

# 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
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The completed report should be faxed, e-mailed, or sent through campus mail to the Campus Workers Compensation Coordinator. If the employee cannot return to work, a written statement from the physician is required. This statement should be sent to the Campus Workers' Compensation Coordinator. See page 2 for appropriate campus information and Authorized Providers/Facilities.

**CAMPUS WORKERS' COMPENSATION COORDINATORS &  
AUTHORIZED PROVIDERS/FACILITIES BY CAMPUS**

**University of MO System and Campus – Columbia**

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

**University Healthcare  
(including Columbia Regional Hospital)**

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.

**Missouri Rehabilitation Center**

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

***Authorized Providers/Facilities:***

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

**Third Party Administrator:**

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

**University of Missouri – Kansas City**

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

**Missouri S & T (Rolla)**

Donna Kreisler, 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)

**University of MO – St. Louis**

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)