

Incident Reporting Policy

Reporting incident and injuries promptly helps our company, _____, provide the most appropriate care for injured employees and return them to work as safely and swiftly as possible.

Any incident or near miss, no matter how slight the injury or damage, should be reported to _____ before the end of your shift. _____ is responsible for taking appropriate follow-up action, including directing medical attention, completing an investigation report and recommending or implementing appropriate corrective actions.

Any request for medical treatment should be made to _____. If you choose to seek care on your own without authorization it may be at your own expense. If you receive medical care and after an investigation your condition is deemed not work-related according to the workers compensation statutes, you or your insurance company will be liable for the medical charges. You should complete any incident investigation forms and return them promptly. Detailed investigation may include interviews, photographs, training/document reviews and preparation of a written report for all serious accidents and incidents.

Our company has developed transitional duties to help you return to productive work. At appointments inform your medical providers that our company offers transitional duty options so they can help you provide written documentation about the type of work you can perform. If you are off work more than one week due to a work-related injury or illness, contact _____ at least once per week to provide updates on your medical status and probable return-to-work date. Transitional duty is a temporary remedy, and the length of time allowed will be decided on a case-by-case basis.

This policy has been designed with your best outcome in mind. Failure to follow our incident reporting policy could result in a written warning, suspension or dismissal.

I, the undersigned, have read and understand and agree to comply with this policy.

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE PRINTED NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

These advisory materials have been developed from national standards and sources believed to be reliable, however, no guarantee is made as to the sufficiency of the information contained in the material and MEM assumes no liability for its use. Advice about specific situations should be obtained from a safety professional.