

City of De Pere
Supervisor Instructions For Completing And Reporting
Report of Injury, Exposure, or Illness

- Injured employee completes the Report of Injury Report prior to the end of their work shift of the day of injury. If employee cannot fill out the form, the supervisor should fill it out. If injury/exposure causes a need for inpatient hospitalization and/or is life threatening contact the department head and Human Resources Director at 339-4045 or 621-9236.
- Ensure employee has the Work Related Injury/Illness Report form. Remind employee that they need to have the provider complete the form if they seek medical treatment and that the City offers light-duty for employees injured at work.
- Inform Human Resources as soon as possible if the employee seeks medical treatment or misses any work due to the injury.** If an employee is authorized off of work, Human Resources may follow up with the provider to ensure they know light-duty is available and the employee is returned to work as soon as possible.
- Supervisor faxes FRONT page of Report of Injury Report immediately to: **EMC Fax #: 1-888-992-6125.** If all areas on the Report of Injury Report are not complete, fax in the form (no cover sheet necessary) with as much information as possible.
- Print off the fax confirmation after documents are sent via fax to EMC.
- Complete the Supervisor's Accident Investigation form.
- Forward all forms (entire packet & fax confirmation) to the department head or designee (if applicable). Department head must sign off on the supervisor accident investigation form.
- Department head sends originals (make copies for department if desired) of all forms (entire packet and fax confirmation) to Human Resources.

Make certain the employee gives you a legible work restriction document after returning from his/her medical appointment. This work restriction can be faxed to Human Resources, 339-4049, emailed, or hand-delivered as soon as possible. The employee should provide a return to work after EACH visit to the provider, with the exception of physical therapy appointments.

The following medical facilities are the preferred workers' compensation treatment centers. If the employee needs medical treatment due to a work related injury or illness, seek treatment at:

BELLIN HEALTH		PREVEA		
Occupational Medicine: (920) 430-4560 Urgent Care: 920-433-6000		Prevea Urgent Care: (920) 496-4700 Occupational Health: (920) 405-1420 <i>Please call ahead as appointments are needed.</i>		
3263 Eaton Road Green Bay, WI 54311	1630 Commanche Avenue Green Bay, WI 54313	<i>Occupation Health</i> 2502 S Ashland Ave Green Bay, WI 54304	<i>Urgent Care</i> 3860 Monroe Road De Pere, WI 54115	<i>Urgent Care</i> 1601 Lawrence Drive De Pere, WI 54115
NOTE: Use of the provider listed is voluntary and choosing to use an alternate provider that is not listed will not affect your employee benefits under state workers' compensation laws.				

For a SERIOUS INJURY OR ILLNESS (or any treatment that should not wait until clinic hours the next day) employee should seek immediate treatment at the nearest emergency facility. Hospitals include, but are not limited to:

BELLIN MEMORIAL HOSPITAL 744 S WEBSTER AVE GREEN BAY, WI 54301 (920) 433-3500	ST. MARYS HOSPITAL 1726 SHAWANO AVE GREEN BAY, WI 54303 (920) 498-4200	AURORA BAYCARE MEDICAL CENTER 2845 GREENBRIAR RD GREEN BAY, WI 54311 (920) 288-8000	ST. VINCENT HOSPITAL 835 S VAN BUREN ST GREEN BAY, WI 54301 (920) 433-0111
---	--	---	--

City of De Pere - Supervisor's Accident Investigation
Loss Source Identification

When Date/Time of Accident Report to supervisor or first aid delayed Yes _____ No _____
_____ If yes, why? _____

Who Injured Person's Name _____ Department _____
Job Title: _____

Injury/Loss Nature/extent of injuries. Include parts of the body and medical treatment administered.

Where Exact location where accident occurred

What/How Type of accident (use code from below) Injury (1-10)

- Accident Code** **Injury**
- (Check all that apply)
- | | |
|---------------------------------|--|
| 1. Fall from elevation | 6. Cumulative trauma disorder |
| 2. Fall same level | 7. Electrical contact |
| 3. Struck by | 8. Fumes, dust, gas, caustics, noise, etc. |
| 4. Caught in, under, or between | 9. Motor vehicle |
| 5. Overexertion | 10. Other (describe): |
| Push/pull | _____ |
| Lift/lower | |
| Carry/hold | |

Was employee doing something other than required duties at time of accident? Yes _____ No _____
If yes, what and why? _____

Was a safety policy or procedure violated? Yes _____ No _____
If yes, please explain: _____

Description of accident: What employee was doing; how he/she was doing it; and any physical object including weights, tools, machines, structures, or equipment involved.

Why Check accident causes and comment fully here.

Prevention

What should be done and by whom to prevent recurrence of this type of accident? Include target dates:

What action are you taking to see that this is done? Include target dates and responsible party.

Accident

Cause

Analysis

(check all that apply)

ENVIRONMENTAL

Inadequate safeguards

Lack of handling or safety devices, unsafe design; unguarded machinery, lack of safe work

Improper or defective equipment

Poorly maintained, broken, cracked, rough, slippery, worn equipment, inappropriate personal protective equipment

Location hazards

Poor layout; congestion; insufficient space for storage; poor lighting, etc.

Poor ergonomics

Heavy lifting, poor workstation design; excessive bending, twisting or reaching; inadequate tools

Poor housekeeping

Improper piling or placing; clutter, spillage or breakage

Not otherwise classified

PERSONAL

Bodily conditions

Physical impairment; illness; fatigue, emotional upset; intoxication

Lack of skill or knowledge

Improperly trained; inexperienced; uninformed; unaware, etc.

Adequate skill or knowledge but failure in execution

Chance-taking; unauthorized or unnecessary use of equipment or tools; failure to use or deliberately making safety or control devices ineffective; failure to do what should have been done in the particular situation

Improper apparel

Failure to use personal protective equipment (eye, face, foot, hand, head, hearing, respiratory, etc.): loose clothing, jewelry, etc.

Not otherwise classified

**Supervisor's
Signature**

Date

**Dept. Head
Comments**

**Dept. Head
Signature**

Date
