

## First Report of Injury/Supervisor Report Online Completion Instructions

You have elected to complete an employee first report of injury using the forms posted on the city Intranet. Although they are very user friendly and simple to complete, there are a couple of things you should know about the forms.

1. The first report of injury is the form provided by the State of SD. It has been modified and reformatted to fit the City's needs. The yellow highlighted areas are sections the State requires and you cannot print out the form without completing the highlighted sections.
2. When you start working with the form and in certain locations, pop-up instructions will appear. Please make sure you read them so you don't lose information and have to start over.
3. CAUTION: You cannot save the forms as a document and email it or save it in a file. If you try to save it and come back to it later, you have to start over. It's a PDF file and won't save as a document.
4. As you work through the sections, there are several places with drop-down arrows in which you can make selections for information that goes in that particular section. For example, on the right side of the form, you enter Body Parts Injured, Nature of Injury and Cause of Injury. Each of those has drop-down arrows to assist you with selection.
5. When entering dates, you can use any format with which you are comfortable – as example 1/1/05 or 01/01/2005 or 1-1-05. It doesn't matter which you use.
6. In the Injury/Treatment section for Description of Injury, there are two lines. The text does not word wrap so, if you have more than one line of description (hope you do), you have to mouse click to the second line. It will not automatically wrap to the second line.
7. Do not complete the Claim Office Information Section. Once both forms have been filled in, there is a print button at the bottom of the third page. You will have to Print for Mailing and then complete signatures. **PRINTING** – when you print the completed forms on pages 2 and 3, please make sure you check Fit To Page on the Printer page otherwise it'll cut off the outside edges of the forms. Again because it's a .pdf file, you cannot save the form and forward it as a document.

Please call Risk Management at 6620 if you encounter problems or have any questions.



## SUPERVISOR INCIDENT REPORT (Revised 7-03)

Name of Injured:

Department

Date of Injury:

Date of Investigation:

Body Part(s) Injured:

What Happened? *(Please describe, in detail, what happened)*

Cause of Accident -- Unsafe Condition?            Yes            No  
*(Please describe any unsafe conditions that existed at the time of the accident)*

Cause of Accident -- Unsafe Act?            Yes            No  
*(Please describe the unsafe act. This is not to find fault, only to identify an unsafe act and look for ways to eliminate or reduce the risk of future occurrence)*

What actions should/could be taken to reduce the risk or eliminate the cause?  
*(Please detail the actions you feel would be appropriate. If this incident is an inherent risk of the job, such as police officer injured while apprehending a suspect, please note the injury as an inherent risk)*

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Review/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INSTRUCTIONS**

**EMPLOYEE**

1. Notify employer immediately of injury, as required by SDCL 62-7-10.
2. Complete all questions in the EMPLOYEE and INJURY/TREATMENT sections.
3. Sign the form.
4. Submit this form to your employer within three (3) business days after the injury.

**EMPLOYER**

1. Complete all questions in the EMPLOYER/EMPLOYMENT sections.
2. Sign the form.
3. Submit this form to your workers' compensation insurance carrier within seven (7) days of knowledge of the occurrence of the injury, as required by SDCL 62-6-2.
4. Give a copy of the form to the injured employee.
5. Keep the copy of the First Report of Injury for at least four (4) years from the date of injury, as required by SDCL 62-6-1.

**INSURER**

1. Complete all questions in the CLAIM OFFICE INFORMATION sections at the bottom of the page.
2. Submit this form within ten (10) days of its receipt, as required by SDCL 62-6-3, to:

**SOUTH DAKOTA DEPARTMENT OF LABOR  
DIVISION OF LABOR AND MANAGEMENT  
700 Governors Drive  
Pierre SD 57501-2291  
www.sdjobs.org  
Tel. (605) 773-3681**

**BODY PART CODES**

02	Blindness one eye	44	Chest, including ribs sternum, soft ribs	78	Ring finger at metacarpal bone
03	Blindness both eyes	48	Internal organs-other than heart, lungs	79	Ring finger at proximal joint
04	Deafness both ears	49	Heart	80	Ring finger at middle joint
05	Deafness one ear	51	Hip	81	Ring finger at distal joint
10	Multiple head injury	52	Upper leg	82	Little finger at metacarpal bone
11	Skull	53	Knee	83	Little finger at proximal joint
12	Brain	54	Lower leg	84	Little finger at middle joint
13	Ear(s)	55	Ankle	85	Little finger at distal joint
14	Eye(s)	56	Foot	86	Great toe metatarsal bone
17	Mouth	57	Toe (other than greater)	87	Great toe at proximal joint
19	Face (facial bones)	58	Toe (greater)	88	Great toe at distal joint
20	Multiple neck injury	60	Lungs	90	Multiple injury
21	Vertebrae	61	Groin	92	Other toe metatarsal bone
22	Disc	67	Thumb metacarpal bone	93	Other toe at proximal joint
24	Other	68	Thumb at proximal joint	94	Other toe at middle joint
31	Upper arm	69	Thumb at distal joint	95	Other toe at distal joint
32	Elbow	70	Index finger at metacarpal bone	96	Little toe metatarsal bone
33	Lower Arm-forearm	71	Index finger at proximal joint	97	Little toe at distal joint
34	Wrist	72	Index finger at middle joint		
35	Hand	73	Index finger at distal joint		
37	Thumb	74	Middle finger at metacarpal bone		
38	Shoulder	75	Middle finger at proximal joint		
41	Upper Back	76	Middle finger at middle joint		
42	Lower Back	77	Middle finger at distal joint		

**Cause of Injury Codes**

01	Body reaction/over reaction (Includes chemicals)	70	Striking against or stepping on
03	Temperature extremes	78	Struck or injured by moving parts of machine
13	Caught in, under/between	81	Struck or injured, includes knife or sharp object, kicked, bit, etc. 0 struck by object, worker, patient, etc.
25	Fall From elevatgion	89	Hostile attack – person in act of crime
29	Fall from same level	90	Other than physical cause of injury
50	Motor Vehicle	94	Repetitive motion – callous, blister, etc.
56	Bending/Lifting	97	Repetitive motion – carpal tunnel syndrome, etc.
65	Machinery/Equipment	99	Other

**Nature of injury codes**

00	Not applicable
01	Allergy
02	Disfigurement
71	Occupational disease
72	Hearing loss