



Risk Management:

WORKERS COMPENSATION CHECKLIST

Today's Date: _____

Employee Name: _____

Date of Injury: _____

Where did it Happen: _____

Location of Accident: _____

Injured Body Parts: _____

Contacted Sedgewick: Date: _____ Time: _____

What Happened: _____

PAPERWORK CHECKLIST:

____ Notice of Injury – Workers Compensation (Call in sheet)

____ Accident / Incident Report (Original)

____ Supervisor Report

____ Dr. Notes (DWC25) must be submitted by employee after every WC Dr. Visit.

____ Employee FACT sheet (signed)

____ Witness Statement (as needed)

____ Provide employee Workers Comp Packet (FACT Sheet, Mileage Form, FL Statue, FACT brochure, will be couriered to site by Workers Comp)

____ Student Services Student Referral: Yes: _____ No: _____

____ Was a PR filed Yes or No If Yes Report # _____

WHO GETS WHAT?

RISK MANAGEMENT

Sent via Courier

____ (ORIGINAL) Notice of Injury – Workers Compensation

____ (ORIGINAL) Accident / Incident Report

____ (ORIGINAL) Supervisor Report

____ (ORIGINAL) Employee FACT sheet (signed)

____ (ORIGINALS) DWC-25/ Doctor's note

____ Light Duty Job Offers (If Applicable) ^(OB)

____ Light Duty Restrictions (Please notify Risk): Yes: _____

No: _____

DEPARTMENT FILE

____ (COPY) Notice of Injury – Workers Compensation

____ (COPY) Accident / Incident Report

____ (COPY) Brevard School District Anti-Drug Form

____ (COPY) Dr. Notes