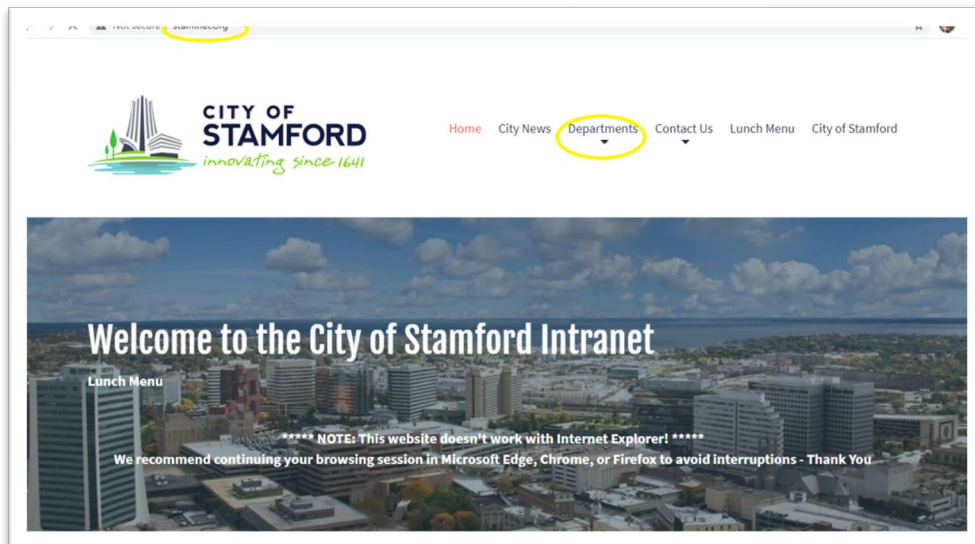


Injury Reporting Directions ALL City and BOE

1. Injury **MUST** be reported to Supervisor/Admin/Foreman.
2. Supervisor/Admin/Foreman **MUST** fill out injury report online under below website. **You MUST have updated Chrome, Microsoft Edge, or Firefox web browser for access to the injury report.** (If you are not sure how to download an updated web browser, please contact Help Desk @ 203-977-4396) or HelpDesk@StamfordCT.gov

FAILURE TO SUBMIT A REPORT, OR FAILURE TO SUBMIT A REPORT IN A TIMELY FASHION AFTER THE INJURY MAY RESULT IN DELAYS IN APPROVAL OF THE CLAIM AND PAYMENT OF ANY EXISTING MEDICAL BILLS.

3. Go to city intranet. Website - <http://staminet.org/> place mouse over departments (circled in yellow) and scroll down to Risk Management. Select Risk Management.



- a) Once you select Risk Management, this screen appears. Select Personnel Injury Report Form, (circled in yellow below) under Resource Links:




b) Click on next after accessing the injury report.

Supervisors or authorized representatives must properly complete this Form for each injured individual.

By continuing I agree that I am willing to complete a digital version of the document(s) and that information about my user session will be stored.

Next


c) Fill out the injury form in its entirety. **NOTHING CAN BE LEFT BLANK.**



City of Stamford
Risk Management

Personnel Injury Report

Employee Information		Employee Injury Information	
Full Name *		Injury Date * <small>Hi</small> HR <small>Min</small> MIN <small>am</small> am	
Address *		Choose One *	
City *	ST	Zip *	Injury Type *
Job Title *		Injury Type Explain *	
Choose One *		Part of Body Affected - Be Specific *	
Phone *	Hire Date *	Treatment Date *	Choose One *
DOB *	SSN *	Person Notified *	Date Notified *
Treatment Location		Choose One *	
Location of Injury Incident and Employee's Activity at Time of Injury Incident			
Exact Location Where Injury Incident Occurred:		*	
What was the Employee doing when the injury incident Occurred (Explain in detail) *			
Tool or Equipment Involved. () *YES () *NO		IF YES, What? *	
Was Safety Equipment or Personal Protective Equipment Required (PPE). () *YES () *NO			
Was Injury Due to Failure to use Safety Equipment or PPE? () *YES () *NO			
Name of Witness 1		Name of Witness 2	
Supervisor or Department Head: What Corrective Actions have been taken to Prevent a Recurrence of this injury incident *			

d) Print the form by selecting the print icon , and submit the injury report by clicking the "Submit & Sign" button.

e) For more information on all workers' comp, medical care policy, adjusters please go to next page.

If the employee would like to be seen by a doctor's office, they may go to one of the following locations listed below.

First Treatment Centers

- **For work injuries, employees MUST treat in-network.**
- Employees have 3 options for First Treatment Centers: (IF EMERGENCY PLEASE SEE BELOW IN RED)

Greenwich Hospital Occupational Health Service

260 Long Ridge Road, Stamford, CT 06902
(203) 863-3483
M-F 8am-5pm.

Concentra

15 Commerce Rd. 3rd Floor, Stamford, CT 06902
(203) 324-9100
M – F 8am – 5pm

AFC Urgent Care. (Formerly Doctors Express)

3000 Summer St. Stamford Ct. 06905
(203) 969-2000
M-F 8am-6pm Sat 9am-1pm.

- **In true MEDICAL EMERGENCIES, please send the employee by ambulance to the nearest EMERGENCY ROOM.**

City of Stamford Assistance

David Villalva – Risk Manager (203) 977 4317

DVillalva@stamfordct.gov

Matthew Stuhlman – Safety Officer (203) 977 4908

Mstuhlman@stamfordct.gov

Nancy Barton – Safety Officer (203) 977-4129

Nbarton@stamfordct.gov

Sandy Jenkins – Office Support Specialist (203)977-4928

Sjenkins@stamfordct.gov

If you or the injured employee has any further questions related to workers' compensation, please contact one of our Safety Officers, or you may contact your Adjuster directly.