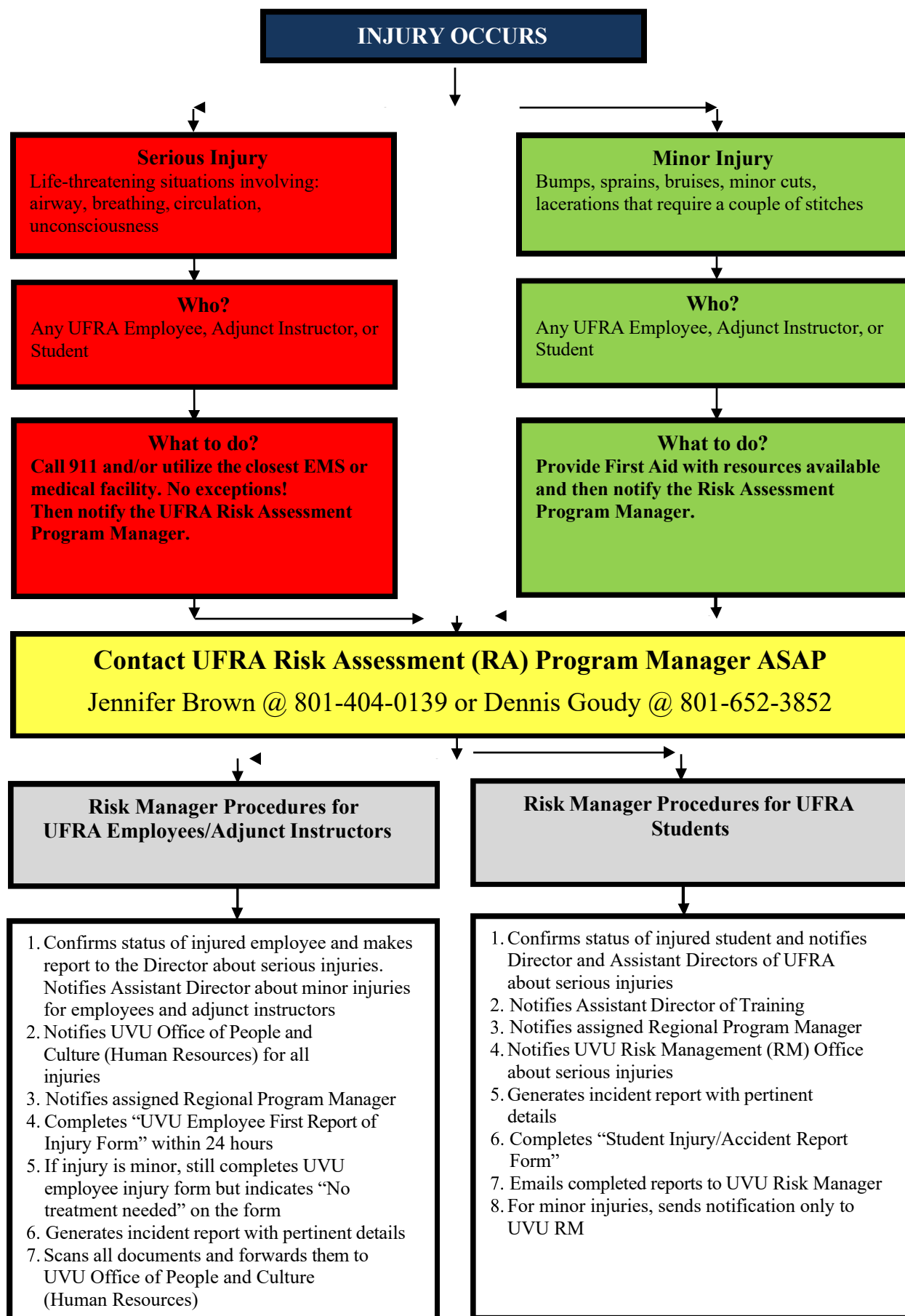


# **INJURY REPORTING PROCEDURE**



**March 2023**



# Employee Injury Reporting

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All injuries, regardless of severity, will be reported according to the guidelines of this document.

