
	STANDARD OPERATING GUIDELINE			
	ADMINISTRATION			
	INJURY REPORT FORM GUIDELINES			
	Effective: 02/Feb/03	Revised: 01/DEC/20	S.O.G. #: A-109	

1.0 Objective

- 1.1 The purpose of this guideline is to facilitate the process by which on-duty injuries are documented. The guideline will aid in the incident notification process, as well as the distribution, documentation, and completion of the necessary Department forms.
- 1.2 This packet is to be completed for all work-related injuries, as well as exposures and potential exposures to bloodborne pathogens where clinical or hospital treatment is sought. Completion of this packet satisfies the requirements of Standard Operating Guideline O-332, Section 2.2.4. In the cases where no clinical or hospital treatment is sought the supervisor should only complete the on-line “report” as outlined in section 5.1.

2.0 Responsibility

- 2.1 It is the responsibility of all Department personnel to understand the procedures documented in this Standard Operating Guideline.

3.0 Notification

- 3.1 As soon as practical following an injury or exposure, notification shall be made as follows:
 - 3.1.1 Individual to supervisor.
 - 3.1.2 Supervisor to Battalion Chief.

4.0 Distribution

- 4.1 Injury report form packets will be kept in each fire station and in the Battalion Chiefs’ office and will be distributed by the supervisor to the injured / exposed individual upon notification of injury / exposure.

5.0 Documentation

- 5.1 When an on-duty injury occurs and **does not** require clinical or hospital treatment, the supervisor will complete the on-line section “REPORT” only section – www.ccmssi.com
- 5.2 When an on-duty injury requires clinical or hospital treatment, the supervisor will select “CLAIM” in the report field and complete all required fields.
- 5.3 When an on-duty injury occurs, the injured / exposed person(s) are responsible for filling out the following forms found in the packet:
 - 5.3.1 Injured Persons Injury/Accident Report (Green).
 - 5.3.2 Personal Injury Information Sheet (Body Diagram).
 - 5.3.3 Request for Medical Treatment to Lake Forest Hospital (if treatment or evaluation is needed, signed by supervisor).
- 5.4 The forms in subsections 5.3.1, 5.3.2, and 5.3.3 will be completed as soon as possible – by the end of the shift, if possible.
- 5.5 Supervisors are responsible for filling out the following:
 - 5.5.1 On-line injury report located at www.ccmssi.com
 - 5.5.2 Supervisor Investigation Report form.
- 5.6 The forms in subsections 5.5.1 and 5.5.2 must be completed by the end of the shift on which the injury occurred.



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Page: 2 of 2



6.0 Completion


6.1 Submit any completed written forms to the Claims Coordinator.

7.0 Reference

7.1 Highland Park Fire Department

7.2 City of Highland Park

7.3 www.cmsi.com

Approved:  Fire Chief