SUPERVISOR'S REPORT OF INDUSTRIAL INJURY
COMPLETE AND EMAIL THIS REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT

FATALITIES MUST BE REPORTED WITHIN 4 HOURS

EMPLOYEE EMAIL:

EMAIL TO: workerscomp@mohave.gov

EMPLOYEE ID#

Risk Management Use Only

OSHA Case #: _____

Work Comp #: _____

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER	BIRTH DATE

STREET ADDRESS (NUMBER & STREET) CITY STATE ZIP

HOME TELEPHONE

MAILING ADDRESS (NUMBER & STREET) CITY STATE ZIP

SEX: MALE ☐ FEMALE ☐

MARITAL STATUS: SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐

EMPLOYER'S NAME

DEPT

ADDRESS (NUMBER & STREET) CITY STATE ZIP

WORK TELEPHONE

Date of Injury	Time of Injury	Date Employer Notified of Injury	Date Employee Left Work	Date Returned to Work

Employee's Occupation (Job Title) When Injured

Address or Location of Accident City County State Zip

On Employer Premises? Yes ☐ No ☐

Nature of Injury (Scratch, Cut, Bruise, etc.)

Fatal? Y ☐ N ☐

Part of Body Injured

Will Treatment Be Sought? ☐ If Yes, Where?

What was Employee Doing When Accident Occurred? (Loading Truck, Walking Down Stairs, etc.)

Where Did Accident Occur?

Specify Machine, Tool, Substance of Object Most Closely Connected With Accident

Were Others Injured in This Accident? ☐

How Did Accident Happen? (State All Details; Use Additional Page if Needed)

If Validity of Claim is Doubted, State Reason:

Was Personal Protective Equipment Being Worn? Yes ☐ No ☐

If Yes, What Type? (Check One or More Items Below):

- ☐ Protective Clothing
- ☐ Foot Protection
- ☐ Eye Protection
- ☐ Head Protection
- ☐ Seat Belts
- ☐ Hearing Protection
- ☐ Respirator
- ☐ Back Support Belt

Other (explain)

If Another Person Not in County Employ Caused Accident, Give Name and Address:

Employee's Date of Hire	Employee's Hours (Start / End of Shift)	Employee's Scheduled Work Days	Was Employee on Overtime When Injury Occurred?
			Yes ☐ No ☐

Witness Information: Name, Address, City, State, Zip

Area Code, Telephone Number of Each Witness

Additional Comments on Separate Sheet and Attach

Employment Category: Regular, Full-Time ☐ Regular, Part-Time ☐ Temp ☐ Seasonal ☐ Volunteer ☐

Supervisor Print Name	Sign Name	Phone No	Date	Title
Employee Print Name	Sign Name	Office Direct Line #	Date	Title

Workers' Compensation Checklist

Supervisor

- ☐ Notify Risk ASAP at X4605 or 928-279-2226 of any employee injury.
- ☐ If it's a bloodborne pathogens exposure, call Risk Management to identify best exposure testing location before having employee seek treatment.
- ☐ For non-emergency injuries **County** employees should call TriageNow (1-833-691-9021), and **Superior Court, JV Detention, or Probation** employees should call CorVel (1-800-685-2877) before sending the employee for medical care.
- ☐ Complete Supervisor's Report of Injury (SRI) and email it to workerscomp@mohave.gov
- ☐ Contact HR to check on whether the employee may qualify for FMLA leave.
- ☐ Do not allow the employee to return without a **Return to Work** note from a Medical Professional. Employee should provide Risk with a Return to Work note, and Risk will discuss note with the Supervisor; Supervisors who receive notes should send them to Risk.
- ☐ Send copies of all medical paperwork to Risk Management immediately. Remember, employee medical information is confidential; please do not retain copies other than the Return to Work note.
- ☐ If an employee decides to seek medical care after initially declining medical care on the SRI, report the change to Risk Management immediately. A **Return to Work** is required any time medical treatment is sought.

Employee

- ☐ Notify your Supervisor immediately of injury; a Risk representative will contact you ASAP.
- ☐ Make sure the medical care facility you choose takes Workers Comp (not all facilities do) if you choose to go somewhere other than the facilities mentioned by Risk.
- ☐ Provide the medical care facility with the correct WC Carrier billing information. The Facility can call the contacts below to obtain a claim number to initiate the process.

  All County employees except Superior Court, Juvenile Detention, or Probation
  Arizona Counties Insurance Pool
  1905 W. Washington Street, Suite #200
  Phoenix, AZ 85009
  Contact = Andrea Lester, (602)452-4523 or andrea@aciponline.org

  For Superior Court, Juvenile Detention, or Probation use the billing address below
  ADOA
  100 N. 15th Ave., Ste. 301
  Phoenix, AZ 85007
  Phone - (602) 542-5218 Fax - (602) 382-2380
- ☐ Before leaving the medical facility make sure you have a **Return to Work** note from the medical provider and provide your Risk representative with the note.
- ☐ If the doctor does not release you to return to work and you believe that you will be out for more than 3 days, please notify Human Resources.

You should never receive an invoice from your Workers Comp provider. If you do, please send it immediately to the Risk Department.