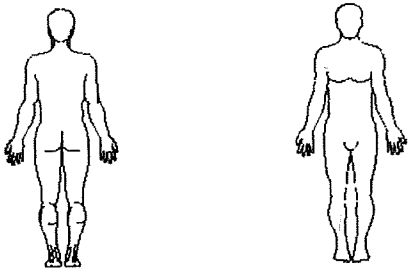


Work Related First Report of Injury or Illness

Employee Name (First, Middle, Last)	Date of Birth
Mailing Address	Phone Number
Date of injury _____ Date employer had knowledge of injury: _____	
Reporting requirements state that calendar days are counted instead of scheduled workdays. The day of the injury does not count as time lost even if time was taken off on that day to seek medical attention. Was the employee able to return to work on the next calendar day, or would he or she have been able to return to work the next calendar day if it had been a regularly scheduled workday? Yes No	
Time of injury _____ Time employee began work _____	
Describe the nature of the injury (such as amputation, burn, cut, sprain)	
Indicate the injured part(s) of your body (specify right or left)	
	
Have you ever injured this part of your body before? Yes No If yes, please describe:	
Describe the events that caused the injury (such as fell, operating machinery, chemical exposure)	
Name the object or substance that directly injured the employee (such as knife, floor, acid, oil)	
Specify activity the employee was engaged in when the event occurred (such as cutting metal plate for flooring)	
Was the above activity part of the employee's normal duties? Yes No	
Accident site, street, city, or location if no street address	
Witness name & phone number	

Initial Treatment <input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor/on site treatment <input type="checkbox"/> Clinic/hospital visit <input type="checkbox"/> Emergency care <input type="checkbox"/> Hospitalization inpatient <input type="checkbox"/> Hospitalization outpatient <input type="checkbox"/> Future medical treatment or <input type="checkbox"/> Lost time anticipated	Initial Medical Provider Name _____ Initial Medical Provider Address _____
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Prepared by _____ Date _____
 Signature

REPORTING PROCEDURE FOR WORK RELATED INJURIES AND ILLNESSES

As required by OSHA, this is to notify or remind all City employees of the City's established procedures for the reporting of work related illnesses and injuries.

All employee work related injuries and illnesses must be immediately reported to the employee's supervisor.

- 1) The injured or ill employee or the employee's supervisor must notify the Human Resources Department of the details of the injury **NO LATER THAN THE NEXT CITY HALL BUSINESS DAY.**

The injured employee does **not** have to fill out a form to report the injury to the Human Resources Department if completing the form will cause a delay in reporting the incident. The *First Report of Injury* (other side) may be used if it can be completed and delivered to the Human Resources Department no later than the next City Hall business day. Otherwise the information can be left on voice mail (754-5704) or reported by e-mail jpetermeier@marshalltown-ia.gov. The employee's department or division may require the completion of additional forms.

- 2) In most cases an employee who has a work related injury or illness who seeks medical treatment for that injury or illness must be seen at the City's designated physician's clinic, Occupational Medicine Plus, 515/222-4419. The appointment will generally be made with Dr. Miller, who specializes in the treatment of work related injuries and illnesses. Either the employee's supervisor or the Human Resources Director will make an appointment for the employee.

However, use good judgment. If the injury requires immediate attention outside normal City Hall or Occupational Medicine Plus business hours or if it is a serious injury that requires prompt emergency medical attention the employee should be immediately transported to the emergency room.

If you choose to be treated at any other medical facility and/or physician you will not qualify for workers' compensation insurance or other City-paid work related injury/illness benefits and you will be responsible for all medical costs related to the incident. This is in accordance with Iowa Workers' Compensation statutes and City policy.

- 3) The City of Marshalltown's policy is that employees injured while on the job are expected to return to work as quickly as possible following an injury. The City's physician or other City-designated health care provider will complete a work status report that indicates the date the employee will be expected to return to work and any work restrictions. The City may make adjustments in the employee's regular job duties (such as light or limited duty) and/or work hours to facilitate a return to work. For some employees this adjustment may include working in another department or division.
- 4) Prescriptions required for work related injuries or illnesses should be filled at Hy-Vee and charged to the City to the attention of the Human Resources Department. Employees should NOT use their City' group health insurance ID card for prescriptions related to work related injuries or illnesses.
- 5) Any surgery other than emergency surgery must have prior approval.

FATALITIES OR HOSPITALIZATION OF ONE OR MORE EMPLOYEES

In accordance with §1904.39 an employer is required to report to OSHA within 8 hours of the time the employer learns of the death of any employee or the inpatient hospitalization of one or more employees from a work related incident. This includes fatalities at work caused by work related heart attacks.

The employer must orally report the fatality or multiple hospitalizations by phone or in person to the OSHA Area Office nearest to the site of the incident (515) 242-5870 or OSHA's toll-free telephone number (800)321-6742 may be used. This event could occur during hours that City Hall personnel are not available to report it. Therefore each supervisor must be aware of this requirement and if it occurs he or she must take the responsibility of reporting it directly to OSHA. Failure to comply with this requirement will normally result in a minimum OSHA penalty of \$5,000.