

# Controlling Costs Through Claims Management

## Table of Contents

### **Tab 1 – Introduction**

Agenda	Page 1
Objectives	Page 2
Ten-step Business Plan	Page 3
BWC Website	Page 5
Suggested Follow-up Activities	Page 9
Action Plan	Page 11
Resources	Page 13

### **Tab 2 – Accident Analysis**

Employer Safety Services on BWC Website	Page 15
PowerPoint Slides	Page 17
Accident Analysis Report	Page 27
Herbie Case Study	Page 37

### **Tab 3 – Claims Management**

Injured Worker Services on BWC Website	Page 39
PowerPoint Slides	Page 41
Computing and Paying Compensation	Page 53
Types of Compensation	Page 56
Injured Worker Forms	Page 61
Employer Forms	Page 63
Provider Forms	Page 67
Herbie Case Study	Page 69

### **Tab 4 – Early Return-to-Work**

PowerPoint Slides	Page 71
Herbie Case Study	Page 79

### **Tab 5 – Injured Worker Case File**

Forms Available	Page 81
Essential Job Functions	Page 83
Transitional Work Duty Form	Page 85
Estimated Work Capacity Form	Page 87
Job Description Physical Analysis	Page 89
Documents in Injured Worker Case File	Page 97







# Agenda

8:30 Introduction  
Integration of four main parts  
Accident Analysis  
Claims Management

11:30 Lunch

12:30 Claims Management (continued)  
Financial reasons  
Early return to work  
Case study

4:30 Dismiss

There will be a break in the morning and in the afternoon.

## Objectives

What you will learn:

- accident analysis;
- suggestions on how to manage claims;
- lump sum settlements;
- financial reasons for having a transitional work program;
- transitional work program for injured/ill employees returning to work;
- services provided by BWC to assist employers with claims management, accident analysis and transitional work programs.

# TEN-STEP BUSINESS PLAN

- 1. Visible Active Senior Management Leadership**  
*Visible senior management leadership within your organization promotes safety management as an organizational value.*
- 2. Employee Involvement and Recognition**  
*Employee involvement and recognition afford employees opportunities to participate in the safety-management process.*
- 3. Medical Treatment and Return-to-Work Practices**  
*Early return-to-work strategies help injured or ill workers return to work.*
- 4. Communication**  
*Regular safety and health communication keeps employees informed and solicits feedback and suggestions.*
- 5. Timely Notification of Accidents/Claims**
- 6. Safety and Health Coordination**  
*Assign the role of coordinating safety efforts for the company.*
- 7. Orientation and Training**  
*Conduct orientation and training for all employees.*
- 8. Written and Communicated Safe Work Practices**  
*Publish safe work practices so employees have a clear understanding of how to accomplish their job requirements safely.*
- 9. Written Safety and Health Policy**  
*A written safety and health policy signed by the top company official expresses the employer's values and commitment to workplace safety and health.*
- 10. Recordkeeping and Data Analysis**  
*Internal program verification, through audits, surveys and record analysis, assesses the success of company safety efforts.*





Welcome to the Ohio Bureau of Workers' Compensation

<b>Injured Workers</b> <ul style="list-style-type: none"><li>File a claim</li><li>Claim documents</li><li>Diagnosis info</li></ul> <a href="#">See more »</a>	<b>Ohio Employers</b> <ul style="list-style-type: none"><li>Click to pay premium</li><li>Apply for coverage</li><li>File a claim</li></ul> <a href="#">See more »</a>	<b>Safety Services</b> <ul style="list-style-type: none"><li>Consulting services</li><li>Library services</li><li>Training services</li></ul> <a href="#">See more »</a>	<b>Medical Providers</b> <ul style="list-style-type: none"><li>File a claim</li><li>Claim documents</li><li>National provider ID</li></ul> <a href="#">See more »</a>
---	---	--	---

