

INSTRUCTIONS IN THE EVENT OF WORKER INJURY

INSTRUCTION	COMPLETED	INCOMPLETE
<p><i>TREATMENT & DRUG TEST</i></p> <p>Send employee to the approved medical clinic for medical treatment and drug test. If medically released, employee is to return to work pending drug test results.</p>		
<p><i>MEDICAL STATUS REPORT</i></p> <p>Following treatment the employee is to provide a medical status report provided by the clinic. This report will tell us the employee's work status; no work, return to work with restrictions or return to full work without restrictions. This report is to be provided to management following each medical clinic visit (excluding physical therapy).</p> <p>Fax each status report to 310-900-5552.</p>		
<p><i>EMPLOYEE'S REPORT OF INJURY</i></p> <p>Injured employee is to complete an Employee's Report of Injury form, sign and date the form. Form is found in Safety Manual, Tab 3.</p> <p>Fax the form to 310-900-5552.</p>		
<p><i>INCIDENT REPORT</i></p> <p>The Store Managers, Asst. Store Manager or Service Manager is to complete an Incident Report, Section #4 – Injury Notification Form. This is a computer based form to be filled out in Word and emailed as an attachment to those identified at the top of the form.</p> <p>Email on day of injury or day you are informed of injury to: kregopoulos@4wheelparts.com , vperez@4wheelparts.com , thall@4wheelparts.com , bbatsch@4wheelparts.com , your Regional Manager & Regional Service Manager.</p>		
<p><i>QUESTIONABLE CLAIMS</i></p> <p>If you believe the employee's claim of work injury is not work related, call Ken at 310-900-2645.</p>		