

Please send a copy of this form to NALC Director of Safety and Health at NALC Headquarters or to peralta@nalc.org