*Use this form to report ALL workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments.*

Injured Employee/Student must complete Sections I & II – Please Print Clearly

**EMPLOYEE/STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injured Employee/Student Name | | | | | Bear # | | | | |
| Home Address | | | City | | | | State | | Zip Code |
| Date of Birth | Sex:  Male 🞏 Female 🞏 | | | Marital Status | Home Phone | | | Work Phone | |
| Department | | Job Title | | | | | Campus Box | Hire/Work Start Date | |
| Supervisor/Faculty Name | | Supervisor/Faculty Phone # | | | | Supervisor/Faculty Email | | | |

**Section I**

**ACCIDENT/ILLNESS INFORMATION**

**Section II**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Injury or Illness Date | List Time Injury or Illness Occurred:    **AM 🞏 PM 🞏** | | | | Was the accident or illness on UNC’s property? If not where.  **YES 🞏 NO 🞏** | |
| Location of Injury or Illness (Room # & Building or Company) | | | Date reported to Supervisor/Faculty | | | Time reported to Supervisor/Faculty    **AM 🞏 PM 🞏** |
| Time began work on date of injury  **AM 🞏 PM 🞏 🞏** | | Did employee/student return to work after being injured? **YES 🞏 NO 🞏**  If YES, Date returned to work / / | | | | |
| Name the object or substance which directly injured the employee/student (Be specific e.g. knee hit floor, fell-hand hit pavement, hammer struck finger etc): | | | | | | |
| What were you doing when injured? – Describe how the injury or illness occurred and the part(s) of the body affected - Be specific and detailed (e.g. bending to pick up item felt a sharp pain in lower left back, slipped on ice while walking, gradual pain developed in shoulder over a course of 3 months, etc.) Identify all body parts that were injured. | | | | | | |
| List all known witnesses (include Name and Phone Number) | | | | | | |
| Was the injury/illness treated with first aid? **YES 🞏 NO 🞏** | | | | Has the employee visited a medical provider for this injury/illness? **YES 🞏 NO 🞏**  If yes, what is the name and address of the provider? | | |
| Was 911 called? **YES 🞏 NO 🞏** | | | |
| **Employee/Student Signature** | | | | **Date** | | |

**EH&S and HR Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Received Report | Lost Time or Restrictions  YES 🞏 NO 🞏 | WC Claim Number | Date Faxed to EH&S | HR Representative |
| Medical Provider (Hospital or Doctor) | | | Date of 1st appointment | |

Date:

Dear

We are sorry to learn that you have been injured. In order to be sure you receive the care you need, we are filing a claim with our workers’ compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information soon. In the meantime, you should see one of the medical providers UNC has selected to treat our injured employees. These medical providers specialize in on-the-job injuries and are located in the offices listed below.

WORKWELL OCCUPATIONAL MEDICINE-GREELEY *Dr. Logan Jones, DO*

2528 W 16th St, Greeley, CO 80634 *Malcolm “Matt” Slaton, PA-C*

Phone: (970) 356-9800 *Amber Payne, PA-C*

BANNER OCCUPATIONAL HEALTH CLINIC

1517 16th Ave, Greeley, CO 80631

Phone: (970) 810-6810

Our goal is to ensure that you get the quality care you need to recover quickly and return to work as soon as possible. If you have questions, please contact Human Resources at (970) 351-2718, fax number (970) 351-1386.

Sincerely,

UNC Human Resources

Worker’s Compensation Insurance Contact Information:

Pinnacol Assurance

7501 E Lowry Blvd., Denver, CO 80230

(303) 361-4000 or 1(800) 873-7242

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Employee Signature Received letter on this date