



National Association of Letter Carriers



Initial Heat Injury Report

Date of Injury: 07__/17__/2023

Employee Name: [REDACTED]

Contact#: [REDACTED] Email address: _____
(cell preferred)

Work Location: FORT WALTON BEACH POST State FL_____
OFFICE_____ Installation and Station

Branch President: [REDACTED] Branch: 4559

Contact#: [REDACTED] Email address [REDACTED]
(Cellphone preferred)

Events leading to injury:

CCA [REDACTED] was working on FWB City Route 17, when he came nauseous, confused and not was not sweating. He when to the fire station for help. They started IVs and call the ambulance to take him to the hospital. Mr. [REDACTED] was treated for heat exhaustion. Mr. [REDACTED] was later released t go home with a doctor excuse for 2 days off. After the 2 days he was allowed to return to work with no restrictions.

The union is in the process of ensuring that his CA-1, CA-16, and CA-17 are completed, he was not given those forms prior to going to the hospital, nor was he given them when he returned to work. The carrier was questioned as to he whether he had taken the Heat Illness Prevention Program? He stated that he had not, but checked his lite blue training file saw that he had ben signed off as completing the course. He stated that he never took the course. Several carriers have stated that their records are showing that they have completed the course, hen fact they have not.

Please complete the form and send back to NALC Region 9:

MAIL: 1101 Northchase Pkwy SE Suite 3
Marietta, GA 30067

EMAIL: 

FAX: 