

 CITY OF TUCSON	City of Tucson Central Safety Services Number: H-004 Subject:	Page 1 of 7
	Accident Reporting Procedure	Effective Date: February 1, 1999
		Reviewed/ Revised: January 1, 2013

1.0 PURPOSE

The purpose of this procedure is to assist City Personnel with the City of Tucson's policies and procedures for reporting industrial injuries, occupational disease/illness and property damage, and/or motor vehicle accidents.

Departments shall report all occupational fatalities and serious injuries/illness requiring emergency transport within one (1) hour, to Central Safety Services at 837-4308 or 837-4309.

Questions on filing a claim for a work related injury/illness, and/or compensation for a work related injury/illness, including the recovery process from work related Injury/Illness, follow-up treatment for injuries and/or illness, and prescription reimbursement, call Human Resources at 791-2619. Questions about a claim after it has been filed, including billing or employee compensation questions, employees may contact Pinnacle Risk Management at (480)367-2000 or (888)263-5001.

Questions regarding Property Damage Claims for or against the City of Tucson may be directed to the Risk Management Division at 791-4728.

2.0 SCOPE

The procedure encompasses injury, illness and accident reporting for all City employees, permanent and non-permanent, including volunteers, utilizing Supervisor's Report of Injury (SRI) [Electronic Form 100 A and B](#) and Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – [Electronic Form 103](#), OSHM H-002 Report of Significant Work Exposure to Bodily Fluids or Other Infection Material – [Appendix B Electronic Form](#), or OSHM H-003 Reporting Employee Exposure to a Chemical Substance – [Appendix A Electronic Form](#).

3.0 DEFINITIONS

Electronic Filing: Supervisors Report of Injury (SRI) [Electronic Form 100A](#) is completed and filed with the Human Resources Employee Health Services, electronically.

Evaluating Physician: The Physician that will complete [Electronic Form 100B](#) documenting any injury or illness and the type of medical treatment conveyed.

First Aid Injury: is a minor injury (other than to the back or eye) in where an employee is self-treated or receives first aid treatment from a fellow employee, and the injury is not deemed serious enough to be evaluated or treated by the City

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 2 of 7
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Physician. A First Aid Injury is documented on the Supervisor's Report of Injury (SRI), [Electronic Form 100A](#).

Industrial Injury: an injury arising out of, and in the course of, employment. Coincidence of not feeling well during working hours does not automatically qualify as an industrial injury. An Industrial Injury is documented on the Supervisor's Report of Injury (SRI), [Electronic Form 100A](#).

Motor Vehicle: is any piece of motorized equipment operated in the public right-of-way or on private property.

Motor Vehicle Accident: an event involving a motor vehicle, such as a single vehicle accident or collision between two or more motor vehicles that occurs on the public right-of-way or on private property. A motor vehicle accident is documented on the Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – [Electronic Form 103](#) .

Occupational Disease/Illness: an occupational disease/illness is a physical condition, which is due to an exposure related to a particular trade, occupation, process, or employment, and not ordinary infectious diseases to which the general public are exposed. An Occupational Disease/Illness is documented either on the OSHM H-002 Report of Significant Work Exposure to Bodily Fluids or Other Infection Material – [Appendix B Electronic Form](#), or OSHM H-003 Reporting Employee Exposure to a Chemical Substance – [Appendix A Electronic Form](#).

Public Injury Report: is an event such as a motor vehicle accident where injuries occur to members of the general public and/or city employees, or a circumstance where a member of the general public is injured on city property. Injuries from these events are documented on the Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – [Electronic Form 103](#). **Note:** Any injury to a City employee from a Motor Vehicle Accident will also be documented on the Supervisor's Report of Injury (SRI), [Electronic Form 100A](#).

Property Damage Accident: is an event that damages private property as the result of an action by a city employee, or an event that causes damage to city property, as the result of an action by the general public. A Property Damage Accident is documented on the Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – [Electronic Form 103](#).

Serious Injury/Illness: is an injury that requires transport away from the job site and treatment by a medical care professional such as the City Physician or an Emergency Room Physician.

Supervisor's Report of Injury (SRI): A- two-part form consisting of Form 100A, completed by the Supervisor and Form 100B, completed by the evaluating physician. Revised [Electronic Form 100A \(8/16/2011\)](#) and [Form 100B \(6/23/2009\)](#) are the only Forms to be utilized by the Departments.

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 3 of 7
---	------------------	-------------------------	-------------------------------------	----------------

4.0 RESPONSIBILITIES

A. Department Director/Administrator

1. The Director and/or Administrator of each Department shall be responsible for ensuring that accidents and injuries are reported and investigated in a timely manner. The Director and/or Administrator shall commit the necessary resources in order to effectively control the hazards identified by an accident investigation or safety inspection.

