Employee Accident Report

Case number from OSHA/MIOSHA log

NOTE: *Please read the instructions on the reverse side of this form.*
This report must be filled immediately with the Director of Human Resources and Payroll.

I. EMPLOYEE DATA

1. Date of Injury	2. Employee Name (Last, First)	3. Occupation	
4. Home Address (Number & Street)	5. City	6. State	7. Zip Code
8. Date of birth (MM/DD/YYYY)	9. Sex (check one) Male Female	10. Number of dependents	11. Telephone Number (include Area Code)	12. Date Hired
13. Tax filing status	A. Single	B. Single, Head of Household	C. Married, Filing Joint	D. Married, Filing Separate

II. INJURY/MEDICAL DATA

14. Injury City	15. Injury State	16. Injury County	17. Did injury occur on employer's premises?	
			Yes	No
18(a). Building Name	18(b). Address and/or location where injury occurred			
19. Time employee began shift		20. Time of event		If time cannot be determined check here
a.m.	p.m.	a.m.	p.m.	
21. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or materials the employee was using. Be specific.				
22. How did the injury occur? Examples: When ladder slipped on a wet floor, worker fell 20 feet." "Worker was sprayed with chlorine when gasket broke during replacement."				
23. Describe the nature of injury or illness	24. Part of body directly affected by injury or illness			
25. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply leave this area blank.				
26. Did injury result in absence from work? Yes / No	27. Dates of absence	28. Did injury result in limited duties? Yes / No	29. Dates of limited duties	
30. Was employee treated in an emergency room? Yes / No	31. Was employee hospitalized overnight as an in-patient? Yes / No	32. Witness name		

1st 28 DAYS TREATMENT MUST BE GIVEN BY:	AFTER 4 P.M. OR EMERGENCY TREATMENT
EMCURA Immediate Care 4050 West Maple Rd. Ste. 101 Bloomfield Twp., MI 48301 Phone (248) 885-8211 Prior authorization required	St. Joseph Mercy Hospital 900 Woodward Avenue Pontiac, MI 48341

EMPLOYEE SIGNATURE: ____ DATE: ______________________

ACCIDENT REPORTED TO: ___________________________________ DATE EMPLOYER NOTIFIED: ________________

SUPERVISOR SIGNATURE: ____ DATE: ________________

INSTRUCTIONS

USE OF FORM:

This form must be used to report all personal injuries to employees of Bloomfield Hills Schools that occur on or off school premises.

Injuries where an employee must be admitted to a hospital must be reported to the Benefits Coordinator (248)341-5431 or the Director of Human Resources and Payroll (248)341-5432 by telephone as soon as possible. Information on this form is used generally to satisfy State and Federal Information requirements under the Occupational Safety and Health Act (OSHA). All of the information must be provided in full detail.

HOW TO FILE:

This form must be completed and signed by *both* the injured employee and the Supervisor. The form must be filed *immediately* even if the injured employee cannot sign the report until a later time.

REVIEW OF INJURIES:

The circumstances and conditions of each injury will be investigated by the Supervisor. Where such circumstances indicate, a Supervisor's Investigation Report may be requested.

MEDICAL TREATMENT:

The cost of the medical treatment for job-related injuries or illnesses is covered under Worker's Compensation laws. The procedures for obtaining treatment must follow established requirements in order to have medical costs covered.

1st 28 DAYS

For the first 28 days from the date of reporting job injuries, treatment must be obtained only from medical facilities authorized by the District. After notifying your Supervisor or your Building Principal, all routine medical services shall be obtained from EMCURA Immediate Care, 4050 West Maple Rd. Ste. 101, Bloomfield Twp., MI 48301, (248) 885-8211. Contact the Benefits Coordinator or Director of Human Resources and Payroll for approval at SDare@bloomfield.org or (248)341-5431 or KHealy@bloomfield.org or (248)341-5432.

For life-threatening injuries, or accidents outside normal business hours, medical treatment shall be obtained at St. Joseph Mercy Hospital, 900 Woodward Avenue, Pontiac. No other medical facilities may be used by an employee without prior authorization. Contact the Benefits Coordinator or Director of Human Resources and Payroll for approval.

After 28 DAYS

All medical visits after 28 days may be made only after an Employee has notified the Benefits Coordinator when and where treatment will be obtained. In no event, however, will authorization for service include prior agreements to pay for the costs of the service unless such costs are considered reasonable fees for the service by our insurance service agent.