

Cecil County Public Schools

201 Booth Street, Elkton, MD 21921

SUPERVISOR'S INCIDENT INVESTIGATION REPORT IMPORTANT – COMPLETE ALL SECTIONS

Please submit this report to the Benefits Office within 72 hours after notification of the incident.

Employee Name: _____ School/Department: _____
Position: _____ Date of Incident: _____
First Day of Lost Time: _____ Return to Work Date: _____

When did you first learn of any claimed injury or incident?: Date: _____ Time: _____

Who reported the incident to you?: _____

When did you first speak with the employee about the incident?: Date: _____ Time: _____

Describe in detail what the employee reported to you (be as specific as possible about what was said): _____

Identify any potential witnesses: _____

What areas of the body did the employee represent as being injured; be specific (left hand, index finger, next, etc.)?: _____

Do you know of any pre-existing medical problems of the employee?: Yes _____ No _____

If yes, please explain: _____

Do you question the occurrence of this incident?: Yes _____ No _____

If yes, please explain: _____

Did the employee complete their shift?: Yes _____ No _____

Did the employee request/receive any medical treatment? Please Explain: _____

Does the hazard still exist?: Yes _____ No _____

What action was taken or is recommended to prevent this accident from reoccurring in the future?: _____

Signature and Position of Person Completing This Form

Date

Distribution: Original to the Benefits Office
Copy for School File

Please see "Supervisor's Workers' Compensation Guidelines" on the reverse side of this form.

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SUPERVISOR'S WORKERS' COMPENSATION GUIDELINES

What do to when an employee reports an "on the job" incident:

1. Interview the employee immediately after the incident.
2. Begin an investigation to determine the cause of the incident.
 - a. Does the hazard still exist?
 - b. What can be done to prevent future accidents until the hazard is removed?
 - c. What safeguards can be put into place to prevent this type of incident from occurring in the future?
3. Complete and sign the Supervisor's Incident Investigation Report form and have the employee complete and sign the Employee's Incident/Illness/Injury Report form.
4. Make copies and distribute as indicated and according to the distribution list on each of the Supervisor's Incident Investigation Report **and** Employee's Incident/Illness/Injury Report form.

Please note that the employee is NOT to be given a copy of the Supervisor's Incident Investigation Report.

5. Fax a legible a copy of each of the complete Supervisor's Incident Investigation Report **and** Employee's Incident/Illness/Injury Report forms to the Benefits Office at (410) 996-1051 and then send the original signed copies to the Benefits Office via the pony mail.
6. If medical services are needed, notify the employee of their treatment options:
 - a. Pivot Occupational Health: (410) 620-5424
 - b. Personal Physician – Maryland law allows employees to see treatment wherever they choose, but they may be responsible for additional expenses if they treat with a physician outside of the state of Maryland.
7. If the injured employee misses time from work, the absence should be coded as sick leave. Request the employee to submit verification from a physician indicating the reason and length of time they will be required to take off due to the work-related incident to the Benefits Office. The Benefits Office will work with Payroll to change days to Workers' Compensation leave if appropriate.
8. Should you have any questions, contact the Benefits Office at (410) 996-5413.

***Note:** Eligible employees may receive up to 45 days of Workers' Compensation (WC) leave if the injury is ruled compensable. Initially, all leave should be coded as sick leave. If the claim is denied as WC, the Payroll Office will adjust leave for the time lost and charge accordingly, and WC will deny all medical bills. General Assistants, Substitutes, Volunteers, Temporary, or Per Diem employees are **not** eligible for the 45-day leave benefit. They may be compensated directly from the WC fund, following a 3-day waiting period.