<b>E-account Log On</b> <p>User ID: <input type="text"/></p> <p>Password: <input type="password"/> <a href="#">Sign on</a></p> <p><a href="#">This Web site is intended for official state use only. See more »</a></p> <p><a href="#">Create E-Account</a> <a href="#">Problems Logging on?</a> <a href="#">Lost password?</a></p>	<b>Live Support</b> <p>Online support available Monday thru Friday 7:30 a.m. - 5:30 p.m.</p> <p><a href="#">Click here to get help</a></p>	<b>BWC Library</b> <ul style="list-style-type: none"><li>About BWC</li><li>BWC Board of Directors</li><li>Reserving info - MIRA II</li></ul>
---	--	--

<b>What's New at BWC</b> <p>August 8, 2008 Appointments Announced for BWC Board of Directors July 30, 2008 \$4 Million Available for Safety Equipment and Drug-Free Workplaces</p> <p><a href="#">See more »</a></p>	<b>FORGOT PASSWORD?</b> <p>Let BWC reset your password now</p>
	<b>WORKERS' COMPENSATION UNIVERSITY</b> <p>Register today!</p>
	<b>FUTURE DATING</b> <p>Report payroll now, pay premium later</p>
	<b>50/50 PAYMENT PLAN</b> <p>Available now</p>





Home | Injured Workers | Ohio Employers | Safety Services | Medical Providers | BWC Library

- Focus on Ohio Employers
- [Accident Injury Info »](#)
  - [Claim Info »](#)
  - [Claim Payment »](#)
  - [Claim Reference Info »](#)
  - [Coverage look-up](#)
  - [Employer Services »](#)
  - [Quick Pay](#)
  - [Safety Services »](#)
  - [Self-Insured »](#)
  - [Forms](#)
  - [Section Map](#)
- Live support available Monday through Friday 7:30 a.m. - 5:30 p.m. [Click here to get help!](#)

Featured Links	Policy Info	Safety Services
<ul style="list-style-type: none"> <li><a href="#">Reserving info - MIRA II</a></li> <li><a href="#">Group-rating information</a></li> <li><a href="#">Non-compliance list</a></li> <li><a href="#">MCO Selection Form</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>	<ul style="list-style-type: none"> <li><a href="#">Demographic information</a></li> <li><a href="#">Coverage history</a></li> <li><a href="#">Elective coverage</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>	<ul style="list-style-type: none"> <li><a href="#">Consulting services</a></li> <li><a href="#">Training</a></li> <li><a href="#">Online tools and resources</a></li> <li><a href="#">Safety councils</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>
Rating Info	Programs	Financial Info
<ul style="list-style-type: none"> <li><a href="#">Experience modifier history</a></li> <li><a href="#">Experience period data</a></li> <li><a href="#">Rating adjustment history</a></li> <li><a href="#">Rating plan information</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>	<ul style="list-style-type: none"> <li><a href="#">FlexPay program</a></li> <li><a href="#">Transitional work</a></li> <li><a href="#">Drug-Free Workplace Program</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>	<ul style="list-style-type: none"> <li><a href="#">Payroll reports</a></li> <li><a href="#">Payroll reporting information</a></li> <li><a href="#">Accounts receivable balance</a></li> <li><a href="#">Coverage certificate reprint</a></li> </ul> <p style="text-align: right;"><a href="#">See more »</a></p>
<p><b>Workers' Compensation University</b> Register today!</p>	<p><b>50/50 Payment Plan</b> Available now</p>	



[Help](#) | [Contact Us](#) | [Site Map](#) | [Search](#) | [Your Privacy](#) | [Pledge of Service](#)



# Controlling Costs through Claims Management

## **Suggested Follow-up Activities**

- Review injuries and illnesses at my workplace using OSHA records and incident reports, look for trends, report findings to management.
- Set up my own personal BWC Dolphin account, then review claim details and other workers' compensation data online
- Make suggestions to management for reducing the number of claims.
- Review claims at my workplace, call my local BWC service office and request a "team visit" to review problematic claims and to develop appropriate action plans concerning those claims.
- Review the claim reporting process at my workplace to identify areas for improvement, share recommendations with management.
- Review/create/update my company's procedures for maintaining contact with off-work injured workers.
- Review my company's policy of return-to-work procedures. Make recommendations for policy improvements to management.
- Review my company's transitional work program and make recommendations for improvements to management. If no program exists, draft a program and submit to management.



