TNRMT
TENNESSEE RISK MANAGEMENT TRUST

SEC | SAFETY ENGINEERING & CLAIMS MANAGEMENT

WORKERS' COMPENSATION CHECKLIST

Employee Name: _____

Date of Injury: _____

First Report of Injury

Verified Wage Statement

- Gross wages for 52 weeks preceding and including date of injury
- Fully complete Wage Statement
- Total Paid
- Rate per Day or Rate per Hour
- Average per Week

Panel of Physicians – signed by employee

HIPAA Release – signed by employee

C-31 Medical Waiver

Employee Accident Report

Supervisor's Accident Investigation Report

Written Job Description

Employee's Prior Employment History as contained within your personnel records

Employee's Highest Level of Education

Preparer's Name: _____

Phone Number: _____

Email Address: _____

Please submit with First Report of Injury Form within 24 hours

TNRMT
TENNESSEE RISK MANAGEMENT TRUST
404 BNA Drive, Suite 208, Nashville TN 37217
(888)743-4336

SEC | SAFETY ENGINEERING & CLAIMS MANAGEMENT
111 Hazel Path, Hendersonville, TN 37075
(615) 826-4274

EMPLOYEE ACCIDENT REPORT

Employee Name: _____

Address: _____

Phone: _____

Job Title: _____ **Department:** _____

Date of Accident: _____ **Shift Start Time:** _____

Time of Accident: _____ **A.M.** _____ **or P.M.** _____

Supervisor: _____

Location of Accident: _____

Describe the Nature of the Injury: _____

_____

Describe Exactly What Happened: _____

_____

_____

_____

List Any Witnesses: _____

_____

To Whom Did You Report the Accident/Injury? _____

What did you tell your Supervisor? _____

_____

What did your Supervisor Do? _____

_____

_____ _____

Employee Signature **Date**

Please submit with First Report of Injury Form within 24 hours