



CONNECTING & INNOVATING  
SINCE 1913

#### RISK MANAGEMENT INFORMATION

## THE EVOLUTION OF A WORKERS' COMPENSATION CLAIM

*As an employer, the administration of your workers' compensation claims can be confusing and frustrating. However, once provided with the necessary information, you will better be able to understand and manage your workers' compensation claims. This can best be understood by following the evolution of a claim.*

### Reporting

A workers' compensation claim begins with the reporting process. To initiate the reporting process, employees report a workers' compensation to the employer. Under Workers' Compensation Statute, the employee has 180 days to report his or her claim. However, the employer has less flexibility in submitting this information to the Department of Labor and Industry. Once the employer is notified of the employee's injury, the employer must file the *First Report of Injury (FROI)* and the *Notice of Insurer's Primary Liability Determination* within 14 days of the first date of lost time. Given a death or serious injury, the information must be received by the Department of Labor and Industry within 48 hours.

#### Learn More

For more information on FROI's, check out:

[Tools for Managing Work Comp Claims](#)

A helpful tool to use in reporting claims is the *Supervisor's Report of Accident*. Although this form is not required, it is especially useful when determining liability as it sometimes provides the employer's opinions regarding causation.

### Investigate the Claim

The investigation of a claim may involve several contacts depending on the severity of claim. The following people are possible contacts:

- Employer
- Employee
- Physician
- Witnesses

In addition, medical records are often requested and reviewed in order to make a determination regarding liability. Once all the information is received and reviewed, one must make a determination regarding primary liability.

This material is provided as general information and is not a substitute for legal advice.  
Consult your attorney for advice concerning specific situations.

## **Work Related Injury**

An injury is considered work related when the following variables are present:

- Must sustain personal injury or occupational disease.
- Injury or disease must arise out of employment.
- Injury or disease must occur in the course of employment.

In addition to the above, a condition or injury is considered work related if it is aggravated or accelerated by the employee's work activities. Assuming all the above variables are met, the claim is accepted. However, if it is found that the employee's condition is not work related, the basis of denial or defenses is noted on the Notice of Insurer's Primary Liability Determination.

## **Defending a Claim**

A workers' compensation claim may be denied because of any the following arguments, which may be used in defending the claim:

- Did not arise out of or in the course of employment.
- Intentional/self-inflicted.
- Horseplay.
- Intoxication.
- Deviation—auto accident.
- Stress.

## **Benefits**

Once it is determined that a claim is covered, benefits begin. The benefits provided under the Workers' Compensation Statute begin when the employee notifies the employer of his or her injury. In turn, the employer notifies the workers' compensation carrier of the injury who pays the employee benefits.

### **Medical Benefits**

One of the benefits provided under Workers' Compensation Statute is medical benefits. Providers are subject to a maximum fee under workers' compensation.

### **Something to Think About**

Under the Workers  
Compensation Statute, there is  
no cap on medical benefits.

### **Disability Benefits**

Additionally, disability benefits are provided under the Workers' Compensation Statute including:

- Temporary total disability.
- Temporary partial disability.
- Permanent partial disability.
- Permanent total disability.
- Death benefits.

**Rehabilitation Benefits**

Occasionally, rehabilitation benefits are assigned to assist in the return to work process. These benefits are provided by a Qualified Rehabilitation Consultant (QRC). The employee may obtain these services by requesting a QRC or the employer may request these services for the employee. Upon agreement from the employer, a rehabilitation consultation is prepared by the QRC to determine if the employee qualifies for rehabilitation services. If the employee qualifies, rehabilitation services are provided. A rehabilitation consultation is required if the employee is not back to work at 90 days from the date of injury.

**Conclusion**

In conclusion, although workers' compensation claims evolve and the rules and statutes governing these claims are extensive, cities can effectively manage and understand them by having the right information on the claims process.

