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## **To Employees:**

**If you have been injured at work, as soon as you can, please fill out the First Report of Injury Form. If the employee is unable to fill out the form, the supervisor or coworker should fill out the form to the best of their ability.**

**After filling out the First Report of Injury Form, please fax the completed First Report of Injury Form to Human Resources at our confidential fax number: 952-928-6081 Do not put the form in School Mail as it can take a number of days to get back to HR and then on to our Worker Compensation Insurance Company.**

**Give the original or a copy to the school office for the principal or give it to your supervisor.**

**There are additional pages after the First Report of Injury Form that provide additional information for employees on some places to go for treatment of injuries at work. You can also go to your regular doctor if that is more convenient.**

**Thank you.**

**SLP HR**

# First Report of Injury

See Instructions on Reverse Side  
 PRINT IN INK or TYPE  
 Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA Case #		Email Address: _____	
3. DATE OF CLAIMED INJURY		4. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm		5. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm	
6. EMPLOYEE Name (last, first, middle)				7. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
				8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
9. Home Address			10. Home phone #		11. Date of birth
City		State	Zip Code	12. Occupation	
			13. Regular department		14. Date hired
15. Average weekly wage		16. Rate per hour		17. Hours per day	
				18. Days per week	
				19. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal	
				<input type="checkbox"/> Part time <input type="checkbox"/> Volunteer	
20. Weekly value of:	Meals	Lodging	2 <sup>nd</sup> Income		21. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Tell us how the injury occurred and what the employee was doing before the incident (give details). Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."					
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.			24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.		
25. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate name and address of place of occurrence		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI	
		28. Date employer notified of injury		29. Date employer notified of lost time	
		30. Return to work date		31. Date of death	
32. TREATING PHYSICIAN (name, address, and phone)			33. HOSPITAL/CLINIC (name and address) (if any)		34. Emergency Room Visit <input type="checkbox"/> Yes <input type="checkbox"/> No
					35. Overnight in-patient <input type="checkbox"/> Yes <input type="checkbox"/> No
36. EMPLOYER Legal name			37. EMPLOYER DBA name (if different)		
38. Mailing address			39. Employer FEIN		40. Unemployment ID#
City		State	Zip Code	41. Employer's contact name and phone #	
42. Physical address (if different)			43. Witness (name and phone)		
City		State	Zip Code	44. NAICS code	
				45. Date form completed	
46. INSURER name			51. CLAIMS ADMIN COMPANY (CA) name (check one) <input type="checkbox"/> Insurer <input type="checkbox"/> TPA		
47. Insured legal name			52. CA address		
48. Policy # or self-insured certificate #			City		State Zip Code
49. Insurer FEIN		50. Date insurer received notice		53. CA FEIN	54. Claim #

## GENERAL INSTRUCTIONS TO THE EMPLOYER

**Filing this form is not an admission of liability.** You must report a claim to your insurer whenever anyone believes that a work-related injury or illness that requires medical care or lost time from work has occurred. If the claimed injury wholly or partially incapacitates the employee for more than **three** calendar days, the claim must be made on this form and reported to your insurer within **ten** days. Your insurer may require you to file it sooner. Failure to file within the **ten** days may result in penalties. Self-insured employers have 14 days to file this form with the Department of Labor and Industry (Department). It is important to file this form quickly to allow your insurer time to investigate the claim. **Your insurer will forward a copy of this form** to the Department, if necessary.

If the claim involves death or serious injury (including injuries that later result in death), you must notify the Department and your insurer within 48 hours of the occurrence. The claim can be reported initially to the Department by telephone (651-284-5041), fax (651-284-5731), or personal notice. The initial notice must be followed by the filing of this form within **seven** days of the occurrence.

Employers are required to complete this form. Each piece of information is needed to determine liability and entitlement to benefits. Failure to complete the form may result in delayed processing and possible penalties. You must file this form with your insurer, and give a copy to the employee and the employee's local union office. You are required to provide the employee with a copy of the Employee Information Sheet, which is available on the Department's web site at [www.doli.state.mn.us](http://www.doli.state.mn.us). Employees are not responsible for completing this form.

