



Injury/Illness Report

Use this form to report **ALL** workplace incidents - on or off campus - involving Employees, Student Workers, and Students involved in Practicum Work Assignments.

Injured Employee/Student must complete ALL of Sections I & II – PLEASE PRINT CLEARLY

EMPLOYEE/STUDENT INFORMATION

Section I

Injured Employee/Student Name				Bear #	
Home Address		City	State	Zip Code	
Date of Birth	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	Home Phone	Work Phone	
Department	Job Title		Campus Box	Hire/Work Start Date	
Supervisor/Faculty Name		Supervisor/Faculty Phone #	Supervisor/Faculty Email		

ACCIDENT/ILLNESS INFORMATION

Section II

Injury or Illness Date	List Time of Injury or Illness: AM <input type="checkbox"/> PM <input type="checkbox"/>	Was the accident or illness on UNC's property? If not where. YES <input type="checkbox"/> NO <input type="checkbox"/>
Location of Injury or Illness (Room # & Building or Company)	Date reported to Supervisor/Faculty	Time reported to Supervisor/Faculty AM <input type="checkbox"/> PM <input type="checkbox"/>
Time began work on date of injury AM <input type="checkbox"/> PM <input type="checkbox"/>	Did employee/student return to work after being injured? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, Date returned to work / /	
Name the object or substance which directly injured the employee/student (Be specific e.g. knee hit floor, fell-hand hit pavement, hammer struck finger etc):		
What were you doing when injured? – Describe how the injury or illness occurred and the part(s) of the body affected - Be specific and detailed (e.g. bending to pick up item felt a sharp pain in lower left back, slipped on ice while walking, gradual pain developed in shoulder over a course of 3 months, etc.) Identify <u>all body parts</u> that were injured.		
List all known witnesses (include Name and Phone Number)		
Employee/Student Signature		Date

EH&S and HR Use Only

Section III

Date Received Report	Lost Time or Restrictions YES <input type="checkbox"/> NO <input type="checkbox"/>	WC Claim Number	Date Faxed to EH&S	HR Representative
Medical Provider (Hospital or Doctor) and Address			Phone Number	
City	State	Zip Code	Date of 1 st appointment	

UNIVERSITY of
NORTHERN COLORADO

Human Resource Services

Date:

Dear

We are sorry to learn that you have been injured. In order to be sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information relatively soon. In the meantime, you should see one of the medical providers UNC has selected to treat our injured employees. These medical providers specialize in on-the-job injuries and are located in the offices listed below.

WORKWELL OCCUPATIONAL MEDICINE-GREELEY
2528 W. 16th Street, Greeley, CO 80634
Phone: (970) 356-9800

*Dr. Robert Martino
Dr. Glenn Waite MD
Malcolm "Matt" Slaton, PA-C*

GREELEY MEDICAL GROUP (CHAMPS-4th Floor)
Occupational Health – University of Colorado Health
1900 16th Street, Greeley, CO 80631
Phone: (970) 350-2471

*Dr. John Charbonneau MD
Dr. James Rafferty, DO
Michael Deitz, PA-C*

Our goal is to ensure you that you get the quality care you need to recover quickly and return to work as soon as possible. If you have questions, please contact Human Resources at 970-351-2718; fax number 970-351-1386.

Sincerely,

Stephanie Alsip

UNC Human Resources

Worker's Compensation Insurance Contact Information:

*Pinnacol Assurance
7501 E. Lowry Blvd, Denver, CO 80230
(303)-361-4000 or 1-(800)-873-7242*

Employee Signature

Received letter on this date

WORKWELL OCCUPATIONAL MEDICINE, LLC



2528 W 16th Street, Greeley, CO 80634

PHONE 970.356.9800 • FAX 970.353.3182

HOURS: 8am-5pm Monday-Friday

Physicians

Dr. Robert Martino, MD

Dr. Glenn Waite MD

Malcolm "Matt" Slaton, PA-C



Hours: Mon-Fri 7am-5pm

Dr. John Charbonneau MD
Dr. James Rafferty, DO
Michael Deitz, PA-C

