



ACCIDENT/INJURIES PROCEDURES

1. ALL ACCIDENTS/INJURIES MUST BE REPORTED TO THE FOREMAN OR SUPERVISOR, EVEN IF NO MEDICAL ATTENTION IS REQUIRED. The injured employee must complete the form entitled: Employee Incident Report. Once completed the form will be placed in the employee's medical file for future reference. Please fax this form to (615) 807-3300.
2. The foreman/supervisor must complete a Supervisor's Report of Accident form regardless of whether or not medical attention is required for the injured employee. Please fax this form to (615) 807-3300.
3. Should the injury require medical attention, but is not an emergency situation, have the foreman/supervisor call the new injury department at (615) 370-7033 **prior** to seeking a medical facility. In case of an emergency, have the foreman/supervisor call and report which medical facility you are being transported to. It is important that we authorize treatment, arrange proper billing, and determine that the facility follows proper procedures.
4. Should an employee be off on disability, he/she must notify their foreman/supervisor. Should the employee be off for an extended period of time, the employee must check in with their office by visiting or calling in at least once a week. GulfWestern **must** be advised of their status. Upon receiving a release to return to work, you are required to call your office to report your availability.
5. Doctor's restrictions must be followed for all employees on light duty. The employee may return to his/her regular duties only when a release is provided to GulfWestern in writing by a doctor. It is the employee's responsibility to inform their doctor about the types of light duty work GulfWestern provides.
6. An alcohol/drug screen is required for all injuries. The test is required to be taken within 24 hours after an injury is reported. Refusal to submit a drug test will result in admittance to a positive drug/alcohol test.
7. I understand and agree to abide by the above accident procedures. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury are not an admission of liability on the part of GulfWestern. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present

injury-illness to GulfWestern. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization statement.

8. Payroll Deduction Authorization:

By signing below I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, health insurance, errors in payroll, overpayments and any other work related deductions allowable by Louisiana Law.

I acknowledge that I have read and understand GulfWestern's accident/injuries procedures.

Signature of Individual

Date

Print Name of Individual