Patty Prentice 12/09



CONNECTING & INNOVATING  
SINCE 1913

## A GUIDE TO THE SUCCESSFUL HANDLING OF AN EMPLOYEE'S WORK-RELATED INJURY

*The LMCIT Workers' Compensation (Work Comp) Department is available to assist its members with their employee's work-related injuries. The Work Comp Department works with various parties to ensure the goal of the Workers' Compensation Statute (MN Statute 176.001) is met.*

*The goal of the Workers' Compensation Statute is to assist an injured employee in obtaining appropriate medical care quickly to help the employee return as close as possible to his or her pre-injury condition. In addition, the Statute provides for various lost time and rehabilitation benefits as defined by the Workers' Compensation Statute. This guide will provide you with the necessary information to best communicate with the various parties to ensure the successful outcome of a work-related injury.*

### What is a workers' compensation injury?

The first step in understanding a workers' compensation claim is to be familiar with its definition. Work comp is a "no fault system." In other words, regardless of who is at fault, an injured employee is covered under the Workers' Compensation Statute, given the injury sustained is defined under the Minnesota Workers' Compensation Statute. An injury that occurs at work or during work hours is not necessarily a work comp injury as defined by Minnesota Statute 176.011(16) (1992). An injury defined as compensable, must have the following three elements:

- 1) The employee must sustain a personal injury or occupational disease;
- 2) The personal injury or occupational disease must arise out of the employment; and
- 3) The personal injury or occupational disease must occur in the course of the employment.

#### Work related examples

- Police officer chasing a suspect slips, falls, and sprains his ankle.
- Volunteer firefighter, while fighting a fire, injures his low back lifting the hose.
- Many examples are available by definition.

#### Non-work examples

- Idiopathic injuries are injuries caused by personal condition or where there is no known cause for the injury. Examples:
  - Employee develops knee pain while walking, but doesn't trip or fall;
  - Employee falls on a flat surface; or
  - Employee has sudden knee pain when getting up from a chair.
- Injuries that occur while participating in voluntary recreational programs such as city sponsored picnic, etc. This does not apply if an employee was ordered or assigned to attend.  
Example:

- Employee injures his back while playing volleyball.
- Injuries that occur during unpaid lunch breaks where the employer has no supervision or control during the breaks. Example:
  - Employee injures his arm while playing a pick-up game of flag football.
- Injuries that do not arise out of the employee's employment. Example:
  - Employee breaks his tooth while eating an apple at lunch.

## Involved parties to a workers' compensation claim and their roles

There are a number of parties that may be associated with a work comp claim. These parties are defined as follows:

### Employee

An **employee** is defined by Minnesota Statute 176.011 subdivision 9 as "any person who performs services for another for hire..." This same statute goes on to clarify specific volunteers, such as EMT's and firefighters are covered under the workers' compensation statute. In addition, an elected official would be considered an employee if the city passed a resolution including such individuals.

### Employer Contact

The **employer contact** is the person the member has designated as their contact person for their work comp claims. This person may be the city clerk, supervisor, mayor, finance director, HR director, or any other party the city has chosen. This person is listed by the member on the *First Report of Injury* (defined later).

### Claims Adjuster

The **claims adjuster** is assigned by the League of Minnesota Cities Insurance Trust to manage the work injury. This person will investigate the claim, communicate with the city, employee and all parties involved, determine compensability, calculate and pay lost time benefits, and ensure appropriate medical care. The claims adjuster works with all parties to ensure the successful outcome of the claim. The claims adjuster is the member's primary contact and resource for work comp claims.

### Managed Care Case Worker

The member may elect to work with a Managed Care Organization. A Managed Care Plan is optional to an employer; however, the managed care organization must be certified with the Department of Labor and Industry. The managed care organization determines the reasonableness and appropriateness of the injured employee's medical care. The purpose of managed care is to help control costs and provide management and delivery of medical service to injured employees. The **managed care case worker** maintains ongoing communication with all parties involved.

### Designated Medical Provider

The member may elect a **designated medical provider** for a workers' compensation injury. The provider should be familiar with the member organization and its' various job descriptions. Because an employee has the right to select his or her own treating physician, the primary health care provider and the designated medical provider may not be the same.

### **Primary Health Care Provider (PHCP)**

This is the primary provider directing and coordinating the employee's medical care following a work related injury; the employee may be referred to numerous providers with various specialties. The employee may change his or her PHCP only once during the life of claim.

### **Qualified Rehabilitation Consultant**

A **qualified rehabilitation consultant** is frequently referred to as the QRC. Minnesota laws and rules govern the conduct of a QRC and establish criteria and timelines for when a QRC must be assigned. The QRC is a neutral party who provides medical case management and assists with return to work planning. If return to work is not possible, job search or retraining, may be considered. The QRC works as a liaison between the employer, employee, claims adjuster and health care providers.

### **Plaintiff Attorney**

The employee (plaintiff) may elect to retain an (**plaintiff**) **attorney** for assistance in managing his or her work comp claim. Typically, an employee's attorney is present when a dispute exists (benefits have been denied) or a third party is at fault for the employee's injuries (for example motor vehicle accident or product liability).