**For Utah Fire and Rescue Academy (UFRA) part-time or full-time employee accidents**  
(includes adjunct instructors and certification testers)

**For immediate medical attention: Call 911 or go to an emergency room.** EMS will be called in any life-threatening situation involving: airway, breathing, circulation, or unconsciousness. **NO EXCEPTIONS!** If minor medical attention is needed, report to Intermountain WorkMed or Work Care within business hours (see the list of WorkMed locations in this document).

**Notify UFRA Risk Assessment and Regional Program Manager for all injuries:**

Jennifer Brown: 801-404-0139 or Dennis Goudy: 801-652-3852

1. **Report major injuries** ASAP to the following:
  - a. Regional Program Manager and UFRA's Risk Assessment Department
  - b. Campus police (when necessary or at the UFRA campus)

UFRA's Risk Assessment will follow up with UFRA's Director, the appropriate Assistant Director, the appropriate Regional Program Manager, and UVU's Office of People and Culture (Human Resources) and Risk Management.

2. **Report minor injuries** (such as bumps, sprains, bruises, minor cuts, or lacerations that require a couple of stitches) ASAP to the Regional Program Manager and UFRA's Risk Assessment Department.

UFRA's Risk Assessment Department will follow up with UFRA's Director, the appropriate Assistant Director, the appropriate Regional Program Manager, and UVU's Office of People and Culture (Human Resources) and Risk Management.

3. **Complete necessary documentation:**
  - a. Fill out a "UVU Employee First Report of Injury Form" (included at the end of this document).

NOTE: UFRA Props and Support Trailers have injury reporting forms in the "black box." You may also download the form from: [https://uvu.qualtrics.com/jfe/form/SV\\_eeTnL5WXCZEQqJT](https://uvu.qualtrics.com/jfe/form/SV_eeTnL5WXCZEQqJT). You must use your UVU login to access this site.

- b. If no medical treatment is needed at the time of injury, it should be indicated on the form. If your medical status changes and treatment becomes necessary, go to a WorkMed location during business hours or an appropriate medical facility.
  - c. Write 1–2 brief paragraphs (detailed and to the point) describing the injury/accident.

4. **Hand deliver or scan and email the completed documentation** to the UFRA Risk Assessment Program Manager. **NOTE: Benefits may be lost if forms are not filled out and submitted within 8 hours for major injuries (OSHA requirement) and 24 hours for minor injuries (Workers Compensation requirement).**

# Student Injury Reporting

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All injuries, regardless of severity, will be reported according to the guidelines of this document.

## **For all UFRA student accidents**

*(includes UFRA on-site and off-site training courses)*

**For immediate medical attention: Call 911 or go to an emergency room.** EMS will be called in any life-threatening situation involving: airway, breathing, circulation, or unconsciousness. **NO EXCEPTIONS!**

**NOTE:** UVU does not carry insurance on students, so each student could seek medical attention where desired using their personal insurance.

## **Notify UFRA Risk Assessment and Regional Program Manager for all student injuries:**

Jennifer Brown: 801-404-0139 or Dennis Goudy: 801-652-3852

1. **Report major injuries** ASAP to the following:
  - a. Regional Program Manager and UFRA's Risk Assessment Department
  - b. Campus Police (when necessary or at the UFRA campus)

UFRA's Risk Assessment Department will follow up with UFRA's Director, the appropriate Assistant Director, the appropriate Regional Program Manager, and UVU's Office of People and Culture (Human Resources) and Risk Management.

2. **Report minor injuries** (such as bumps, sprains, bruises, minor cuts, or lacerations that require a couple of stitches) ASAP to the Regional Program Manager and UFRA's Risk Assessment Department.

UFRA's Risk Assessment Department will follow up with UFRA's Director, the appropriate Assistant Director, the appropriate Regional Program Manager, and UVU's Office of People and Culture (Human Resources) and Risk Management.

3. **Complete necessary documentation**

- a. Fill out a "UVU Student Injury/Accident Report Form" at:  
<https://www.uvu.edu/riskmanagement/docs/injury.pdf>.
- b. If no medical treatment is needed at the time of injury, it should be indicated on the form.
- c. Write a brief description (detailed and to the point) of the injury/accident.

