



# Memorandum

**To:** All Employees  
**From:** Heather Tibbitts, Safety Manager  
**Date:** 4/13/2021  
**Re:** Post Injury Expectations

---

We are sorry to learn that you've been injured on the job. This memorandum is to lay out our expectations so as to avoid any confusion as to the company's process.

- 1) Report the injury to your supervisor on the same business day.
- 2) Your supervisor should contact the Safety Manager Heather Tibbitts at 614-440-0898.
- 3) If medical treatment is required, call Axiom Medical 24/7 for immediate assistance at 877-502-9466. For life threatening injuries please call 911 first.
- 4) Axion Dispatch will gather information in the initial call and assign the case to a Nurse Case Manager.
- 5) The Nurse Case Manager will contact the injured employee and assess the incident.
- 6) Complete the accident report and submit to your immediate Supervisor and Safety Manager, Heather Tibbitts within 24 hours. (Accident, Incident, Near Miss Investigation Report Form can be located at W: Safety/CESO/Accident Incident Near Miss Investigation Report Form)
- 7) If medical treatment is necessary, obtain the BWC MEDCO-14 from the medical provider following treatment and submit to your Supervisor and Safety Manager, Heather Tibbitts, on the same day. This form or equivalent documentation must be provided prior to return to work. The company will accommodate any reasonable restrictions provided by your medical provider.
  - a. The documentation can be emailed to Heather Tibbitts at [heather.tibbitts@legacy5.com](mailto:heather.tibbitts@legacy5.com) or delivered in person to Heather Tibbitts at 3601 Rigby Road, Suite 300, Miamisburg, OH 45342.
- 8) If your physician does not release you to return to work full duty or with restrictions, it is your responsibility to work with your supervisor and Safety Manager to accommodate a light duty schedule.
- 9) You are expected to follow your physician's advice and attend all appointments (physician office visits, physical therapy, etc.). We expect you to provide updated return to work documentation to Heather Tibbitts as updates occur.
- 10) You are expected to obtain a written statement that you can return to work and report to work immediately thereafter.
- 11) For questions regarding treatment, bill payment, etc. contact: CompManagement (888) 247-7799 and Fax: (800) 334-4229



**ACCIDENT, INCIDENT OR NEAR MISS INVESTIGATION REPORT**

**PART 1 IDENTIFICATION INFORMATION - Enter N/A if any field/boxes do not apply**

Employee Name:

Date of Accident, Incident or Near Miss: Time: AM PM

Occupation: Shift:

Department: Emp#:

**PART 2 SUPPLEMENTARY INFORMATION - Enter N/A if any field/boxes do not apply**

Company:

Mailing Address:

City: State: Zip:

Telephone (    )

Accident, Incident or Near Miss Location  Same as establishment?  On premises? (Check if applies)

Location Where Accident, Incident or Near Miss Occurred (if different from above):

Remarks:

Was injured person performing regular job at time of accident, incident or near miss?  Yes  No

Describe activity the person was doing just before they were injured:

Time shift started: AM PM Overtime?  Yes  No

Would you like to seek medical treatment?  Yes  No

Name and address of physician:

City: State: Zip:

Employee treated in an emergency room?  Yes  No Employee hospitalized overnight?  Yes  No

If hospitalized, name and address of hospital:

City: State: Zip:

Fatality?  Yes  No If Yes, date of death:

**PART 3 ACCIDENT TREE - Enter N/A if any field/boxes do not apply**

**NATURE OF INJURY OR ILLNESS:**

**PART OF BODY AFFECTED:**

Operation Location:	Operation Task:	Employee Task:	Employee Body Position/Activity	Agency	Preceding Situation or Event	Type of Accident



**PART 4 DESCRIPTION AND ANALYSIS - Enter N/A if any field/boxes do not apply**

Fully describe accident, incident or near miss:

What factors led to the accident, incident or near miss (from Part 3/Root Cause)?

**MACHINERY/EQUIPMENT INVOLVED**

Manufacturer:

Equip. age:

Serial No.:

Model:

Function:

Location:

Has machine/equipment been modified?  Yes  No

If so, when?

Was it guarded?  Yes  No

If Yes, describe guarding and how it functions to provide element of safety desired:

Was guarding properly: Constructed?  Yes  No

Installed?  Yes  No

Adjusted?  Yes  No

If No to any of above, explain:

Was there any mechanical failure?  Yes  No If yes, explain:

If construction related, date of contract:

Is firm  General Contractor  Subcontractor

Name of other contractors:

List any weather conditions that contributed to the incident:

**TRAINING**

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes  No

Type:

Instructed by:

When instructed:

Length of training:



**PERSONAL PROTECTIVE EQUIPMENT**

Did employee use any protective equipment for the job or task performed?  Yes  No

Type:

Did equipment fail?  Yes  No

If so, describe:

**CORRECTIVE ACTIONS:**

Were any corrective or preventive actions put into place due to the incident?  Yes  No

If so, list them:

Action Taken	Expected Result	Expected Completion Date

Were corrective actions followed through to completion?  Yes  No

If so, list results and dates:

Action Taken	Expected Result	Expected Completion Date

**STATEMENTS CONCERNING ACCIDENT - Enter N/A if any field/boxes do not apply**

**EMPLOYEE STATEMENT CONCERNING ACCIDENT**

Name:	Title:	Date:
-------	--------	-------

**SUPERVISOR/EMPLOYER'S STATEMENT**

Name:	Title:	Date:
-------	--------	-------

**WITNESS STATEMENT**

Name:	Title:	Date:
-------	--------	-------

**SAFETY MANAGER COMMENTS**

Name:	Title:	Date:
-------	--------	-------

**ATTACH ADDITIONAL COMMENTS, REPORTS AND PHOTOS ON BLANK PAGE (IF NECESSARY)**



# Call Axiom Medical 24/7 for Immediate Assistance

For life threatening injuries please call 911 first.

# 877-502-9466



Axiom Dispatch will gather information in the initial call and assign the case to a Nurse Case Manager.



Nurse Case Manager will contact the injured employee and assess the incident.

Time is of the essence - Report all injuries as soon as they occur.