B. Supervisors

1. Lead personnel such as Supervisors shall be responsible for investigating the causes of all work-related accidents and injuries or illnesses. Supervision shall complete the appropriate forms(s), forwarding the completed forms to Human Resources and/or Risk Management and shall print out Supervisor's Report of Injury (SRI) [Electronic Form 100B](#) or the OSHM H-002 Report of Significant Work Exposure to Bodily Fluids or Other Infection Material – [Appendix B Electronic Form](#), or OSHM H-003 Reporting Employee Exposure to a Chemical Substance – [Appendix A Electronic Form](#) for the employee to present to the evaluating physician.
2. Supervisors shall ensure that any hazards under the city's control and identified as contributing to any accident are effectively controlled. This shall include ensuring that employees are trained to recognize hazards and know how to take necessary steps to control such hazards.

C. Employees

1. Employees shall report all work-related accidents, and any injuries, exposures or illnesses that result from such accidents or exposures to their immediate supervisor as soon as reasonably possible or no later than the end of the work shift on which the accident, injury or illness occurred.

D. Human Resources

1. Human Resources – Leave Management, Workmen's Compensation Unit shall be responsible for processing all claims resulting from employee Injury or Illness.

E. Risk Management

Risk Management shall be responsible for processing all claims regarding Property Damage and Motor Vehicle Accidents.

5.0 EDUCATION AND TRAINING

1. The Human Resources Department – Employee Leave Management, shall provide education and training for Departments on the reporting and documentation polices and procedures contained in this directive.
2. Central Safety Services shall provide education and information on fatality and serious injury reporting to conform to OSHA Standard.

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 4 of 7
---	------------------	-------------------------	-------------------------------------	----------------

6.0 GENERAL

A. First Aid Injury

1. Regardless of the degree of injury the employee shall notify their supervisor as soon as possible or no later than the end of the work shift that the injury occurred. A superficial injury, such as minor cuts, bruises, etc. may be treated in the field or office by an employee qualified to administer first aid. Such first aid treatment, along with information regarding the cause(s) of the injury, shall be documented on the Supervisor's Report of injury (SRI) ([Electronic Form 100A](#)) and kept on file in the department for a period of no less than one year.

B. Industrial Injury Reporting

1. Regardless of the degree of injury the employee shall notify their supervisor as soon as possible or no later than the end of the work shift that the accident/injury occurred. For injuries that need medical attention, the employee shall report or be escorted to the City Physician for medical review and treatment. The Supervisor's Report of Injury (SRI) ([Electronic Form 100A](#)) shall be completed and forwarded to Human Resources by electronic mail to: workerscomp@tucsonaz.gov.
2. The Supervisor shall print [Electronic Form 100B](#) and have the employee take [Electronic Form 100B](#) with them to U.S. Health Works and present [Electronic Form 100B](#) prior to treatment. The evaluating physician from U.S. Health Works shall complete [Electronic Form 100B](#) and return it to the employee, who will return [Electronic Form 100B](#) to Supervision. The supervisor shall forward the Physician-completed copy of [Electronic Form 100B](#) through inter-office mail to Human Resources, Workmen's Compensation, City Hall, 5th Floor East or by FAX (791-4941) or send it electronically to: workerscomp@tucsonaz.gov.

See Appendix A for Instructions in Filling out the Supervisor's Report of Injury (SRI) [Electronic Form 100A & 100B](#)

3. City employees (excepting commissioned Tucson Fire Department employees) shall report to U.S. Health Works (628-4340). Visit the Central Safety Services webpage for a list of locations. (<http://intranet/css>)
4. Commissioned Tucson Fire Department employees shall report to Well America (795-1098). Civilian Tucson Fire employees shall report to U.S. Health Works.
5. The Physician of record or "City Physician" shall be U.S. Health Works, for all city employees excepting commissioned employees for the Tucson Fire Department. Employees who require medical attention for their work-related injuries are required to have an initial evaluation by the City Physician. After the initial evaluation, the injured employee may choose to have a physician of

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 5 of 7
---	------------------	-------------------------	-------------------------------------	----------------

their own choice provide medical treatment or follow-up treatment their injuries.

6. Employees under treatment by a physician of their own choice and who are released for modified or restricted duty or the resumption of normal work duties shall be required to visit the City Physician to attain medical concurrence prior to returning to work.

C. Emergency Treatment

1. In cases of serious injury or illness requiring immediate emergency medical attention, the employee shall be transported to the nearest hospital at the discretion of the responding medical entity.
2. The supervisor shall notify Human Resources – Employee Health Services, (791-4241) and Central Safety Services (837-4308/837-4309 to report injuries requiring emergency transport and shall also contact City of Tucson Communications (791-4144) to report any injury requiring emergency transport, after normal business hours (8am-5pm, weekends and designated holidays).

D. Employee Refusal of Medical Treatment

1. If the employee refuses the offer of medical treatment or medical evaluation by a physician the Supervisor fills out the Supervisor's Report of Injury (SRI) ([Electronic Form 100A](#)) and note on line 28, "Employee refuses medical treatment at this time". Form 100A is then printed and **both the supervisor and employee shall sign this statement.** The Supervisor's Report of Injury (SRI) ([Electronic Form 100A](#)) shall be kept on file by the Department for a period of no less than one (1) year.

