

EMPLOYEE INJURY/ILLNESS CHECKLIST

NAME OF EMPLOYEE: _____ DOB: _____

NATURE OF INJURY/ILLNESS: _____

DATE: _____ TIME: _____ LOCATION: _____

DIVISION/DEPARTMENT: _____ SUPERVISOR _____

SUPERVISOR CONTACT NUMBER AND EMAIL: _____

WITNESS: _____ NUMBER: _____

WITNESS: _____ NUMBER: _____

**LLBO HEALTH AND SAFETY MUST BE IMMEDIATELY NOTIFIED IF INJURY RESULTS IN FATALITY, INPATIENT HOSPITALIZATION, LOSS OF ANY BODY PART, OR POSSIBLE PERMANENT DISFIGUREMENT
CALL (218)766-1302 Leona Howard (Manager) Ernest Robinson (Director) 218-507-5296 or
Rocky Papasodora (Safety Officer) 218-766-0032**

DID EMPLOYEE REQUIRE MEDICAL TREATMENT? _____ YES _____ NO

IF YES, WAS THE RETURN TO WORK FORM SENT WITH EMPLOYEE? _____ YES _____ NO

POST ACCIDENT UA COMPLETED? **REQUIRED** _____ YES _____ NO

IF NO, WHY NOT? _____

EMPLOYEE'S FIRST REPORT OF INJURY FORM COMPLETED? _____ YES _____ NO

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT COMPLETED? _____ YES _____ NO **INVESTIGATE**

THE ACCIDENT AND ADDRESS THE PROBLEM:

- PHOTOS TAKEN? (PLEASE ATTACH) _____ YES _____ NO
- IS SURVEILLANCE VIDEO AVAILABLE? _____ YES _____ NO
- CORRECTED IMMEDIATE HAZARD TO PREVENT FURTHER INJURIES? **EXPLAIN** _____ YES _____ NO

- IS A WORK ORDER NEEDED? (attach copy) _____ YES _____ NO

SUPERVISOR'S SIGNATURE: _____ DATE: _____