Supervisor's Accident/Injury Quick Reference Guide Check List

PLEASE FOLLOW THE STEPS BELOW TO MAKE SURE ALL THE APPROPRIATE DOCUMENTS HAVE BEEN COMPLETED AND STEPS HAVE BEEN TAKEN TO EFFICIENTLY PROCESS THIS WORK RELATED INJURY

Employee: _____ **Date:** _____

___ Secure the employees statement of occupational injury or illness form

___ Secure the supervisor statement of occupational injury or illness form

___ Provide Employee the workers compensation claim form (dwc-1) for completion then complete your section and make a copy for the employee to keep

___ provide employee the complete written employee notification and MPN Signature receipt

___ provide authorization for medical treatment (if applicable)

___ provide declination of medical treatment (if applicable)

___ provide any witnesses with the witness report of injury (if applicable)

___ Follow up with employee for work status and determination on accommodation

___ HR transmits claim to Keenan through Ultra Claims Online

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SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

Name of injured employee: _____

Department/School Site: _____

Position: _____ Employee Hours: _____

Date of injury or illness: _____Time: _____ AM _____PM_____

Was medical treatment offered? Yes _____ No _____ Was treatment refused? Yes _____ No _____

Was employee given a DWC-1 claim form? Yes _____ No _____

What type of medical treatment was given on site? _____

_____

Did the injured employee leave work due to this injury or illness? Yes _____ No _____ Time: _____

Has employee returned to work? Yes _____ Date returned: _____ No, still off work _____

Name of person to whom the injury or illness was reported:_____

Timeliness of reporting: If the accident was not reported immediately, why not?

_____

_____

Location where accident or exposure occurred:

_____

Was the injury or exposure witnessed? Yes _____ No _____

WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address:_____

City/State/Zip: _____ City/State/Zip:_____

Telephone: _____ Telephone:_____

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Body part injured (check all that apply and indicate left and/or right):

_____ Head	_____ Upper back	_____ Finger (which?)	_____ Ankle
_____ Face	_____ Lower back	_____ Upper leg	_____ Foot
_____ Eye	_____ Arm	_____ Lower leg	_____ Toe (which?)
_____ Neck	_____ Wrist	_____ Knee	_____ Other_____

Nature of injury or illness:

_____ Scrape	_____ Burn	_____ Fracture	_____ Cold-related problem
_____ Cut	_____ Sprain/strain	_____ Skin problem	_____ Loss of consciousness
_____ Puncture	_____ Foreign body	_____ Chemical-related problem	_____ Respiratory
_____ Bruise	_____ Poisoning	_____ Heat-related problem	_____ Other _____

What was employee doing at the time of injury or exposure?

_____

_____

_____

Person, object or substance that directly injured employee:

_____

_____

_____

Check any of the following unsafe actions which you feel may apply:

_____ Haste/unsafe speed	_____ Improper procedure	_____ Unsafe lifting
_____ Not authorized	_____ Unsafe equipment usage	_____ Unsafe position
_____ Disregard of instructions	_____ Defective equipment/tools	_____ Running/jumping
_____ Lack of knowledge/skill/training	_____ Inattention	_____ Poor Housekeeping
_____ Failure to use proper equipment	_____ Assault	_____ Act of other
_____ Inadequate protective gear	_____ Horseplay	_____ Physical handicap
_____ Carelessness	_____ Alcohol/drugs	_____ Other

_____I know the injury occurred on duty.

_____ I have no specific knowledge that the injury occurred on duty

What steps have been taken or recommended to prevent a recurrence?

_____

_____

Comments:

_____

_____

Supervisor's signature: _____ Date:_____

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WITNESS STATEMENT OF EMPLOYEE INJURY

WITNESS NAME: _____ CONTACT PHONE: _____

JOB TITLE: _____ DISTRICT EMPLOYEE? ☐ YES ☐ NO

HOME ADDRESS: _____

NAME(S) OF INJURED EMPLOYEES: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ ☐ AM ☐ PM

SITE AND EXACT LOCATION OF ACCIDENT: _____

1. PLEASE DESCRIBE THE ACCIDENT: _____

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? _____

3. PLEASE NAME ANY OTHER WITNESSES: _____

WITNESS SIGNATURE _____ DATE _____