4. **Hand deliver or scan and email the completed documentation** to the UFRA's Risk Assessment Program Manager. **NOTE: Forms need to be filled out and submitted within 8 hours for major injuries (OSHA requirement) and 24 hours for minor injuries.**

# WorkMed Locations

## Cache Valley, Box Elder, & Northern Utah Area

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### **Logan WorkMed**

412 N 200 E

Logan, UT 84341

435-713-2850

435-713-2860

### **Tremonton WorkMed**

905 N 1000 W

Tremonton, UT 84337

435-207-4512

435-207-4667

## Ogden, Morgan, & North Davis Area

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### **Layton WorkMed**

2075 N University Park Blvd

Layton, UT 84041

801-776-4444

801-776-1791

### **Ogden WorkMed**

1355 W Hinckley Dr

Ogden, UT 84401

801-387-6150

801-399-2572

## Salt Lake Valley

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### **Salt Lake WorkMed**

1685 W 2200 S

Salt Lake City, UT 84119

801-972-8850

801-973-9671

### **Murray WorkMed**

201 E 5900 S Ste 100

Murray, UT 84107

801-288-4900

**South Jordan WorkMed**

1091 W South Jordan Pkwy Ste 500  
South Jordan, UT 84095  
385-887-7200  
385-887-7290

**St. George, Cedar, & Southern Utah**

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**St. George WorkMed**

385 N 3050 E  
St. George, UT 84790  
435-251-2630  
435-627-0316

**Cedar City WorkMed**

962 Sage Dr  
Cedar City, UT 84720  
435-865-3460  
435-865-3465

**Utah County & Park City, Heber–Wasatch Valley Area**

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**Orem WorkMed**

830 N 980 W  
Orem, UT 84057  
801-724-4000  
801-724-4001

**Springville WorkMed**

385 S 400 E  
Springville, UT 84663  
801-491-6400  
801-491-6449

**Park City WorkMed**

1750 Sidewinder Dr  
Park City, UT 84060  
435-649-7640

## **Other Contact Information**

### **Campus Police**

911 or  
801-863-5555

### **Work Care**

601 North 1200 West, Orem, Utah 84057  
801-224-4211

### **UFRA Director**

Brad Wardle  
801-863-7718  
Bradley.Wardle@uvu.edu

### **UFRA Assistant Director of Training**

Marc McElreath  
801-863-7740  
MarcM@uvu.edu

### **UFRA Certification Program Manager**

Joan Aaron  
801-863-7752  
Joan.Aaron@uvu.edu

### **UFRA Quality Assurance/Risk Assessment Program Managers (QA/RA PM)**

Jennifer Brown  
3131 Mike Jense Parkway, Provo, UT 84601  
801-863-7708 or 801-404-0139  
JBrown@uvu.edu  
Fax: 801-863-7738

Dennis Goudy  
3131 Mike Jense Parkway, Provo, UT 84601  
801-863-7717 or 801-652-3852  
Dennis.Goudy@uvu.edu  
Fax: 801-863-7738

### **UVU Office of People and Culture (Human Resources)**

Cameron Evans  
801-863-8389  
[Cameron.Evans@uvu.edu](mailto:Cameron.Evans@uvu.edu)



## UVU EMPLOYEE INJURY REPORT FORM

UVU employees must contact a Workers Compensation Representative in Human Resources at (801) 863 - 8389  
For all non-employee related injuries, please contact UVU Department of Health and Safety at (801) 863 - 7977

Please review and complete all information			I am reporting a work-related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss		
<b>EMPLOYEE INFORMATION</b>					
Employee Name: (Last, First, Middle):				Employee UVID:	
Work Phone Number:	Best Contact Phone Number:	Date of Birth:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Address:					
Job Title:		Area / Department:		Supervisor:	
Marital Status: <input type="checkbox"/> Unmarried/Single/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		Work Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____		Normal shift hours: M ____ T ____ W ____ TH ____ F ____ SAT ____ SUN ____ WEEKLY TOTAL ____	
Number of Dependents: _____					
<b>INJURY INFORMATION</b>					
(This form must be completed and submitted to Human Resources within 24 hours of the injury)					
Injury Date:	Injury Time: (AM / PM)	Time employee began work: (AM / PM)	Location where the injury occurred (Be specific)		
Describe the injury (Be specific):					
List all equipment, materials, or chemicals that were being used:		Were safeguards or safety equipment provided? Y <input type="checkbox"/> N <input type="checkbox"/> Were they used? Y <input type="checkbox"/> N <input type="checkbox"/> List safeguards: _____		Was supervisor notified? Y <input type="checkbox"/> N <input type="checkbox"/> Date: _____	
Witnesses to injury (Name and number):					
What parts of your body were injured? (Be specific):		Did you need to see a doctor for your injury? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, date seen? _____		Physician/health care provider if seen (Name and address)	
Has this part of your body been injured before? Y <input type="checkbox"/> N <input type="checkbox"/>					
Treatment Type: <input type="checkbox"/> No Medical Treatment <input type="checkbox"/> First Aid only <input type="checkbox"/> Work-Med <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalized overnight <input type="checkbox"/> Other _____					
Employee Signature _____ Date _____					
<b>HUMAN RESOURCE USE</b>					
Date EE submitted form:	Date submitted to WCF:	Fatality? Y <input type="checkbox"/> N <input type="checkbox"/> (Date _____) OSHA 300 Log? Y <input type="checkbox"/> N <input type="checkbox"/>		Claim Number:	
HR Representative Signature _____ Date _____					





