

GUIDELINES FOR REPORTING WORK RELATED INCIDENTS

Department of Human Resources
Attention: Workers' Compensation
111 North Road
Brentwood, NH 03833
Phone: 603-679-9337
Fax: 603-679-9357
lfioravante@co.rockingham.nh.us

Department Heads and or Supervisors

When an employee alerts you of a work related injury:

1. Have the employee complete Employee Incident Report and to make certain the Accident Investigation Form is completed.
2. Supervisor to notify Lisa Fioravante (Human Resources) and incident report should be forwarded to Human Resources Department; Attention Workers' Compensation.
3. Employee to be given choice of Occupational Health or Outside Medical Treatment.
4. Incident Report brought over to the Department of Human Resources and/or be left at the Department of Human Resources Mailbox, or faxed using the number above.

Employee Responsibilities:

1. Notify your Supervisor **IMMEDIATELY** when you have been injured.
2. Complete an Incident Report (reports available in every department).
3. Employee MUST keep Supervisor/Employer informed and updated regarding medical treatments and progress.

All Incident Reports or concerns of Work Related Incidents should be sent directly to the Department of Human Resources; Attention Workers' Compensation as soon as possible.

All physicians' notes and physicians' return to work releases should be forwarded to the Department of Human Resources; Attention Workers' Compensation immediately to facilitate a return to work.



ROCKINGHAM COUNTY INCIDENT REPORT FORM

ALL INFORMATION IS NECESSARY IN ORDER TO PROCESS CLAIM
RETURN TO DEPARTMENT OF HUMAN RESOURCES ATTENTION; WORKERS' COMPENSATION

Employee Information:

Name: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Work Information:

Department: _____ Position: _____

Date of Hire: _____ Hours Worked Weekly: _____

Wage: \$ _____ Full Time Part Time

Incident Information:

Date of Incident: _____ Location: _____

Time: _____ AM PM

Body Part Injured: _____ Full Description of Incident (Include Equipment Involved):

Witness: _____ Date: _____ Signature: _____

Witness: _____ Date: _____ Signature: _____

To Be Completed by Supervisor:

Employee Sent Home?

Yes No

Employee Continued Working?

Yes No

Sent to Emergency Room?

Yes No

First Aid Only?

Yes No

Supervisor Notified Lisa Fioravante; Department of Human Resources?

Yes No

Comments: _____

Supervisor Signature: _____ Date: _____