

Accident Checklist

Injured Employee: _____

Location: _____

Company Representative: _____

Date: _____

Employee Steps	Yes	No	N/A
1. The accident or injury was confirmed with the supervisor.			
2. The injured employee was transported to the treating facility by an approved company representative.			
3. The injured employee was met at the treating facility by a company representative.			
5. A signed Drug Screen Authorization Form was made available to treating facility's staff.			
6. The injured employee was drug tested.			
7. The Request for Medical Treatment Form (if applicable) was signed by the injured employee.			
8. The Release of Medical Information Form was signed by the injured employee.			
9. The Accident Form was completed and signed by the injured employee.			
10. A medical report and all other important documentation were obtained from the treating facility.			
14. The treating facility's staff was informed to send all medical bills to the company's office.			
11. The company's modified duty program was discussed with the treating facility's staff.			
12. The company's modified duty program was explained to the injured employee.			
13. An offer of modified duty was made to the injured employee and they signed the Modified Duty Form .			
15. The state required injury report was completed and sent off.			

Site Steps	Yes	No	N/A
1. An onsite accident investigation was conducted and the Accident Investigation Form was completed.			
2. The details of the accident (including names of witnesses) were discussed with the supervisor.			
3. The Witness Report was completed.			
4. The root cause of the accident was determined.			
5. Corrective measures were created to eliminate the root cause of the injury.			
6. The injury was entered on to the Accident/Injury Log .			
7. The injury was entered on to the client's OSHA 300 Log.			