

University of Missouri Report of Injury

This form should be completed for all employees injured on the job.
The supervisor should complete the following report **within 24 hours of employee's injury.**

EMPLOYEE INFORMATION

Date of Incident	Employee Number	Campus <input type="checkbox"/> Columbia <input type="checkbox"/> Kansas City <input type="checkbox"/> Rolla <input type="checkbox"/> St. Louis <input type="checkbox"/> UM System <input type="checkbox"/> Hospital				
Name (last, first, middle initial)			Department/Title			
Home Address				Phone Number		
Supervisor's Name				Supervisor's Phone Number		

ACCIDENT INFORMATION

Injury Time	Time Work Began	Last Work Date	Date University Notified	Salary Continued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Returned To Work	Number of Days Worked/Week
Incident Type (slip, fall, sprain, etc.)						
Body Part (specify right, left, 1st, 2nd, etc.)						Premises <input type="checkbox"/> Yes <input type="checkbox"/> No
Location and Zip Code		Cause of Injury/Illness				
Cause of Injury/Illness (description)						
Employee's Activity (What was the employee doing?)						
Employee's Work Process (How was it being accomplished?)						
Equipment, Materials in Use						
Witness Names			Witness Phones		Witness Names	
Safeguards Provided <input type="checkbox"/> Yes <input type="checkbox"/> No		Safeguards Used <input type="checkbox"/> Yes <input type="checkbox"/> No			Death Date	

MEDICAL TREATMENT

Initial Treatment		
<input type="checkbox"/> No Medical Treatment	<input type="checkbox"/> Minor: By Employer	<input type="checkbox"/> Minor Clinic Hospital
<input type="checkbox"/> Emergency Case	<input type="checkbox"/> Hospitalized > 24 Hours	<input type="checkbox"/> Future Major Medical Lost Time Anticipated
Name of Treating Physician, Clinic or Hospital		
Address (street, city, state, zip)		

Supervisor's Signature	Date
------------------------	------

**ECO RWUY QTMGTU'EQO RGPUCVKQP 'EQQTFK'CVQTU' ''
CWWJ QTK GF 'RTQXK'GTUHCENK'KGUD' 'ECO RWU'**

Wp'kgt uls' 'qh' O'U' ugo 'cpf 'Eco r wu'd'Eqnw dlc''

Arllys Burton, Coordinator
Risk & Insurance Management
1105 Carrie Francke Dr.
Phone: (573) 882-7019
Fax: (573) 882-7861

Authorized Providers/Facilities:

- Work Injury Services at University Hospital (Rm. MC-11) 6:30 a.m. – 4:30 p.m. M-F
- After hours – Urgent Care Center until 8:00 p.m. M-F
- Emergency or after hours – ER at University Hospital

''

Wp'kgt uls' 'J gcnj ectg''

***lpnwf lpi 'Y qo gpu)'('Ej kf tgp)'J qur'kcn''**

Debbie Robertson
Manager, Occupational Health Services
DC092.10 University Hospital
Phone: (573) 884-9924
Fax: (573) 884-5735

Authorized Providers/Facilities:

- Work Injury Services, MC-11 Univ. Hospital 6:30 a.m. – 4:30 p.m. M-F
- After hours – Urgent Care Center until 8:00 p.m. M-F
- Emergency or after hours – ER at University Hosp.

O kuqwt kTg j cdlksc v'kqp'Egpygt''

''

Teresa Wallace
DC400.MRC
Phone: (417) 461-5256
Fax: (417) 461-5772

Authorized Providers/Facilities:

- Staff Health/Work Injury Services at Mo. Rehab. Center

Vj kf 'Rct v' 'Cf o lplmt cvqt <'

Corporate Claims Management Inc.
770 Spirit 40 Park
Chesterfield, MO 63005
Phone: 800-449-2264
Fax: (636) 519-7572''

''
''

Wp'kgt uls' 'qh' O kuqwt k'6'Mc puc'Elk' ''

Peter Maxwell
Coordinator Workers Compensation & Risk Management
4747 Troost, Room 023
Phone: (816) 235-5357
Fax: (816) 235-6559

Authorized Providers/Facilities:

- Concentra Medical Center (appointments to be arranged by calling the Risk Mgmt. office)
- Emergency or after hours – Research Hospital – Brookside Campus ER

''

O kuqwt KU' ('V'*T qnc-'

''

Betty Birkner, Administrative Assistant
Environmental Health & Safety
108 Campus Support Facility
Phone: (573) 341-4305
Fax: (573) 341-6077

Authorized Providers/Facilities:

- Rolla Family Practice (8:00 – 5:00 M-F)
- Doctor After Hours (noon – 9:00 p.m. M-S)
- Emergency Room, Phelps Co. Regional (after hours and emergency)

''

Wp'kgt uls' 'qh' O'Q'd'U'0Nqwk'

Joann Westbrook
Human Resource Specialist III
211 General Services Bldg.
Phone: (314) 516-5639
Fax: (314) 516-6463

Authorized Providers/Facilities:

- Concentra
- Health Services
- DePaul Hospital (after hours & emergency)

''