



INJURY REPORT PACKET - OREGON

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:

Complete Forms:

Form C - Authorization for Treatment
OR Forms Labeled 'Form 440-2476'
OR Forms Labeled 'Form 440-801'

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 440-2476, 440-801, and Form C IMMEDIATELY to:

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

Failure to complete 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**