### **Defense Attorney**

A **defense attorney** is assigned when a legal petition has been filed with the Department of Labor and Industry or the Office of Administrative Hearings. Typically, LMCIT's legal department will handle the litigation and assist in the defense of a work comp claim. While a claim is in litigation, the claims adjuster remains as the primary contact for the member.

## **How to report a workers' compensation claim**

Once the employee notifies the employer of a work related injury, the employer must complete the *First Report of Injury*. The First Report of Injury is a State required form that provides specific detail surrounding the employee's claimed injury. The employee does not complete the form. Under the Workers' Compensation Statute, the employee has 180 days to report his or her claim. Once the employer is aware of the employee's injury, the employer must complete and file the First Report of Injury within 10 days of the first date of lost time.

### **Report timely**

Any reporting delay by the employer/LMCIT may result in a late penalty assessment by the Department of Labor and Industry. Therefore, it is imperative the member timely submit the First Report of Injury to LMCIT for handling. The Department of Labor and Industry requires that a death or serious injury be reported within 48 hours. First Report of Injury forms may be obtained via the LMCIT web site or by contacting the LMCIT work comp department directly. Directions for completing the form are noted on the back of the form. In addition, the LMCIT work comp department is available to assist in the completion of the form.

### **Optional Supervisor's Report of Accident**

The *Supervisor's Report of Accident* form is not required but is considered very helpful in the investigation of a claim. The form is completed by the employee's supervisor and provides a detailed history of the employee's injury. This form is submitted to the LMCIT work comp department along with the First Report of Injury. In addition to injury history, the employee's

supervisor provides his or her opinion on the work relatedness of the employee's injury. This form may be obtained via the LMC web site.

#### **Optional Employee Incident Report**

The *Employee Incident Report* (EIR) is a form that is completed by the employee following a work-related injury, but should not substitute for an in-person interview or completion of the Supervisor's Report of Accident. If completed, this form would accompany the First Report of Injury.

### **What happens after the claim is reported to the LMCIT workers' compensation department?**

Upon receipt of the First Report of Injury, the LMCIT workers' compensation department assigns the claim to a claims adjuster.

#### **Claims Adjuster Activity**

The claims adjuster investigates the claim and determines liability under the Workers' Compensation Statute. As previously noted, the compensability decision must be made within 10 days from the first date of lost time. Once compensability is determined, the claims adjuster files the *Notice of Insurer's Primary Liability Determination* indicating the decision and a copy is sent to all parties. The claim is either accepted or denied under the Workers' Compensation Statute.

### **Anticipated activity following an accepted claim**

#### **Claims Adjuster Activity**

- The claims adjuster will calculate and pay lost time (indemnity) benefits as defined under the Minnesota Workers' Compensation Statute. The benefits are calculated based on the schedule within the Workers' Compensation Statute. The rules are specific, complex and allow for no deviation. The indemnity benefits include the following:
  - Temporary Total Disability (paid when completely off work)
  - Temporary Partial Disability (paid when receiving less than pre-injury wage)
  - Permanent Partial Disability (paid when a disability rating is received as provided by treating physician)
  - Permanent Total Disability (paid when permanently restricted from employment)
  - Death Benefits
- While the employee is off work, the claims adjuster will maintain bi-weekly contact with the member and the employee. This should ensure both the member and adjuster are consistent with all claim activity.
- The claims adjuster will assist the employee in obtaining the appropriate medical care to help in their recovery.
- The claims adjuster will communicate with all parties involved to ensure the successful outcome of the claim.
- The claims adjuster is the member's primary contact and resource for their work comp claims.

### **Member Activity**

- The employer will update the claims adjuster with any information that may directly impact the handling of the claim. This is not limited to but can include the following: return to work either part-time or full-time; secondary employment; activities outside the employee's restrictions; and health/personal issues.
- The employer will consider a light duty return to work, *when possible*. Depending on the size and complexity of the member, this may not be possible. If a light duty return to work is possible, this may be either a full-time modified position or a light duty/part-time position. The *Job Demands Form* (available on the LMC web site) may be used by the employer to outline the employee's physical requirements of a job. Once completed, this can be presented to the physician for consideration. The Employer Job Offer Form (available on the LMC web site) can be used to offer the employee light duty work.