### SEND REPORT TO INSURER IMMEDIATELY – DO NOT WAIT FOR DOCTOR'S REPORT

#### SPECIFIC INSTRUCTIONS FOR COMPLETING THIS FORM

- Item 2: OSHA Case #. Fill in the case number from the OSHA 300 log. This form contains all items required by the OSHA form 301.
- Items 15-20: Fill in all the wage information. If the employee does not work a regularly scheduled work week, attach a 26 week wage statement so your insurer can calculate the appropriate average weekly wage.
- Items 22-24: Be as specific as possible in describing: the events causing the injury; the nature of the injury (cut, sprain, burn, etc.), and the part(s) of body injured (back, arm, etc.); and the tools, equipment, machines, objects or substances involved.
- Item 26: Fill in the first day the employee lost any time from work (including time lost for medical treatment), even if you paid the employee for the lost time.
- Item 27: Check the appropriate box to indicate if there was lost time on the date of injury and whether you paid for that lost time.
- Item 28: Fill in the date you first became aware of the injury or illness.
- Item 29: Fill in the date you became aware that the lost time indicated in Item 26 was related to the claimed injury.
- Item 30: Leave the box blank if the employee has not returned to work by the time you file this form. If the employee has returned to work, fill in the date and notify your insurer if the employee misses time due to this injury after that date.
- Item 39: Fill in your Federal Employment ID number (FEIN). For information on this number, see [www.firstgov.gov](http://www.firstgov.gov) and click on Employer ID Number under Business.
- Items 40 and 44: Fill in your Unemployment ID number and North American Industry Classification System (NAICS) code which are both assigned by the Minnesota Unemployment Insurance Program (651-296-6141).
- Items 46-54: Your insurer or claims administrator will complete this information.

#### INSTRUCTIONS TO THE INSURER/CLAIMS ADMINISTRATOR/SELF-INSURED EMPLOYER

The following data elements must be completed on this form prior to filing with the Department of Labor and Industry: employee's name and social security number; date of injury; and the names of the employer and insurer. If any of this information is missing, the First Report will be rejected and returned to you (per Minn. Stat. § 176.275). Providing the name of the third party administrator does not meet the statutory requirement to provide the name of the insurer. NOTE: If the claim does not involve lost time beyond the waiting period or potential PPD, the form does **NOT** need to be filed with the Department.

- Item 46: Fill in the name of the insurance company. If the employer is self-insured, indicate the name of the licensed or public self-insured company or group.
- Items 47-48: Fill in the legal name of the employer who purchased the policy from the insurer (named in Item 46) and the policy number. If the employer is licensed to self-insure, fill in the certificate number.
- Item 49: Fill in the insurer's Federal Employment ID number (FEIN) number.
- Item 51: Fill in the name and address of the company administering the claim (either the insurer or third party administrator). Be sure to mark either the "Insurer" or "TPA" box.
- Item 53-54: Fill in the claims administrator's FEIN and claim number.

***This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.***

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**

Pages beyond this point are for employee information only. You should not fax these additional pages back to Human Resources.



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## MEDICAL CARE FOR THE INJURED EMPLOYEE

***IN A LIFE THREATENING EMERGENCY: CALL 911***

In a non-life-threatening injury (but more than simple First Aid) fill out the **First Report of Injury** as described below.

### ***Occupational Health Facilities near SLP:***



**Park Nicollet Clinic- St. Louis Park**  
3850 Park Nicollet Blvd., Suite 160  
St. Louis Park, MN 55416  
612-339-3663  
1-844-JOB-DOCS

#### **Occupational Medicine hours**

Monday- Friday: 8 a.m. to noon, 1 to 5 p.m.  
Saturday: 8 a.m. to 12 p.m.

#### **Urgent Care hours**

Monday- Friday: 8 a.m. to 8 p.m.  
Saturday: 8 a.m. to 5 p.m.



**HealthPartners Clinic- West**  
5100 Gamble Drive, Suite 100, St.  
St. Louis Park, MN 55416  
952-883-6999

#### **Occupational Medicine hours**

Monday- Friday: 8 a.m. to noon, 1 to 5 p.m.

