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| **Your Logo and School Name Here**Your School Address and Contact Information Here | In case of a workplace injury:**SUPERVISOR GRAB ‘N GO KIT**An essential part of our Return-to-Work Program |
| **EMPLOYER INSTRUCTIONS:**This Supervisor Grab ‘N Go Kit is designed to facilitate the workers’ compensation process in the event of a workplace injury. The five documents listed below are contained in this kit. Please review all contents and follow the directions written next to each document listed.   |
| **Documents #2, #3, #4 are to be provided to our workers’ compensation contact in twenty-four (24) hours or sooner.** |
|[ ]  1. **Supervisor Procedures After a Workplace Injury** – Informational document to help you understand your duties before, during and after a workplace incident occurs. It also provides information for our workers’ compensation department.
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|[ ]  1. **First Report of Injury** – Our internal reporting form is to be completed by you as soon as possible after the incident and immediately provided to our department managing workers’ compensation claims. We must report this incident to our insurance claims administrator within seventy-two (72) hours of our first knowledge of the occurrence to comply with NMAC Rule 11.4.3.13.B(4).
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|[ ]  1. **Incident Investigation Report** – To be completed by you as soon as possible after the incident and accompany our internal reporting form noted in # 1 above to our department managing workers’ compensation claims.
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|[ ]  1. **Witness Statement of Workplace Injury/Illness** – To be completed by you as soon as possible after the incident and accompany our internal reporting form noted in # 1 above to our department managing workers’ compensation claims.
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| **Document #5 is a call to Supervisors to support your workers after a workers’ compensation injury.** |
|[ ]  1. **Early Return-to-Work Initiative** – Our company has instituted a return-to-work program which means that we care about the welfare of ALL employees.
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| For any questions, please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*workers’ comp contact*) at phone# \_\_\_\_\_\_\_\_\_ or email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Thank you for cooperating with our efforts to maintain a safe, healthy, and productive work environment for all our employees.** |