



## INJURY REPORT PACKET - ARIZONA

### IN THE EVENT OF A WORKPLACE INJURY:

**IN A LIFE OR LIMB INJURY, IMMEDIATELY CALL 911**

#### **The Supervisor contacts:**

Zoe Robinette: 415-806-9348 call or text immediately

\*Alternate Number - Caleb Rogers: 209-247-6583\*

**Temco representative will accompany EE to clinic.**

Complete Supervisor forms at the clinic and wait for the EE to be discharged with directives from provider.

### **IN THE EVENT THE EMPLOYEE REFUSES MEDICAL TREATMENT, COMPLETE REFUSED MEDICAL TREATMENT ONLINE FORM ON TEMCO PORTAL:**

- Form 1 - Employee's Report of Injury
- Form 4 - Supervisor's Report
- Form D - Refusal of Medical Treatment

**Unless serious injury, EE and Supervisor must complete IMMEDIATELY:**  
**\*Found in the portal in PDF form\***

- Form A - ICA 04-0101

### **Complete WC online form packet on TEMCO Portal:**

- Form C - Auth. for Treatment
- Form 1- Employee's Report of Injury
- Form 2 - Consent to Release Medical Information
- Form 3 - WC Supplemental Forms
- Form 4 - Supervisor's Report of Injury and Root-Cause Analysis

**IMPORTANT: COMPLETE PACKET SAME DAY OR WITHIN 8 HOURS OF INCIDENT**

### **Send Forms A and B IMMEDIATELY to:**

- [zrobinette@industrialathletes.pro](mailto:zrobinette@industrialathletes.pro)
- [crogers@industrialathletes.pro](mailto:crogers@industrialathletes.pro)
- [mercedes.fonseca@temcologistics.com](mailto:mercedes.fonseca@temcologistics.com)

**Failure to complete the State WC Forms holds up claim and may delay treatment**

**Failure to complete and return entire packet of information will delay claims handling.  
Packets are required within 8 hours to reduce claim lag time, a key performance indicator  
[KPI]**

**Injured Employee should not leave the work site without speaking to a supervisor.**

**FAILURE TO REPORT ANY INJURY COULD RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING  
TERMINATION**