



INJURY REPORT PACKET - NEVADA

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

Caleb Rogers - 209-247-6583 call or text

The 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 Report of Injury

Form 5 - Supervisor Report

Form D - Refusal of Medical Treatment

Unless serious injury, EE and Supervisor must complete IMMEDIATELY:

- Form C - Authorization for Treatment and Examination
- NV Forms Labeled A, C, D, and E
- NV Form C-3 to be completed at: <https://www.sandcclaims.com/state/nevada.html>

Complete Injury Report Packet - "Jotform" - on TEMCO Portal:

- * Employee Information *
- 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, C, D, and E IMMEDIATELY to:

- zrobinette@industrialathletes.pro
- crogers@industrialathletes.pro
- mercedes.fonseca@temcologistics.com

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