



Employee Incident Report

Store # _____ Date of Report _____

Date of Incident _____ Time of Incident _____

Store Address _____

Manager on Duty _____ Manager Phone # _____

Employee Name _____ Employee Phone # _____

Employee Address _____

Was this an injury? Yes No

If yes, did the employee wish to see a doctor? Yes No

Details of Incident

Witness Name _____ Phone Number _____

Address _____

Witness Name _____ Phone Number _____

Address _____

*Attach any witness statements to this report

Employee Signature

Date

Supervisor Signature

Date

Employee Injury Protocol:

- Store Manager informs Area Manager & Regional Director of the injury.
- Complete an Employee Incident Report and get all the witnesses to write statements and sign them.
- If the employee wishes to see a doctor, complete a Workers Compensation Report.
- Take the employee to a walk-in clinic or emergency room (depending on time of day). When registering the employee at the front desk, mention that it is a work injury and that we will need them to have the employee do a urine sample drug test.
- Have the front desk person make a copy of the Workers Compensation Report for their records.
- The employee can only return to work with a full release from the doctor without restrictions.
- Regional Director submits the Workers Compensation Claim to the company's insurance provider.
 - Email claim@midins.com
 - In the Subject Line put the employee's name and First Report of Injury (Example: John Smith – First Report of Injury)
 - Scan and attach the Workers Compensation Report, Employee Incident Report, Witness Statements, and if applicable documentation/notes from the doctor's visit.
- Regional Director notifies Alex of the Workers Compensation Claim once all steps are completed.