If employees need to seek medical treatment beyond simple First Aid, SLP has two Occupational Health Clinics nearby that are familiar with treating work place injuries.

Employees are also free to seek care from your own doctors.

### ***Workers Compensation Carrier:***



**Carrier:** Risk Administration Services, Inc. (RAS)  
**Policy Number:** WC010-0007846-2016A-MN

#### **Billing:**

RAS  
PO Box 89310  
Sioux Falls, SD 57129-9310

**Questions:** Please call RAS Injury Assistance Center at 877-585-1117 during normal business hours. The Center will provide you with assistance in handling your claims questions.

**Directions to Injured Employee and Immediate Supervisor:** If able to do so, the employee should complete the first report of injury and submit it to his/her immediate supervisor within 24 hours after the accident. If the employee is not able to do so, the supervisor should complete the report for the injured employee within 24 hours after the accident. When the report is complete, the supervisor must fax the report to Human Resources at: **952-928-6081**

Last Updated: 12/11/2018



# Work injury care services

## OCCUPATIONAL MEDICINE

Our clinics focus on a wide variety of non-life threatening work injuries. We offer a time-saving, cost-effective alternative during the workday to hospital emergency departments. On-site x-ray, laboratory, physical therapy and occupational therapy allow for less time away from work and enhanced coordination of care. Common injuries treated at our clinics include:

- Back strains
- Blood and body fluid exposures
- Knee and ankle sprains
- Lacerations
- Repetitive use injuries of upper extremities

## Communication is vital to returning injured employees to work.

Our team will:

- Send workability forms to the person(s) requested
- Directly bill workers' compensation carrier
- Perform drug and alcohol testing, if required, and if an account has been established

If you don't have a work-injury account with us, please call to establish one. There's no obligation, and it will make injury visits and drug screening easier to administer.

## HealthPartners Workers' Compensation Certified Managed Care Plan

Our certified managed care plan helps employees with work-related injuries get better – and get back on the job faster. Our comprehensive plan is proven to:

- Avoid prolonged disabilities
- Get employees back to work as quickly as possible
- Integrate with the health plan for a cohesive use of health plan services
- Manage costs to ensure best care and results
- Reduce lost work time

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HealthPartners® Clinic  
Park Nicollet® Clinic  
Stillwater Medical Group

[healthpartners.com/occmcd](http://healthpartners.com/occmcd) | [parknicollet.com/occmcd](http://parknicollet.com/occmcd)  
[lakeviewhealth.org/occmcd](http://lakeviewhealth.org/occmcd) | 1-844-JOB-DOCS



# Locations

## OCCUPATIONAL MEDICINE AND URGENT CARE LOCATIONS

For after-hours work injuries, visit an urgent care location, call CareLine<sup>SM</sup> at **612-339-3663** to speak with a nurse 24/7 or call **1-844-JOB-DOCS**. Our clinics offer X-ray, laboratory and pharmacy services.

### HealthPartners Clinic – Riverside

2220 Riverside Ave. S., First Floor  
Minneapolis, MN 55454

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **612-341-5131**

#### Urgent care hours

Mon. – Fri.: 5 to 9 p.m.  
Sat.: 9 a.m. to 5 p.m.  
Sun.: noon to 5 p.m.

### HealthPartners Clinic – St. Paul

205 S. Wabasha St., First Floor  
St. Paul, MN 55107

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **651-293-8183**

#### Urgent care hours

Mon. – Fri.: 5 to 9 p.m.  
Sat.: 9 a.m. to 5 p.m.  
Sun.: noon to 5 p.m.

### HealthPartners Clinic – West

1665 Utica Ave. S., Suite 100,  
St. Louis Park, MN 55416

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **952-541-2626**

### HealthPartners RiverWay Clinic – Anoka

601 Jacob Lane, Second Floor  
Anoka, MN 55303

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **763-587-4260**

#### Urgent care hours

Mon. – Fri.: 5 to 9 p.m.  
Sat. – Sun.: 9 a.m. to 5 p.m.

### Park Nicollet Clinic – Chanhassen

300 Lake Drive E.  
Chanhassen, MN 55317

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **952-993-4361**

#### Urgent care hours

Mon. – Fri.: 8 a.m. to 8 p.m.  
Sat. – Sun.: 8 a.m. to 5 p.m.

