

Incident Management Checklist

If a work-related injury occurs, the RTW Specialist should use the following checklist. Please note these actions are not necessarily completed in this order and may occur simultaneously.

Employee Name: _____ Date of Injury/Illness: _____

Claim # _____ Claims Examiner _____

Employee Phone # _____ Claims Examiner Phone # _____

	Date Action Completed
If medical treatment is necessary, send Grab N Go kit with employee to medical provider	_____
Receive completed First Report of Injury form from employee	_____
Submit First Report of Injury form to Montana State Fund	_____
Receive completed Incident Investigation form from investigation team	_____
Receive Medical Status form from medical provider and/or employee	_____
Review work restrictions with supervisor to identify modified duty or transitional duty work	_____
Send formal job offer of modified duty or transitional duty to employee	_____
Contact claims examiner and provide copy of Medical Status Form, modified duty or transitional duty job offer, and RTW date	_____
Meet with employee and supervisor on first day of RTW to review expectations	_____
Schedule weekly meeting with employee and supervisor to ensure RTW is going as planned	_____
Follow up with supervisor to ensure corrective actions identified on the Incident Investigation form are completed	_____