## UVU STUDENT INJURY / ACCIDENT REPORT FORM

Mail To: Utah Valley University c/o Risk Management | 800 West University Parkway | Orem, UT 84058 | (801) 863-7977

PLEASE COMPLETE ALL INFORMATION

INJURED PERSON	Name (last, first, middle):		Date of Birth:		UVU Police # (if known):		Health/Safety # (if known):		
	Address (including zip code):		UVU_ID Number:		Work Phone:		Home Phone:		
			Employment Status (Circle One): Full-Time / Part-Time / Student		Sex (circle one): M / F		Marital Status (circle one): Single / Married		
	Occupation / Job Title:					Status: Current UVU Student <input type="checkbox"/> UVU Employee <input type="checkbox"/> Visitor to UVU <input type="checkbox"/>			
UVU employees must contact a Workman's Compensation Representative in Human Resources as soon as possible! (801) 863-8207 For any accident or injury contact UVU Department of Health and Safety @ (801) 863-7977									
ACCIDENT / INJURY INFORMATION	Date the accident / injury occurred?			Time the accident / injury occurred?			Date UVU was notified and who was contacted?		
	Were you Injured in a UVU Class? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please indicate teacher and class?			Were you injured on Campus? Yes <input type="checkbox"/> No <input type="checkbox"/> Or in a UVU Sponsored activity? Yes <input type="checkbox"/> No <input type="checkbox"/>			Were you injured during a physical education activity in a class, intramurals, clubs, sports, or an intercollegiate sport? Yes <input type="checkbox"/> No <input type="checkbox"/> Indicate activity / sport?		
	Where did the accident occur?						Department or location where the accident occurred?		
	What type of injury did you sustain?						What part of your body was injured?		
	List witnesses that saw the accident happen:						List witnesses phone numbers:		
	Were safeguards or safety equipment provided? Yes <input type="checkbox"/> No <input type="checkbox"/>			Were they used? Yes <input type="checkbox"/> No <input type="checkbox"/>			Has Risk Management been contacted? (Phone: (801) 863-7977) Yes <input type="checkbox"/> No <input type="checkbox"/>		
	What was the specific activity your were engaged in when the accident occurred?			List all equipment, materials, or chemicals involved in the accident:			Was the incidence caused by any person our outside company besides UVU? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, list:		
	Date of your first medical treatment?		Was this a work-related injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was an ambulance needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was treatment refused? Yes <input type="checkbox"/> No <input type="checkbox"/>		Were you hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/>
	In your own words, please give a full description of how and when your accident / injury occurred (include witnesses, circumstances, objects, substances, etc. THIS FIELD MUST BE COMPLETED, use the back of this form if necessary):								
	Who was the attending first responder?			Who was the attending emergency medical provider?					
INSURANCE	Name of the person your primary insurance is listed under?			Name of your primary insurance carrier?					
	Phone number of your primary insurance carrier?			Primary insurance carrier's address? (include city, state, and zip code)					
	Did you have the REQUIRED primary insurance coverage?			Did you have a primary insurance carrier? (as an insured or dependent)					
	Insurance group number:		Insurance policy number:		Have you filed a claim with your insurance carrier? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did you receive medical services from a provider authorized by your insurance carrier? Yes <input type="checkbox"/> No <input type="checkbox"/>		
RELEASE	Injured person's signature:					Date:			
	Signature and Title of University Official:					Date:			