Workers' Compensation
SEQUENCE FOR REPORTING A NOTICE OF INJURY

This is a list of questions asked when you call to report the claim

1. Caller's Name:			
2. Caller's Job Title:			
3. Caller's Contact Phone:			
4. Caller's Fax Number:			
5. Operator Name:			
6. Operator's Office Mailing Address:			
7. Name of Injured:			
8. Male or Female:			
9. Injured's Home Phone:			
10. Injured's Social Security:			
11. Injured's Date of Birth:			
12. Injured's Home Address:			
13. Job Duty When Injured:			
14. Full or Part Time:			
15. Date of Injury:		16. Time of Injury:	
17. Address & Store Number Where Injury Occurred:			
18. Was Injury on Property:		19. If not, where?	
20. Body Part Affected:			
21. Description of Accident:			
22. Description of Injured: (height, weight, color hair, length of hair, facial hair, glasses, etc.)			
23. Any Video of the Accident?		24. Do you agree with accident?	
25. Did injured receive medical treatment?		26. If yes, where?	
27. Was treatment authorized?		28. Has Injured Returned to Work?	
29. Injured's Hourly Rate of Pay:		30. Average Hours Per Week:	
31. Injured's Supervisor:		31. Has Supervisor Been Notified?	
33. Date the Injured Last Worked:		34. Injured returned to work yet?	

Please use as a tool to help you when calling in a Workers' Compensation claim. It is very important to get as much detail as you can about the claim including witness statements.

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MANAGER'S ACCIDENT INVESTIGATION FORM

NOTE TO SUPERVISOR:

Remember, an accident investigation is not designed to find fault or blame. It is an analysis to determine cause that can be controlled or eliminated.

When completing the investigation, try to answer these questions.

- How did the accident occur?
- Where did it happen?
- What station did this occur?
- Who was injured?
- When did it happen?

RECOMMEND CHANGES:

No investigation is complete unless corrective action is suggested.

FOLLOW-UP:

Determine what action is being taken on your recommended change

DATE	TIME ☐ AM ☐ PM
EMPLOYEE INVOLVED	AGE
POSITION	DATE EMPLOYED
MANAGER ON DUTY	HAS THIS INCIDENT BEEN REFERRED TO THE SAFETY COMMITTEE? ☐ YES ☐ NO
HOW LONG HAS THE EMPLOYEE BEEN DOING THIS TASK?	
HAS THE EMPLOYEE HAD THE PROPER TRAINING?	
DID THE ACCIDENT RESULT IN INJURY?	
NATURE AND EXTENT OF INJURY?	
DATE INJURY REPORTED?	WAS FIRST AID GIVEN?
HOW DID THE ACCIDENT OCCUR?	
PRIMARY CAUSE OF ACCIDENT?	
RECOMMENDATIONS TO PREVENT RECURRENCE	
WHAT ACTION HAS BEEN TAKEN?	
SIGNED	DATE

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