Employee Injury Report

This form applies to all incidents involving the public while on your property.
This form is for internal use only and must be completed by Management.

COMPANY NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____

YOUR NAME: _____ PHONE: _____

POSITION: _____

INCIDENT INFORMATION:

DATE OF INCIDENT: _____

DESCRIPTION OF INCIDENT AND HOW IT OCCURRED:

DID WE DO ANYTHING TO CONTRIBUTE TO INCIDENT? (WETFLOOR, POOR LIGHTING, ETC.)

NAME OF WITNESS: _____ WITNESS PHONE: _____

AFFECTED PARTIES:

NAME(S): _____

ADDRESS(ES): _____

HOME PHONE: _____ OTHER PHONE: _____

WAS TREATMENT GIVEN or SOUGHT?

WHERE WAS TREATMENT GIVEN (NAME, ADDRESS, PHONE):

WAS A CONLON COMPANY BUSINESS CARD GIVEN OUT? Y/N

PLEASE FAX OR EMAIL THIS FORM AND ANY MEDICAL BILLS CREATED AS A RESULT OF THIS INCIDENT TO CONLON COMPANY (843) 883-5299 OR jcn@conloncompany.com.

Dear Doctor:

Please admit_____, an employee of_____, located at _____this date_____for treatment of his/her work related injury.

Conlon Company Inc. as our Risk Management company, has been hired for the purpose of administering all insurance related matters, including worker's comp claims administration.

Any communications regarding our injured employees, such as billing, prognosis, return to work date, etc. should be directed to their office as follows (Please note that insurance companies cannot pay bills without the appropriate medical notes accompanying same):

Direct all correspondence to:

Jim Nimmich
Conlon Company Inc.
PO Box 6575
Hendersonville, NC 28793

Phone: 843 883-8325
Fax: 843 883-5299
Email: jcn@conloncompany.com

We ask that you recognize that we have a policy of bringing our employees back to work as soon as possible, and in order to assist with that process we ask that you complete the appropriate forms and fax to us within 48 hours of the time that you have determined that the injured employee will be deemed able/unable to return to work right away and/or will require limited duty status.

Thanks very much for your help and cooperation.

_____

Manager