# Action Plan

	Activity	Other people involved	Target Deadline
<input type="checkbox"/>			



## Resources Available from the Division of Safety & Hygiene (DSH) Libraries

(800) 644-6292 (614) 466-7388

[library@bwc.state.oh.us](mailto:library@bwc.state.oh.us)

[www.ohiobwc.com](http://www.ohiobwc.com)

### Safety training:

- Safety talks, outlines and scripts - DSH Safety leader's discussion guide, Training Center's One-hour safety presentations, reference books, web resources
- Videos – hundreds of safety and health topics
- Books and articles on training techniques

### Machine and equipment safety:

- Safety standards (ANSI, NFPA, CGA)
- Books and articles on power presses, material handling equipment, lockout/tagout, etc.

### Sample written programs:

- DSH program profiles and sample written programs
- Reference books
- Internet resources

### Illness and injury statistics:

- Statistics from the U.S. Bureau of Labor Statistics
- National Safety Council's *Injury Facts*
- National Institute of Occupational Safety & Health (NIOSH) studies

### Hazard communication and chemical safety:

- Chemical safety information
- Material safety data sheets (MSDSs)
- Sample written programs
- Videos
- Internet resources

### Safety standards

- American National Standards Institute (ANSI) standards (including standards for construction, machinery and equipment, personal protective equipment)
- National Fire Protection Association (NFPA) fire codes (including the Life Safety Code and the National Electrical Code)
- Compressed Gas Association (CGA) standards

### Other topics of interest (books, articles, magazines, videos and standards):

- Confined spaces
- Electrical safety
- Job safety analysis
- New employee orientation
- Powered industrial trucks
- Respiratory protection
- Safety culture
- Scaffolds

Directories and lists of vendors of safety equipment

Occupational Safety & Health Administration (OSHA) regulations

*Manual of Uniform Traffic Control Devices (MUTCD)*

Recommendations of useful Internet sites

BWC publications

## **Saving You Time and Research**

Requests for copies of OSHA standards, information on starting a safety committee, a video on accident investigation techniques -- these are some of the thousands of inquiries BWC's Division of Safety & Hygiene (DSH) libraries receive each year.

### **DSH has two libraries to serve you:**

- The central library in the William Green Building in downtown Columbus;
- The resource center and video library located at the Ohio Center for Occupational Safety and Health (OCOSH) in Pickerington.

Both libraries are open 8 a.m. to 5:00 p.m., Monday through Friday. Your need for information does not require a visit to the library. You can phone, fax, or e-mail your requests and receive a quick response.

**The central library** provides free information services on the topics of occupational safety and health, workers' compensation and rehabilitation.

**The OCOSH resource center** provides similar services for those who visit OCOSH for meetings and training center classes.

**The video library** offers an extensive collection of videotapes to supplement your organization's safety and health training program. It is a convenient and popular source for Ohio employers to borrow quality occupational safety- and health-related training aids.

Visit our Web site at **[www.ohiobwc.com](http://www.ohiobwc.com)**.

