

Incident Reporting

Sample Policy

Reporting accidents and injuries promptly helps [COMPANY NAME] provide the most appropriate care for injured employees and return them to work as safely and swiftly as possible.

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

[COMPANY NAME] may direct medical treatment as allowed by the Missouri workers compensation statute. Any request for medical treatment should be made to [NAME]. 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 accident investigation forms requested by [NAME] 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.

[COMPANY NAME] has developed transitional duties to help you return to productive work. Be sure to inform your medical providers that [COMPANY NAME] offers transitional duty options so they can help you provide written documentation to [COMPANY NAME] 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, you must contact [NAME] 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 accident reporting policy has been designed with your best outcome in mind. Failure to follow [COMPANY NAME]'s accident 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: _____