

# Montana University System

## Workers Compensation Program

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# Reporting Procedures

Each employee must report any work related accident or injury immediately to his or her supervisor, unless precluded by emergency medical treatment. The supervisor, with the employee's assistance, or without, if the employee is incapacitated, must complete the ***First Report of Injury and Occupational Disease*** form within 24 hours.

- If the employee is not available for signature, email the report without the signature and obtain a signature as soon as possible.
- If there is any reason to question the claim, the supervisor should check the appropriate box on the claim form and provide relevant information.
- If an employee is hospitalized or is expected to miss work because of the injury the supervisor must notify Dorothy Seymour immediately at 683-7010.

The ***First Report of Injury and Occupational Disease*** is attached.

Save the completed form as a word document file on your computer then attach the file to an e-mail to: **d\_seymour@umwestern.edu** A signed hard copy of this form must also be sent to Dorothy Seymour, Business Services.

An injured employee requiring medical attention must notify his or her supervisor of treatment as soon as possible. Notification must include the name and phone number of the medical provider. The supervisor must maintain close contact and coordinate with Dorothy Seymour/Susan Briggs for early return to work activities and/or any temporary job modifications that may be needed. **The supervisor will keep Dorothy Seymour informed of the work status of the injured person on a weekly basis.**

### Incident/Accident Investigations

The supervisor shall conduct an inquiry into the circumstances of every incident/accident. Tom Nichols, Western's Safety Officer, in Facilities Services (683-7139) is available to assist the supervisor in the investigation. The inquiry should address all factors bearing upon the incident, including input from any applicable witnesses. Every attempt should be made to identify the root cause(s) of the incident so that corrective actions can be taken to prevent recurrence.

If you have questions, please contact me at [d\\_seymour@umwestern.edu](mailto:d_seymour@umwestern.edu) or 683-7010.