CITY OF MARLBOROUGH
NOTICE OF EMPLOYEE ACCIDENT

Dept. No:_____

*This form must be submitted to the **MPS Human Resources Dept.** within 24 hours after an accident which results in an injury via **Fax to (508) 624 - 6964 or email to HR@MPS-EDU.ORG.** Originals should be sent via interoffice to the MPS Human Resources Dept located at 25 Union Street, Marlborough MA, 01752.*

CLAIMANT'S FORM (PAGE ONE)

PLEASE PRINT OR TYPE
INCOMPLETE FORMS WILL BE RETURNED

DEPARTMENT:_____ DATE OF THIS REPORT: _____

Injured Person

Name of injured: _____ SS#:_____
(First Name) (Initial) (Last Name)

Address: No and St.:_____ City/Town: _____ State: _____

Check (X) Married: ___ Single: ___ Widowed: ____ Widower: ___ Divorced ___ Male: ___ Female: ___

Date of Birth:_____ Phone Number:_____

(a) Occupation when injured _____ (b) Was this his or her regular occupation: _____

(If not, state in what department or branch of work regularly employed):_____

(a) How long employed _____

(b) No, hours worked per day _____ Wages per day $_____

(c) No. days worked per week: _____ Average weekly earnings $_____

Time And Place

Place where injury occurred_____ State if injury occurred on or off employer's premises _____

Date of injury _____ 20_____. Day of week:_____ Hour of day _____ AM _____ PM

Date disability began _____ 20_____ _____A.M. _____ PM.

Was injured paid in full for this day?_____

To whom and when was injury reported: _____

Title:_____

Cause Of Injury

Machine, tool or thing causing injury:_____

Kind of power (hand, tool, electrical, steam, etc.) _____

Part of machine on which accident occurred: _____

(a) Was safety appliance or regulation provided _____ (b) was it in use at time: _____

Was accident caused by injured's failure to use or observe safety appliance or regulation:_____

Describe fully how accident occurred and state what employee was doing when injured: _____

_____

_____

Names and addresses of witnesses: _____

_____

Nature Of Injury

Nature of Injury and Body Part Affected: _____

_____

Did you seek medical treatment? _____ If so, please provide the name and address of physician or hospital

_____

Probable length of disability: _____ Has injured returned to work: _____

If so, date and hour: _____ At what occupation: _____

Signed: _____ Title: _____

NAME:

(Injured Person must complete and sign this section) Today's Date: _____

☐ **CHECK HERE IF THIS IS A MOTOR VEHICLE ACCIDENT. POLICE REPORT MUST BE ATTACHED.**

CITY OF MARLBOROUGH
NOTICE OF EMPLOYEE ACCIDENT

CLAIMANT'S FORM (PAGE TWO)

FUTURECOMP CONSENT FOR RELEASE OF MEDICAL INFORMATION

PLEASE PRINT OR TYPE:

Name of Injured Employee: _____

Date of Injury: _____

Date of Birth: _____

Social Security Number: _____

I authorize the release of medical information and facts regarding this injury, including reports and records, results, or diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment relating to this injury. This information is to be used for purpose of evaluating and handling my claim for injury as a result of an accident on or about the date of injury as identified above on this form.

This will also authorize FutureComp Medical Case Manager if assigned to me to have access to all medical records and Utilization Review Records. The Case Manager may discuss pertinent information with professionals involved in my case to share information as appropriate and necessary for coordination of health care services and coordination with employer for return to work. I understand authorization for Case management purposes is voluntary and not required.

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

_____ _____

Signature of Injured Employee Date

ACCIDENT INVESTIGATION REPORT
SUPERVISOR'S FORM

PLEASE PRINT OR TYPE

ALL ACCIDENTS MUST BE INVESTIGATED AND THIS FORM MUST BE COMPLETED IN FULL BY **THE SUPERVISOR AND/OR DEPARTMENT HEAD**. INCOMPLETE FORMS WILL BE RETURNED. WHEN COMPLETED, PLEASE SEND TO: **MPS HUMAN RESOURCES DEPT. FAX: (508) 624-6964 OR EMAIL: HR@MPS-EDU.ORG** WITHIN 24 HOURS AFTER AN ACCIDENT. PLEASE ALSO SEND ORIGINALS VIA INTEROFFICE TO: **MPS HUMAN RESOURCES DEPT.** LOCATED AT **25 UNION STREET, MARLBOROUGH, MA 01752.**

PART I – GENERAL INFORMATION DATE OF THIS REPORT: _____

NAME OF EMPLOYEE: _____ DEPT: _____

DATE OF ACCIDENT: _____ TIME _____ AM / PM

EXACT LOCATION: _____

JOB ACTIVITY AT TIME OF ACCIDENT: _____

PART II – DESCRIPTION OF ACCIDENT (WHAT HAPPENED?)

_____

_____

_____

PART III – THE CAUSE OF THE ACCIDENT

A. DESCRIBE UNSAFE ACTS: _____

_____

_____

_____

B. DESCRIBE UNSAFE CONDITIONS: _____

_____

_____

_____

PART IV – CORRECTIVE ACTIONS (WHAT ACTION HAS BEEN TAKEN OR WILL BE TAKEN TO CORRECT THE UNSAFE ACT AND/OR UNSAFE CONDITION)

_____

_____

_____

PART V – REMARKS

_____

_____

_____

REVIEWED BY
DEPARTMENT HEAD: _____ SIGNED: _____
SUPERVISOR:

FIRE & POLICE DEPARTMENTS: _____ ORIGINAL TO HUMAN RESOURCES DEPT. _____ COPY TO LEGAL DEPARTMENT

NOTE: THIS FORM DOES NOT TAKE THE PLACE OF THE REGULAR ACCIDENT REPORT REQUIRED BY THE INDUSTRIAL ACCIDENT BOARD. (USE OTHER SIDE IF ADDITIONAL SPACE IS REQUIRED.)

ELEMENTS OF ACCIDENT INVESTIGATION

PURPOSE:
The specific purpose of Accident Investigation is to determine the basic causes not to fix blame. The majority of accidents which result in personal injury or property damage are the direct result of an unsafe act, an unsafe condition or a combination of both. Analyze the causes and develop corrective measures.

SIX QUESTIONS TO ANSWER AS THE BASIS OF AN ACCIDENT INVESTIGATION:

1. **WHO** was injured?
2. **WHEN** did it happen?
3. **WHERE** did the accident happen?
4. **HOW** did the accident happen?
5. **WHAT** were the materials, machines, equipment or conditions involved?
6. **WHY** did it happen?

PRINCIPLES WHICH SHOULD BE OBSERVED:

USE COMMON SENSE – Stick to the facts, weigh their value, reach justified conclusions.

INVESTIGATE EACH CLUE – An apparently reasonable conclusion will often be changed by exploring factor which may not appear to be important.

CHECK FOR UNSAFE CONDITIONS AND UNSAFE ACTS – Both are present in the great majority of accidents.

MAKE RECOMMENDATIONS – No investigation is complete unless corrective action is suggested.

INVESTIGATE ALL ACCIDENTS – This should be done whether or not personal injury or property damage occurs. It may provide a basis for prevention of future occurrences.

PREPARE REPORT – Written reports are helpful tools for study and analysis to determine specific areas or operations in which accidents occur.

NOTE: Never say a worker was “careless”. This is an effect, not a cause. If you think the worker was careless, find out why – there is always a reason.