### Park Nicollet Clinic – St. Louis Park

3850 Park Nicollet Blvd., Suite 160  
St. Louis Park, MN 55416

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **952-993-2015**

#### Urgent care hours

Mon. – Fri.: 8 a.m. to 8 p.m.  
Sat. – Sun.: 8 a.m. to 5 p.m.

### Stillwater Medical Group

1500 Curve Crest Blvd.  
Stillwater, MN 55082

#### Occupational Medicine hours

Mon. – Fri.: 8 a.m. to noon, 1 to 5 p.m.  
Fax: **651-275-3395**

#### Urgent care hours

Mon. – Fri.: 11 a.m. to 8:30 p.m.  
Sat. – Sun.: 8 to 11:30 a.m.

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[lakeviewhealth.org/occmed](http://lakeviewhealth.org/occmed) | 1-844-JOB-DOCS



**Leakaynaj Shaleen PA-C**

Practicing Specialty: Infectious Disease, Occupational Medicine  
My greatest satisfaction comes from watching patients improve each day - from the first day of treatment through the completion of therapy.

Beyond my practice, I enjoy spending time with my children, family and friends. I enjoy the outdoors, camping and fishing. I love sightseeing and traveling. I have volunteered on a few medical missions. In the future, I would love to continue to combine even more of my love of traveling, love of medicine and desire to help people. I also enjoy playing and watching all sports, especially our Minnesota Vikings!  
I am also a Fellow of the American Academy of Physician Assistants (AAPA) and a member of the Minnesota Academy of Physician Assistants (MAPA).



**Randy Wuori, PA-C**

Randy Wuori is a board certified physician assistant who graduated with a degree in PA studies from Union College in Nebraska in 2005. Since then, Randy has spent most of his career in Orthopaedics, working alongside physicians

on the cutting edge of orthopedic medicine and emergency services. He joined HealthPartners in 2015 and enjoys focusing on the prevention of injuries and illness. Randy keeps busy with his family of three young children. He enjoys sporting activities, like basketball and competitive broomball, and also volunteers in Haiti building homes and clinics.  
*Certified to conduct DOT exams.*



**Victor Van Hee, MD, MPH**

I enjoy treating patients with work-related musculoskeletal injuries. My focus is on getting patients back to their livelihoods safely and as quickly as possible.  
I'm fortunate to work in a

supportive environment here at Park Nicollet, where patients meet with a caring and knowledgeable team dedicated to optimizing their recovery.  
*Certified to conduct DOT exams*



**Meet our team**



**Fozia Abrar, MD, MPH**

Dr. Abrar, Department Head for HealthPartners Occupational and Environmental Medicine, is board certified in occupational medicine and preventive medicine.

Dr. Abrar's special interests are work-related acute injury management, medical surveillance, wellness and disability prevention for employee populations.  
*Certified to conduct DOT exams*



**Paul Anderson, MD, MPH**

I was drawn to preventive medicine and occupational medicine because I enjoy helping people and organizations cultivate healthy lifestyles and work environments.  
I'm board certified in occupational

medicine and preventive medicine. My approach with patients is to be engaging, compassionate and unrushed. I try to serve my patients as an advocate, and I greatly value patient involvement as a crucial part of any decision making. In my free time, I pursue a wide range of activities in the arts and sciences, and I love the outdoors.  
*Certified to conduct DOT exams.*



**Emily Bannister, MD, MPH**

Dr. Bannister is a board certified occupational medicine physician. She received her medical degree from Washington University in St. Louis in 2001. She received her

master of public health as part of her occupational medicine residency at the University of Illinois-Chicago in 2007. She has over 11 years of clinical practice experience in occupational medicine. Her interests include hospital employee health and immunizations, blood-borne pathogen exposures, emergency management and disaster preparedness, and workplace injury management.  
*Certified to conduct DOT exams*



