

Reporting an injury

- I. When an employee reports a work-related injury or illness, direct him/her to complete an Employee Report for On-The-Job Injury/Illness. *If The Employee Is Seriously Injured Or Ill, Contact EMSA Immediately. This Form Can Be Completed At A Later Time.*

***Note: This document can be found on the Faculty and Staff Intranet Site. See instructions below.

1. Click on Human Resources.
 2. Select Risk Management.
 3. Then, select the Risk Management tab on the left.
 4. Click on Worker's Compensation.
 5. The Employee's Report of On-the-Job Injury/Illness can be found near the bottom of the page.
 6. Click on the link and complete the form.
- II. Contact Risk Management at (918)495-7560 to report the injury.
- *The purpose for immediate notification is so that the Risk Management can verify occurrences of a work-related injury/illness and direct the employee to the Preferred Occupational Health Facilities.*
 - *If Risk Management has no knowledge of the injury or illness, then the injured employee may be kept waiting for medical attention until the supervisor can be located and the injury is verified.*
- III. Complete the Supervisor Report for On-The-Job Injury/Illness.
- IV. Submit both Employee & Supervisor reports to Risk Management at riskmanagement@oru.edu or via fax to (918)495-7563 within the first 24 hours of notification. ***Please Do NOT Include Instruction & Responsibilities Pages.***

Responsibility of the Employee

All employees are required to report every work-related on-the-job injury or illness to his or her supervisor immediately. Failure to promptly report a job-related injury is considered grounds for termination. Should an employee seek medical attention, he or she is required to immediately provide documentation to the supervisor and Risk Management regarding his or her ability to work. If the employee is unable to personally deliver the treating physician's status report, it can be faxed to Attn: Risk Management (918)495-7563 or mailed to Attn: Risk Management, Oral Roberts University 7777 South Lewis Avenue Tulsa OK 74171.

Employees placed on "no work" status must keep the immediate supervisor and Risk Management informed of absences, doctor's appointments and medical progress. If the supervisor and/or Risk Management have not received periodic updates from the employee accompanied by treating physician documentation, it is the supervisor's responsibility to contact the employee. If the employee cannot be reached and has not returned to work, please contact Risk Management at (918)495-7560. Employee's returning to work from a "no work" status must provide documentation from the treating physician regarding his or her ability to return to work.

Any hours missed from work must be reported on Kronos Timekeeping System using pay code WCC, unless otherwise advised by Risk Management. If you have any questions, please call Risk Management at (918)495-7560.

All documentation should be forwarded to Risk Management.



MAKE NO
LITTLE PLANS
HERE

SUPERVISOR'S REPORT OF ON-THE-JOB INJURY/ILLNESS

Risk Management

To be completed by the immediate supervisor or manager only. Provide full details. Use ink only.

SUPERVISOR'S INFORMATION

Date Report Completed: _____

Immediate Supervisor Name: _____

Title: _____ Department Name: _____

Supervisor Signature: _____

Supervisor Phone #: _____ Department Phone #: _____

Department Fax #: _____ Supervisor's Email: _____

I declare under penalty of perjury that I have examined all statements contained herein and to the best of my knowledge and belief, they are correct and complete. Any person who commits Workers' Compensation fraud, upon conviction, shall be guilty of a felony.

EMPLOYEE'S INFORMATION

Employee's Name: _____

Title: _____ FTE: _____

Workdays (i.e. Mon – Fri): _____ Schedule (i.e. 8am – 5pm): _____ No. Hours Worked/Week: _____

Employee's Z#: _____

Was the Employee Performing Regular Job Duties? ☐ Yes ☐ No If yes, describe the assigned task the employee was performing at the time of the incident. _____

DESCRIPTION OF INJURY OR ILLNESS

Date & Time of Incident: ____ / ____ / ____ a.m. / p.m. Date & Time Reported: ____ / ____ / ____ a.m. / p.m.

Was the incident on premises? _____ Where did it occur? _____

What part(s) of the employee's body was injured? What was the nature of the injury (i.e. bruise to left knee, cut to right index finger)? **BE VERY SPECIFIC.** _____

Type of Treatment Received: ☐ First Aid ☐ Medical ☐ None

If *First Aid*, describe. _____

If *Medical*, provide Name and Address of Doctor or Hospital. _____

Describe fully how the accident occurred (including events that occurred immediately before the accident). _____

What exactly contributed to the physical injury or illness? _____

Any prior physical conditions? ☐ Yes ☐ No If so, explain. _____

Were safety procedures followed? ☐ Yes ☐ No ☐ N/A

Was the employee trained to follow proper safety procedures? ☐ Yes ☐ No ☐ N/A

Were there any environmental hazards? If so, explain. _____

Did the assignment require special protective equipment? If so, describe. _____

Was the employee wearing or using the protective equipment? ☐ Yes ☐ No

If safety procedures were not followed, describe the supervisor's corrective action. _____

How could this incident be prevented in the future? _____

Are there any doubts to the validity of this injury or illness? If so, please explain. _____

If required, is there modified duty available? ☐ Yes ☐ No

Additional comments: _____

ADDITIONAL INFORMATION

Please list any witnesses to the incident:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

If witnesses were present, please attach witness statements with your report to Risk Management.