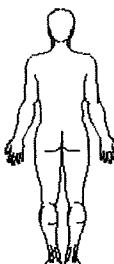


## Work Related First Report of Injury or Illness

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	Initial Medical Provider Name
<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	

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**.

Completing this form comes secondary to getting immediate care for emergent injuries. If necessary, HR can be notified by voice mail at 641/754-5704 or email at [jpetermeier@marshalltown-ia.gov](mailto:jpetermeier@marshalltown-ia.gov).

2. The injured or ill employee must be seen by the City's designated physician clinic, McFarland Occupational Medicine, 515/239-4496, as they specialize in treatment of work-related injuries and illnesses. Either the employee's supervisor or HR will make the appointment for the employee.

Use good judgement – if the injury requires immediate attention outside of normal operating hours, the employee should seek immediate medical care at the emergency room. Do not use urgent care facilities.

If you choose to be treated at any other medical facility or by a different 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 expects that employees injured on the job return to work as quickly as possible following the injury. The City physician, or other designated health care provider, will complete a work status report that states the date the employee will be expected to return to work and will list any work restrictions. The City may make adjustments in the employees 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. Employees should not use their City group health insurance card for any appointments or prescriptions.
5. Any additional care, for example, physical therapy, surgery, etc. requires prior approval by the HR Director.

### **§ 1904.39 Reporting fatalities, hospitalizations, amputations, and losses of an eye as a result of work-related incidents to OSHA**

(1) Within eight (8) hours after the death of any employee as a result of a work-related incident, you must report the fatality to the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor.

(2) Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work-related incident, you must report the in-patient hospitalization, amputation, or loss of an eye to OSHA.

(3) You must report the fatality, in-patient hospitalization, amputation, or loss of an eye using one of the following methods:

- (i) By telephone or in person to the OSHA Area Office that is nearest to the site of the incident.
- (ii) By telephone to the OSHA toll-free central telephone number, 1-800-321-OSHA (1-800-321-6742).
- (iii) By electronic submission using the reporting application located on OSHA's public Web site at [www.osha.gov](http://www.osha.gov).