

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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Workers Compensation Program
University of Missouri- System/Columbia/UM Health Care/
Kansas City/ Rolla/ Saint Louis

Workman's Compensation Administrators

Brentwood Services, PO Box 4605, Chesterfield MO 63006, Phone 615-263-1300

Columbia Campus and UM System

Initial Care Non-Emergent

Fill out ROI and send to

umrimwccclaims@umsystem.edu

Injured workers will be directed for treatment

Emergency Care /After hours

Mizzou Urgent Care

University MO Emergency Room

Contact Phone 573-882-8100

UMKC Campus

Initial Care Non-Emergent

Fill out ROI and send to

umrimwccclaims@umsystem.edu

Concentra Medical Center

Emergency Care /After Hours

Research Hospital

Brookside Campus ER

Contact Phone: 573-882-8100

UMSL Campus

Non-Emergent Care:

Concentra

Health Services

Emergency Care/ After Hours

DePaul Hospital

12303 DePaul Dr

Bridgeton MO

Contact: Tara VanDeVoorde 573-516-5258

MO S&T Campus

Non-Emergent Care:

Phelps Health Immediate Care Rolla

603 S Bishop Ave Unit C

Rolla, MO 573-426-4111

Rolla Family Clinic

1060 S Bishop Ave

Rolla, MO 573-426-5900

Mercy Convenient Care Rolla

1065 Martin Springs Dr Ste 210

Rolla, MO 573-458-6350

Contact Betty Birkner 573-341-4305

University Healthcare

Including Women's and Children's Hospital

Initial Care Non-Emergent

Work Injury Services

573.884.9924

University Hospital GL-12 One Hospital
Drive

Columbia, MO 65212

Hours M-F 7:30am - 4pm

Emergency Care/ After Hours

University Hospital Emergency Room

Mizzou Urgent Care

3916 S Providence Road

Columbia, MO 65203

Hours 7 days a week 8am - 8 pm

Contact Phone: 573-882-6208

Send Report of Injury to:

muhcworkinjury@health.missouri.edu