**Ralph Bovard, MD, MPH**

Dr. Bovard, Program Director of the HealthPartners Occupational Medicine Residency Program, is board certified in preventive medicine and occupational medicine. He received his medical degree

at the University of Minnesota in 1984 and completed a residency in preventive medicine and master of public health at the University of Arizona in 1996. Dr. Bovard has over 30 years of clinical practice experience. He has also worked as a physician in Antarctica, a missionary doctor in Papua New Guinea, ran a ski clinic in Colorado and served as a Mount Everest expedition physician. Areas of special interest include musculoskeletal medicine, fitness and exercise physiology, the "industrial athlete" model, population health and optimal aging.  
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CONTINUED



**Mark Ciagne,  
MD, MPH**

I enjoy managing all types of acute injuries as well as concussion patients. I also have a special interest in maintaining a healthy and productive workforce.

I thoroughly enjoy watching my patients progress through their injuries and return not only to full function, but also their lives. I'm very grateful to work and collaborate with so many wonderful and caring professionals dedicated to maintaining the health and well-being of the workforce.

*Certified to conduct DOT exams*



**Catherine DeMoss,  
DO, MPH**

Dr. DeMoss is board certified in occupational medicine and family medicine. She completed her master's degree in environmental and occupational health. Dr. DeMoss'

areas of special interest include injury, care disability prevention, return to work strategies and wellness.

*Certified to conduct DOT exams*



**John Dunne, MD, MPH**

I have been a licensed physician in Minnesota since 1968 and with Park Nicollet since 1982. I am board certified in occupational medicine and preventive medicine. I'm married and have five children from late teens

to early 30s. My experience with musculoskeletal injuries at home has helped me manage some of the work-related injuries I see. I spend my free time with soccer and gardening, and if time permits, golfing, fishing and hunting. I enjoy the administrative portion of my job, but my main focus remains on direct patient care.

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**Jennifer Eggers,  
PA-C, MS**

Jennifer Eggers completed her master's degree in physician assistant studies at Pacific University in Forest Grove, Oregon in 2005. Since then she has been working for HealthPartners in

family medicine, with an emphasis in worksite wellness and occupational medicine. Her areas of special interest include work injury care and wellness.

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**Julie Fill, PA-C**

Julie is a certified physician assistant with over 13 years of Occupational Medicine experience. She is originally from a small town in western Pennsylvania and received her Physician Assistant Master's degree in 2004 from

Duquesne University in Pittsburgh. She moved to Minnesota in 2004 and began her Occupational Medicine career in 2005. As her years in Occupational medicine progressed, she grew more and more in love with the field. She and her husband Jeff reside in the northwest suburbs with their 4 children.

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**Edwin Funk,  
MD, MPH**

I've been a physician at Park Nicollet Clinic since 1994, working in occupational medicine and urgent care. I treat each person as an individual, balancing technology and compassion, to

help reduce the suffering caused by illness and injury. My free time is spent marveling at the creations that my wife spins of silk and wool, spending time with our three children as they grow, and with our two dogs, Rosie and Blue. I enjoy my volunteer work at Community Homestead, a life-sharing organization for disabled adults, and at YMCA Camp Menogyn.

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**Kirsten M. Koos,  
MD, MPH**

Dr. Koos is board certified in occupational medicine. She completed her occupational medicine residency at HealthPartners and obtained her master of public health at the

University of Minnesota School of Public Health. Her areas of special interest include disability prevention and management, workplace safety, communication facilitation amongst stakeholders in workers' compensation, clinical occupational medicine and the opioid epidemic.

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**Karyn Leniek,  
MD, MPH**

Dr. Leniek is board certified in occupational medicine and preventive medicine. She completed her occupational medicine training at the HealthPartners Occupational

Medicine Residency Program and master of public health at the University of North Carolina. Her areas of special interest include employee wellness, medical surveillance and blood-borne pathogen exposures.

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**Zeke McKinney,  
MD, MHI, MPH**

Dr. McKinney received his medical degree, master of health informatics and master of public health degrees from the University of Minnesota. He completed his residency in occupational

and environmental medicine at HealthPartners. Dr. McKinney is board-certified in occupational medicine, preventive medicine, and clinical informatics. His areas of special interest include repetitive stress injuries, occupational toxicology, disability management, population health and the use of big data to improve the costs and quality of health care.

*Certified to conduct DOT exams*