### **Qualified Rehabilitation Consultant (QRC) Activity:**

- A QRC may be assigned if the lost time exceeds or is expected to exceed six weeks; however, it is required if the loss time exceeds 90 days from the date of injury.
- The QRC works as a liaison between the employer, employee, claims adjuster, and health care providers.
- The QRC will attend medical appointments, assist the employer in planning for return to work, and provide periodic updates to all parties via phone and monthly written reports.
- Also, if it is determined the injured employee is unable to return to work for the employer; the QRC will assist the employee in finding alternative suitable gainful employment. In some cases, retraining may be necessary.

### **Nurse Case Manager Activity**

- If the employer has elected Managed Care, a Nurse Case Manager will be assigned to the file.
- The Nurse Case Manager ensures the injured employee receives the appropriate medical treatment quickly and efficiently.

### **Employee Activity**

- The employee is required to maintain contact with the employer and claims adjuster throughout the claim.
- The employee is required to provide the employer and claims adjuster with medical updates ongoing.
- Specifically, the employee is required to provide to the employer a copy of the Report of Workability Report outlining their specific restrictions and the physician's treatment plan.
- The employee is required to inform their employer of any outside employment and/or activities that may impact the workers' compensation claim.

## **Anticipated activity following a denied claim**

### **Claims Adjuster Activity**

- Assuming the employee does not contest the denial, the claims adjuster will close the file.



- If the employee does contest the denial, the claims adjuster will communicate with the member and may reevaluate the claim and accept liability. In some cases, it may be more cost effective to accept the claim than legally defend the claim.
- The employee may retain an attorney and file a Claim Petition seeking various benefits under the Workers' Compensation Statute. If this occurs, the claims adjuster will refer the Claim Petition to Legal Counsel to file an Answer to the Claim Petition. The claims adjuster and the legal counsel will update the member following Legal Counsel Review of the claim. The time span is approximately one year from the beginning to end of a Claim Petition. Typically, the filing of a Claim Petition is followed by the following activity:
  - Scheduling of an independent medical examination
  - Various depositions are taken including the employee's, witnesses, and physicians
  - Settlement conference
  - Pretrial hearing
  - Hearing

#### **Member Activity**

- If litigated, the member will cooperate with the assigned legal staff.
- When litigated, the claims adjuster remains the member's primary resource and contact.

#### **Case studies**

The following two case studies exemplify the significance of ongoing good communication to ensure a positive outcome following a work related injury.

## CASE STUDY ONE

**Claimant:** Jim Black

**Job Title:** Public Works Employee

**Description of Injury:** While twisting and turning a valve, employee injured his low back.

**First Day of Lost Time:** 12/1/05

**Medical History:** Claimant was diagnosed with a low back strain. His physician recommended a short course of physical therapy and advised him to remain off work for a period of two weeks. Following the two weeks, the employee returned to his physician and reported that he remained symptomatic. Due to his radicular symptoms down his right leg, his physician referred him to an orthopedist. The orthopedist found no significant findings and recommended another 8 weeks of physical therapy.

After two months, the orthopedist referred the employee to a neurologist. The neurologist also found no significant findings but recommended an injection to alleviate the pain. The employee remained off work. The employee began to complain of depression due to his inability to return to work. He was referred to a Chronic Pain Program to help with his chronic pain and feelings of low self esteem following his work related injury. Following a twelve week Pain Program, the employee was finally released for light duty work.

Nearly a year later, in September, 2006, the employer was able to accommodate the employee's restrictions. The employee returned to work in a light duty capacity; however, within two weeks he complained of increased low back symptoms and was taken off work. Eventually, after two years, the employee returned to his regular full time position unrestricted.

To date, the employee continues to work in his regular position without further injury. The employee's final diagnosis was a lumbar strain/sprain. No herniated disc or abnormal findings were ever found. His final diagnosis remained a low back strain.

**Comments:** During the period the employee remained off work, he stayed in contact with the assigned claims adjuster and the qualified rehabilitation consultant; however, he had little contact with his employer. This employer also elected to work with a Managed Care Organization so a nurse case manager was assigned to assist with the employee's medical management. The employee reported to his chronic pain physician that he felt isolated and a sense of loss or grief without the daily interactions with his employer/co-workers. Following his initial light duty return to work, his employer made no follow up on his status. No effort was made by his supervisor or Human Resources to check on his physical or mental well being. Again, the employee continued to mention to his physician his frustration with his employer's lack of concern in his well being. The employee retained an attorney given his overall sense of fear. Specifically, the employee questioned the employer's desire to assist him in his return to work.

