

Warehouse Order Request

L&I Report of Accident *and instructions in Spanish for completing the form*

FAX to: 360-902-4525 (L&I Warehouse)

Title of form	Form #	# Forms you need
Report of Industrial Injury or Occupational Disease * New – Required after Dec. 3, 2009	F242-130-000	
Instructions in Spanish for completing the Report of Industrial Injury or Occupational Disease New – Required after Dec. 3, 2009	F242-130-999	

Note:

*Tell us the exact number of forms you need. We recommend a **three-month** supply. However, our warehouse reserves the right to adjust the quantity of your order if stock is low. There is no charge.*

Your name: _____ **Work phone:** _____

Shipping address for this order:

Name

Address

City, State, ZIP

Order date [mm/dd/yyyy] and time

*Also referred to as the *Report of Accident* or the *ROA*