**WORK INJURY REPORTING PROCESS CHECKLIST**

**For any work injury, no matter the seriousness, the injured member must:**

**□ Report the work injury to their immediate supervisor WITHIN 48 HOURS from the time the injury occurred.**

**□ CALL THE OUCH LINE (303) 436-OUCH (6824).**

**□ If the Ouch Line Nurse refers the injured member to Concentra/COSH the injured member must report to Concentra/COSH prior to returning to work, even if the injured member has been treated and released from a hospital.**

**NOTE: REGARDLESS OF THE SEVERITY OF THE INJURY, INCLUDING HOSPITALIZATION, THE OUCH LINE MUST BE NOTIFIED *AND IF INSTRUCTED* THE MEMBER MUST BE SEEN AT CONCENTRA/COSH, OR OTHER SUGGESTED LOCATIONS; OTHERWISE, WORKERS COMP WILL NOT BE NOTIFIED, AND THE MEMBER WILL BE BILLED FOR ALL SERVICES.**

**For any work injury, no matter the seriousness, the supervisor must:**

**□ Report the work injury to the next level in the chain of command.**

**□ Report the work injury to dispatch (720) 913-2400 and request that they initiate a NFIR (Please have the member’s name, type of injury, time the injury occurred, and the address where the injury occurred). NFIR (incident)#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Complete the NFIR including a COMPLETE Incident Narrative-DOCUMENTATION IS PARAMOUNT, TAKE CARE OF YOUR PEOPLE.**

**□ Report the work injury to the Administration Division (Administration Lieutenant (O) (720) 913-3451 as soon as possible; leave a message if after hours.**

**□ Complete A SUPERVISOR’S REPORT OF ACCIDENT/INJURY- The form can be completed electronically by visiting the following link:**

**Non-city computer copy and paste this link:** [**https://www.riskonnectclearsight.com/Enterprise/login.cmdx?noAuthentication=2&ReturnUrl=%252fEnterprise%252fStormsPackages%252fStorms.Wrapper%252f#/**](https://www.riskonnectclearsight.com/Enterprise/login.cmdx?noAuthentication=2&ReturnUrl=%252fEnterprise%252fStormsPackages%252fStorms.Wrapper%252f#/)

**City computer enter this link:**

[**https://denvercity.sharepoint.com/sites/Finance/SitePages/Incident-and-Claim-Reporting.aspx**](https://denvercity.sharepoint.com/sites/Finance/SitePages/Incident-and-Claim-Reporting.aspx)

[**Supervisor's Report of Injury Process**](https://denvercity.sharepoint.com/:b:/s/Finance/EVa6V7xFgfpGmO_Uq5pELw8BWmRDDQ3j_UkQGIZE62EveA?e=c35UfO)

Login Information: **Client ID: d223**

**User ID: user**

**Password: Welcome1**

**DOCUMENTATION IS PARAMOUNT, TAKE CARE OF YOUR PEOPLE**

**Completed SUPERVISOR REPORT is automatically sent to** [**Risk.Management@denvergov.org**](mailto:Risk.Management@denvergov.org)**.**

**SUPERVISORS must send an email copy of the report to** [**DFDadmin@denvergov.org**](mailto:DFDadmin@denvergov.org)**.**

**Please call the Administration Division (720) 913-3451 with any questions and review the Risk Management’s FAQ page: Risk Management FAQ Page.**