



24/7/365 NEW INCIDENT SUPERVISOR CHECKLIST

This checklist is signed by the injured worker's supervisor and attached with the C-1 Incident Report for on-the-job injuries only. Do not use for organization's clients or customers. Checklist is for PACT members only.

Always call 911 first for any potential life-threatening situations. DO NOT wait on

nold f	or a Triage Nurse!		
□ 1:	Call (844) 334-6472 to initiate the Triage process.		
	Date of call:	Time of call:	
□ 2 : •	Initiate Triage process. First, Supervisor will speak with Triage Nurse. Second, injured worker will speak with Triage Nurse in private.		
□ 3: F	treatment to injured wo Triage Nurse will provio treatment to supervisor	de recommendation for self-ca orker. de recommendation for self-ca	re (first aid) or off-site
	Confirmation Number	:	
⊒ 4: (•	•	te Form C-1 with injured worke Compensation Coordinator.	er and forward to Human
⊒ 5: I •	injured worker for treatic confirm that he/she has Workers' Compensation If the injured worker is a the injured worker as dhis or her injury worser	advised by the Triage Nurse forment with a copy of Form C-1 is Workers' Compensation Insurance Card is on the bacadvised by the Triage Nurse for irected by the Triage Nurse. Ans, he or she can contact the Fy of the Form C-1, First Fill Fo	and the First Fill Form, and trance Card. (A copy of the ck of the First Fill Form.) or self-care, follow-up with dvise the injured worker if Pre-Claim Triage phone
Emplo	oyer/Agency:		
Empl	oyee Name:		
	Supervisor	 Signature	 Date



(Print Name)