## CASE STUDY TWO

**Claimant:** Jack Johnson

**Job Title:** Maintenance employee in the Parks and Recreational Department.

**Description of Injury:** While moving picnic tables at park, employee injured his low back.

**First Day of Lost Time:** 1/15/06

**Medical History:** Claimant was seen by the occupational medicine physician and physical therapy was recommended. After two weeks, the employee remained symptomatic. He was referred to a neurologist and an MRI was recommended. The MRI report documented two herniated discs. The employee underwent a series of three injections with some relief.

Following three months of conservative care, the employee underwent fusion surgery. The employee had excellent results and following three months of total disability, the employee returned to work light duty. After three months of light duty, he returned to work full duty without restrictions.

**Comments:** During the period the employee remained off work, he remained in close contact with his claims adjuster, qualified rehabilitation consultant, and his supervisor/employer. Despite a rather significant injury including surgery, this employee returned to work light duty after nine months and full duty after eleven months. The employee remained very positive during his entire disability.

### Lesson

There is no substitute for an employer's ongoing communication/contact with an employee following a work-related injury. Jim Black's injury compared to Jack Johnson's was insignificant, yet the cost of Jim's claim compared to Jack's was significantly higher. Specifically, Jim's actual cost compared to Jack's is \$160,000 and \$95,000, respectively. Not only were the costs higher in terms of dollars but also more in terms of employee morale. Jim Black's co-workers were frustrated with their increased work load due to Jim's absence and their uncertainty of his return to work date. There was little communication by Jim's supervisor/employer.

The ongoing communication/contact between an employer and employee following a work-related injury is almost always a significant contributing factor in an employee's successful recovery, return to work, and costs of the claim. Do not underestimate the value of the employer's concern for an injured employee's well being and sense of self-worth following a work-related injury.

### Conclusion

There are a number of parties involved in a workers' compensation claim that assist in the managing of a claim. Good communication is essential to a positive outcome. This collaborative effort and good communication by all parties, especially between the member and the claims adjuster, will most often result in a successful outcome of the claim.



CONNECTING & INNOVATING  
SINCE 1913

## RISK MANAGEMENT INFORMATION TOOLS FOR MANAGING WORK COMP CLAIMS

*Many employers find injury management a frustrating and time consuming task. Most people who have been in the injury management role have at least one "horror" story to tell. However, with the right tools, injury management can be very successful.*

### First Report of Injury & Minnesota Workers' Compensation System Employee Information Sheet

The First Report of Injury (FROI) is a mandatory state form and must be completed and submitted to the League of Minnesota Cities Insurance Trust (LMCIT) so that a compensability review can be conducted in a timely manner. Attach the Supervisor's Report of Accident Analysis and the Employee Incident Report (discussed below) if possible, to the FROI and submit at the same time. Do not wait for medical reports or the Employee Incident Report to submit the claim if waiting would take more than one day. A medical only claim or lost time claim should be submitted to LMCIT as soon as possible, but no later than 10 days after actual knowledge of the injury was obtained. If the claim is for death or serious injury, the First Report of Injury *must be faxed within 24 hours* to LMCIT.

#### Something to Think About

State law requires the employee be given a copy of the First Report of Injury and the Minnesota Workers' Compensation System Employee Information Sheet.

### Supervisor's Report of Accident

When a new injury is reported, it is important to conduct an immediate investigation and to record the facts of how the injury occurred and what body parts were injured. The Supervisor's Report of Accident should be completed based on the supervisor's first hand contact with the injured employee and review of the area where the injury occurred. The claim adjuster will use this form as part of the compensability investigation.

#### Something to Think About

File the FROI within one day of obtaining the information. **DO NOT DELAY!**

### Employee Incident Report

The Employee Incident Report (EIR) is a form that should be completed by the employee, but should not be substituted for an in-person interview or completion of the Supervisor's Report of Accident Analysis. As noted above, if possible, attach this form to the FROI, but do not delay the filing of the FROI for more than one day. If the EIR is not completed and returned within one day, follow up with the employee until you receive the completed form.

This material is provided as general information and is not a substitute for legal advice.  
Consult your attorney for advice concerning specific situations.

## **Injury Management Program Injured Workers' Responsibilities**

You should also give the employee a copy of the Injury Management Program Injured Workers' Responsibilities form. The form outlines information employees must provide to you during the recovery process, and will establish the ground rules for employees to follow as they go through the workers' compensation process. Keep a copy of this signed form for your file.