E. Occupational Illness Reporting

1. The Supervisor shall complete the OSHM H-002 Report of Significant Work Exposure to Bodily Fluids or Other Infection Material – [Appendix B Electronic Form](#), or OSHM H-003 Reporting Employee Exposure to a Chemical Substance – [Appendix A Electronic Form](#) and sign the form for evaluation by the City Physician.
2. If the condition manifests itself, the employee has one year to file an occupational injury/illness claim. The Supervisor's Report of Injury (SRI) ([Electronic Form 100A](#)) shall be completed and forwarded to Human Resources – Medical Leaves.

F. Motor Vehicle Collision/Property Damage/Public Injury on City Property Report

1. In all instances of Property Damage, Motor Vehicle Accident and Public Injury events, photographs of the event should be obtained by supervision and included with the Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – [Electronic Form 103](#) is filed with Risk Management within two (2) working days of any incident.

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 6 of 7
---	------------------	-------------------------	-------------------------------------	----------------

2. Property Damage

Employees shall immediately report Property Damaged caused by a City employee to Supervision and shall remain on-site until the Property Damage Accident is documented by the responding authority or legal jurisdiction.

3. Motor Vehicle Accident

a. Employees shall immediately report Motor Vehicle Accidents occurring in the public right-of-way to 911, identifying themselves as a city employee, operating a city vehicle. Employees will then contact Supervision to report the accident. The employee will remain on-site (unless they require medical treatment) until the Motor Vehicle Accident is documented by the responding legal authority. Citation for any Motor Vehicle Accident shall be reported to Supervision by the next working day.

b. Motor Vehicle Accidents that occur on private property shall be immediately reported to Supervision and shall remain on-site until the Motor Vehicle Accident is documented by the responding authority or legal jurisdiction.

4. Public Injury

Supervision shall document all injuries to the general public that occur on city property. Documentation includes complete contact information for the injured party and detailed circumstances of the event, including detailed contact information for any witnesses to the event.

G. Employee Death and/or Catastrophic Injuries (2 or more employees)

1. Death of an employee or injuries that occur from any one event that require the hospitalization of 2 or more employees shall be immediately (within one (1) hour) reported to Risk Management (791-4728) and Central Safety Services by telephone (791-4241) 8am-5pm M-F). For events that occur after hours, weekends and holidays, the supervisor in charge will call Communications (791-4144) and request that immediate notification be made to the appropriate Departments:

- a. Risk Management (Risk Manager)
- b. Central Safety Services Safety Manager or designee.
- c. Human Resources Administrator, Leave Management, Workmen's Compensation and ADA.

7.0 ADVICE AND COUNSEL

Human Resources Department and/or the Risk Management Division shall consult with the City Physician in the administration and application of the policies and procedures contained in this directive.

Subject: Accident Reporting Procedure	Number: H-004	Rev. January 1, 2013	Effective Date: February 1, 1999	Page 7 of 7
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Appendix A

Instructions in Filling out the Supervisor's Report of Injury (SRI) [100A and 100B](#)

There have been changes made to the process in which departments submit paper work to file a claim for work related injuries. Effective immediately we will no longer accept any version of the old four (4)-part Supervisor's Report of Injury form. If you have **ANY** version of the old forms, please destroy them immediately as well as any outdated versions of the new form. If any old form is used it will be returned to the department along with a request to complete the new form. The new form will not be available in Stores and departments will need to make copies of the new form. The Human Resources department is providing an attached copy of the new Supervisor's Report of Injury.

All departments that have employees who work out in the field should keep copies of the Supervisor's Report of Injury in their vehicles. **Reminder: Please remove all old forms and replace with the new form.**

It is very important that the supervisor answer **ALL** questions. Some questions give an example as to how to answer the question. Please refer to these examples and ensure that your answers are clear, concise, and free of typographical errors.

You must now submit the new Supervisor's Report of Injury electronically to workerscomp@tucsonaz.gov. You are no longer required to complete the Employer's Report of Injury (form 101).

The new form consists of two pages, Part A and Part B. Part A is to be completed by the supervisor and sent as an attachment in its original, Excel document format, to the worker's compensation e-mail address, (workerscomp@tucsonaz.gov). After Part A has been sent electronically, please make a hard copy, have the supervisor sign it and send it to Latifah Bowser at Medical Leaves, the same day and/or as soon as possible via e-mail, interoffice mail, or fax.

Part B should be given to the employee to take with them to the doctor for treatment. Once the employee has submitted Part B to their supervisor, the supervisor should send it to Latifah Bowser at Medical Leaves the same day and/or as soon as possible via e-mail, to workerscomp@tucsonaz.gov, interoffice mail, or fax 520-791-4941 (Scanned copies are also acceptable)

Please feel free to contact Latifah Bowser at 837-4313 if you have any questions.

Thank you,

Medical Leaves

[Click for an electronic version of the Supervisor's Report of Injury \(SRI\) 100A and 100B](#)

[Click for an electronic version of the Motor Vehicle Collision/Property Damage/Public Injury on City Property Report – Electronic Form 103](#)