

TLMI – ACCIDENT INVESTIGATION REPORT DOCUMENTATION

ACCIDENT INVESTIGATION

| Revision Number | Date | Person Making Change- Summary of Change | Changed Section/Page |
|------------------------|-------------|--|-----------------------------|
| 0 | 7-14-15 | To document current practice. | All |
| | | | |

1.0 PURPOSE

1.1 To provide a guideline for accident documentation. Note: This is only a guideline and should be tailored to your operation.

2.0 SCOPE

2.1 Applies to all Managers, Supervisors, and Human Resource Department.

3.0 RESPONSIBILITY

3.1 It is the responsibility of the individual employee to report all injuries to his/her supervisor immediately. It is the responsibility of the Department Supervisor or Manager to report all injuries to the Human Resources Manager in a timely manner. It is the responsibility of the Human Resources Manager to use the following procedure, and forms, to properly report industrial injuries to the Insurance Company that provides our workers compensation coverage. The Supervisor will administer steps 4.01 through 4.04 of this procedure. The Human Resources Manager will administer steps 4.05 through 4.07.

4.0 PROCEDURE

- 4.01 Whenever there is an injury on the job, the employee, must report that injury to his/her supervisor immediately. The Supervisor should determine an immediate course of action for treatment, such as calling 9-1-1, taking or having a fellow employee take the employee to the emergency room, sending the employee to the doctor when time permits. The Supervisor should not perform first-aid/CPR, unless specifically qualified to do so by an authorized agency.
- 4.02 The Supervisor must fill out the "Supervisor's Investigation Report" (Form 1801a). Include as much of the information that is available at the time. Note: the supervisor shall not state any information on this form as FACT, unless he/she has personally witnessed the incident/accident. (Please use phrases such as "The employee claims or "The employee allegedly etc.) The forms shall be kept close at hand by all supervisors, and will be included in section 400 of this manual.
- 4.03 The Supervisor shall have the employee fill out the "Employee's Report of Injury", (form1801b), when safety, and time, permit. The employee should fill out as much information as is available at that time. The employee must fill out the section on this form, which explains the circumstances surrounding the injury/incident. This section must be filled out in the employee's own words.
- 4.04 Both of the above forms, (1801a & 1801b) along with any paperwork given by the doctor/hospital, must be turned in to the Human Resources manager as soon as possible.

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- 4.05 The Human Resources Manager will use the information provided on the forms (1801a & 1801b), and the paperwork from the doctor/hospital, to properly report the injury to the insurance company. He/She will use the California State Form 5020, which should be provided by the insurance company, and kept by the HR Manager. Note: copies of all three forms should be forward to the insurance company. This will help them to determine acceptance, denial, or investigation of the accident.
- 4.06 The Human Resources manager will provide to the injured employee the State of California “DWC Form 1”. This form is from the Department of Industrial Relations. It is used in the event the employee misses more than three days of work, and requires “temporary disability” or “permanent disability”. The employee should fill out the top portion only, labeled “Employee”, keep the green copy, and return the rest to the HR Manager. Once the HR Manager completes the form, (if disability requirements are met) he shall give the pink copy to the employee, the yellow copy to the insurance company, and keep the white copy for our records.
- 4.07 Any documentation, or invoices from the doctor, hospital, rehabilitation center, or therapist shall be given to the HR Manager, to be forwarded on to the insurance company.

5.0 REQUIRED DOCUMENTATION

- Supervisor’s Investigation Report (Form 1801a, Page 3)
- Employee’s Report of Injury (Form 1801b, Page 4)
- California State Form (5020)
- Department of Industrial Relations Form (DWC Form 1)

6.0 RECORDS

Copies of all forms in section 5.0 shall be kept in Human Resources records on industrial accidents.

7.0 REFERENCES

Code of Federal Regulations (Labor Code) CFR – 29.

8.0 NOTES

NA

9.0 PREPARED BY

Date

10.0 APPROVAL

Date

11.0 DISTRIBUTION

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SUPERVISORS INVESTIGATION REPORT OF INJURY – FORM 1801a

This form is to be completed by the Supervisor of the injured employee and turned in to the Human Resources department along with the Employee's Report of Injury form 1801b, no later than 24 hours after the accident occurred.

EMPLOYEE NAME: _____ DATE: _____

JOB TITLE AND LOCATION ASSIGNED: _____

DATE AND TIME OF ACCIDENT: _____

DATE AND TIME REPORTED TO SUPERVISOR

PLACE WHERE ACCIDENT OCCURRED:

WITNESSES TO ACCIDENT:

BRIEF DESCRIPTION OF ACCIDENT, (CONDITIONS, ACTIONS AND EVENTS)

NAME AND ADDRESS OF DOCTOR OR HOSPITAL: _____

WILL THE EMPLOYEE MISS AT LEAST ONE DAY OF WORK? _____

MEASURES TAKEN OR PLANNED TO PREVENT A SIMILAR ACCIDENT: _____

SUPERVISOR'S SIGNATURE: _____

NOTE TO SUPERVISOR: IF THE EMPLOYEE GOES TO A DOCTOR, PLEASE INFORM HUMAN RESOURCES WITHIN 24 HOURS.

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EMPLOYEE REPORT OF INJURY – FORM 1801b

In the event of an injury, this form must be completely filled out and turned into the supervisor by every injured employee as soon as possible.

TODAY'S DATE: _____

NAME OF EMPLOYEE: _____

EMPLOYEE'S HOME PHONE NUMBER: _____

DATE AND TIME OF ACCIDENT: _____

DATE , TIME AND NAME OF SUPERVISOR WHO WAS NOTIFIED. _____

PLEASE DESCRIBE EXACTLY HOW THE ACCIDENT HAPPENED, BE SPECIFIC:

- WHAT WERE YOU DOING,
- WHAT EXACTLY INJURED YOU, WHO WAS WITH YOU,
- WHICH PART OF YOUR BODY WAS INJURED.

DID YOU GO TO A DOCTOR?? _____. IF "YES", YOU MUST NOTIFY YOUR SUPERVISOR WITH THE PAPERWORK THE DOCTOR GIVES YOU.

WILL YOU MISS ANY FULL DAYS OF WORK? _____. IF "YES". YOU MUST NOTIFY YOUR SUPERVISOR OF EXACTLY HOW MANY DAYS AND WHEN YOU EXPECT TO RETURN TO WORK.

EMPLOYEE'S SIGNATURE: _____

NOTE: Without all of this information and the paperwork from the doctor, claims for workers comp may be delayed or denied. It is the employee's responsibility to inform their supervisor and to provide all information regarding their case.