## **Work Ability/Return To Work**

Employees should be providing Work Ability/Return to Work forms after every appointment. Failure to attend medical appointments can jeopardize benefit entitlement.

## **Job Demands & Employer Job Offer**

In cases where an injured employee is unable to perform his or her full, regular job duties, the primary health care provider should provide a report of work ability after each appointment. Ideally, appointments should be scheduled at least every other week. Review the work ability form with the employee after each appointment.

Discuss restrictions with the employee and the supervisor to determine if accommodations can be made to return the employee to work. Complete the Job Demands form and an Employer Job Offer if the employer is able to accommodate the restrictions and offer light duty work. These forms will document what the restrictions are, what work is being provided, and how long the restrictions are in effect. The forms should be updated every time there are changes on the work ability form. Call the claim adjuster right away if the updated restrictions will cause a change in work status or if the employee fails to return to work as scheduled.

### **Something to Think About**

Notify the claim adjuster immediately if the employee misses an appointment.

## **Conclusion**

The financial burden of poorly managed Workers' Compensation claims can be staggering. The negative impact of poorly handled claims on the lives of employees can be a source of resentment and frustration to many people. Abuse or misuse of the system by anyone involved, (the employer, medical provider, claims handler, injured employee, co-workers, etc.) can negatively impact the culture and morale of an entire organization.

### **Your League Resource**

Contact your Work Comp Claims Adjuster for more information or clarification at 651-281-1200 or 800-925-1122.

The most important aspect of injury management is an awareness of the injured employee's progress through the medical treatment plan. Progressive improvement should be expected and early intervention implemented when an employee is not making progress. Lack of progress can be the result of failure to attend medical appointments, inappropriate treatment, excessive physical activity, or even malingering. Collaborative effort on the part of the city and the claims adjuster is essential. Together, we can dramatically improve the process by utilizing these forms, even when things seem to be moving along smoothly.

## SUPERVISOR'S REPORT OF ACCIDENT

This form should be completed by the supervisor as soon after a work accident as possible. It is useful in gathering information for investigating accidents and their causes so that corrective action can be taken and future accidents avoided. Every accident should be investigated and the causes corrected.

Name of Employee: \_\_\_\_\_ City/City Organization: \_\_\_\_\_ Dept.: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Did employee lose time from work? YES ☐ NO ☐

Hours lost on day of accident: \_\_\_\_\_ Has employee returned to work? YES ☐ NO ☐

Employee's job title: \_\_\_\_\_ Years of employee's service with City/City organization: \_\_\_\_\_

Years employee has been in present job: \_\_\_\_\_ Number of hours employee works per week: \_\_\_\_\_

**GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO  
BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.**

*PLEASE ANSWER THE FOLLOWING:*

**CHECK "YES" OR "NO"**

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 1.  | HAD INJURED PERSON BEEN PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS? ..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2.  | DID INJURED PERSON VIOLATE ANY INSTRUCTIONS? .....                               | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3.  | WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE) .....                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4.  | DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY? .....                                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5.  | DID HORSEPLAY CAUSE THE INJURY? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6.  | WAS INJURY CAUSED BY SOMETHING THAT NEEDED REPAIRS? .....                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7.  | SHOULD A GUARD BE PROVIDED? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8.  | DID ANY BODILY DEFECT CONTRIBUTE TO INJURY? .....                                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9.  | WAS INJURY CAUSED BY AN UNSAFE ACT? .....  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. | DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY? .....         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**ACCIDENT.** (Describe what the injured employee was doing at the time of the accident, what happened, who was involved, nature of the injury.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witnesses' Names \_\_\_\_\_

**UNSAFE ACTS.** (Did the injured employee or another person do something incorrectly?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**UNSAFE CONDITIONS.** (What unguarded or unsafe condition of machinery, equipment, building or premises was involved?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ACTIONS TAKEN.** (After the injury, what did the employer do to correct the conditions that caused the injury?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REMEDIES.** (What should the employer do to prevent other injuries like this?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CARE.** Did the employee go to the Doctor or Hospital? YES ☐ NO ☐ If yes, please complete the following:

Name of Doctor or Hospital: \_\_\_\_\_ Date of initial visit: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**AS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS' COMPENSATION?** YES ☐ NO ☐

Reasons why or why not: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Report Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_