



North Shore-Long Island Jewish Health System

Employee Occurrence Report

LOCATION OF FORM

Click the **BLUE TAB** at the bottom of the screen to open the form.

PURPOSE

This form is used to report a work-related illness or injury.

WHO COMPLETES THIS FORM

This form is completed by 1) the supervisor of any employee who becomes ill or injured during work hours, 2) signed and dated by the injured employee, and 3) the medical care provider (Emergency Room, Employee Health Services) who evaluates the employee.

Note: If the employee is incapacitated by illness or injury, his/her supervisor completes the form on his/her behalf.

HOW TO COMPLETE AND SUBMIT THIS FORM

This form is available from Site HR or can be downloaded from HealthPort. After completing the appropriate portions, the supervisor faxes the form to Site HR or Risk Management (Forest Hills: 718-830-4938; Syosset: 516-496-6561; all others: 516-465-8042) within 24 hours of the occurrence. The employee brings a copy of the form to the Emergency Room or Employee Health Services and returns the completed form to his/her supervisor who faxes it again to Site HR or Risk Management.

INSTRUCTIONS

1. If an employee becomes ill or injured at work, his/her supervisor indicates the facility and provides the following information:

- Date of the occurrence
- Time of the occurrence
- Location
- Employee's name
- Employee's department
- Employee's address
- Job title
- Social Security number
- Date of birth
- Date of hire
- Gender
- Home phone
- Work phone
- Shift

Note: Risk Management supplies the claim number.

2. Then the supervisor provides a description of the occurrence, indicating which body part and side of the body was injured. The name, department and phone extension of any witnesses should be included as well.

3. Both the employee and his/her supervisor sign and date the form. The supervisor also prints his/her name and provides his/her phone number.

Note: At this point, the supervisor faxes the form to the appropriate number listed at the bottom of the document. Then he/she gives the employee a copy to bring to the Emergency Room or Employee Health Services.

4. The Emergency Room or Employee Health Services (who evaluates the employee) supplies the following information:

- Evaluation/treatment
- Disposition (check one)
- Not Disabled (Returned to Work)
- Refused medical treatment
- Disabled from Work _____ Days
- Admitted to hospital

5. The Emergency Room or Employee Health Services prints and signs his/her name, and dates the form.

6. The employee brings the completed form to his/her supervisor who again faxes it to the appropriate fax number.