

SUPERVISOR CHECKLIST FOR INJURED WORKERS PROCEDURE FORM

If a worker has been injured on your site and will be attending a physician you must ensure that the following takes place:

- Worker Filled out “Workers Report of Injury Form” (or one was filled out for them if they are unable to do so)

- Worker received Worker Injury/Recovery Package

- Worker signed “Acknowledgement of Return to Work Program Received”

- Phone Safety Coordinator and inform her of the worker’s injury
Office: 604-503-5525

- Ensure the following forms are returned to office as soon as possible
 1. “Workers Report of Injury” form
 2. First Aid Report
 3. “Acknowledgement of Return to Work Program Received” form

Supervisor’s Name: _____

Supervisor’s Signature: _____

Site: _____ Date: _____

This form must be returned to the office as soon as possible.