CHRONIC TACOS

Manager's Report of Employee Injury or Incident

Discharge

- ☐ 1. **Interview** Injured Employee and Witness
- ☐ 2. **Treatment Authorization Form**
  - ☐ Signed by Manager and ☐ Given to Employee
- ☐ 3. **Cab Voucher** Obtained from Petty Cash
  - ☐ Given to Employee
- ☐ 4. **Call Cab** for Employee Pick Up
  - ☐ Call Local Taxi Service
- ☐ 5. **Manager's Report of Injury** - Completed
- ☐ 6. **Investigate:** Talk to witness, remedy any hazardous conditions or faulty equipment and NOTE additional facts on Incident Report Form.
- ☐ 7. **Employee Status Info** (at right) Completed
- ☐ 8. **Fill out Injury log and attach appropriate paperwork**
- ☐ 9. **Fax Completed Incident Report to HR @ the corporate office:**

Employee Position: _____

Shift Began TODAY: __/__/__ **Time:** _____ AM/PM

Employee LEFT WORK for treatment at: _____ AM/PM

Date & Time of Employee's Return: _____

NOTE! Prior to Employee's return to work, he/she must first present a **SIGNED Doctor's Authorization to Return to Work.**

Injured Name: _____

Date: _____ **Time:** _____ AM/PM

Injured Home Address:

_____

_____

Injured Phone: _____

Injured SSN: _____

Specific Injury & Part of the Body Affected: _____

_____

_____

_____

_____

Location of Accident: _____

_____

_____

_____

_____

Specific Activity of Employee at Time of Occurence: _____

_____

_____

_____

_____

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Manager’s Report of Employee Injury or Incident

Type/Description of Injury: _____

_____

_____

_____

_____

Witness 1. _____

Phone No. _____

Witness 2. _____

Phone No. _____

Manager’s Comments: _____

_____

_____

_____

_____

Chronic Tacos First Aid: ☐ **Offered** ☐ **Accepted** ☐ **Declined**

Emergency Care: ☐ **Offered** ☐ **Accepted** ☐ **Declined**

Paramedics called: ☐ **Yes** ☐ **No**

Treating Medical Facility: _____

Manager’s Signature _____ **Date** _____

Additional Comments: _____

_____

_____

_____

_____

_____

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