Central Library  
30 W. Spring St., Third Floor  
Columbus OH 43215-2256  
**1-800-OHIOBWC**  
(614) 466-7388  
(614) 644-9634 (fax)  
[library@bwc.state.oh.us](mailto:library@bwc.state.oh.us)

OCOSH Resource Center  
13430 Yarmouth Drive  
Pickerington OH 43147-8310  
**1-800-OHIOBWC**  
Resource center (614) 728-6464  
Video library (614) 644-0018

Employer Safety Services - Bureau of Workers Compensation

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Stop

Address http://www.ohiobwc.com/employer/services/SafetyHygiene.asp Go Links


Bureau of Workers' Compensation

[Home](#) | [Injured Workers](#) | [Ohio Employers](#) | [Safety Services](#) | [Medical Providers](#) | [BWC Library](#)

<p>Focus on Ohio Employers</p> <ul style="list-style-type: none"> <li><a href="#">Accident Injury Info »</a></li> <li><a href="#">Claim Info »</a></li> <li><a href="#">Claim Payment »</a></li> <li><a href="#">Claim Reference Info »</a></li> <li><a href="#">Coverage look-up</a></li> <li><a href="#">Employer Services »</a></li> <li><a href="#">Quick Pay</a></li> <li><a href="#">Safety Services »</a></li> <li><a href="#">Self-Insured »</a></li> <li><a href="#">Forms</a></li> <li><a href="#">Section Map</a></li> </ul> <p>Live support available Monday through Friday 7:30 a.m. - 5:30 p.m. <a href="#">Click here to get help!</a></p>	Your safety	Consulting services	Training services
	<ul style="list-style-type: none"> <li>• <a href="#">About the Division of Safety &amp; Hygiene</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">OSHA On-site Consultation</a></li> <li>• <a href="#">Public Employment Risk Reduction Program</a></li> <li>• <a href="#">Safety consulting services</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Training center</a></li> <li>• <a href="#">BWC Learning Center</a></li> <li>• <a href="#">Safety councils</a></li> <li>• <a href="#">Safety Congress &amp; Expo</a></li> </ul>
	Grant and loan programs	Featured links	Online tools and resources
	<ul style="list-style-type: none"> <li>• <a href="#">SafetyGRANT\$</a></li> <li>• <a href="#">Drug-free workplace grants</a></li> <li>• <a href="#">Safety grant reporting</a></li> <li>• <a href="#">Long-Term Care Loan Program</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Submit 2009 Discussion Guide article</a></li> <li>• <a href="#">Safety Grant Best Practices</a></li> <li>• <a href="#">Office Ergonomics Online</a></li> <li>• <a href="#">Web-based training</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Lifting guidelines</a></li> <li>• <a href="#">Sample OSHA program guides</a></li> <li>• <a href="#">One hour safety presentations</a></li> <li>• <a href="#">See more</a></li> </ul>
Information services	Special interest		
<ul style="list-style-type: none"> <li>• <a href="#">Library services</a></li> <li>• <a href="#">Video library</a></li> <li>• <a href="#">Technical support</a></li> <li>• <a href="#">Publications</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Avian flu preparedness</a></li> <li>• <a href="#">Protecting older workers</a></li> <li>• <a href="#">Youth safety</a></li> </ul>		

**Workers' Compensation University**

Get the latest information

**Safety Council Incentive Program**

BWC continues discount for fiscal year 2008

Done Local intranet

start | Ohio BWC Learning C... | Employer Safety Serv... | 11:39 AM



**ACCIDENT  
ANALYSIS**



**Accident Analysis**

---

---

---

---

---

---

---

---

**Accident**

**DEFINITION:**  
 An unplanned event that interrupts the completion of an activity and that includes injury, illness, or property damage. Worker seeks medical treatment.

---

---

---

---

---

---

---

---

**INCIDENT/NEAR MISS**

**DEFINITION:**  
 An unplanned event that interrupts the completion of an activity without directly involving the worker(s). Worker does NOT seek medical treatment.

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

## WHEN RECORDING ACCIDENTS AND INCIDENTS/NEAR MISSES

- Always document and keep them simple
- Clearly communicate process
- Review for trends (like injuries, locations)
- Goal should always be prevention




---

---

---

---

---

---

---

---

Division of Safety & Hygiene

## TYPES OF TRACKING FORMS

- Shift Logs
- OSHA 300 Logs
- FROI Form
- Incident Reports
- First Aid Logs
- Accident Analysis Reports




---

---

---

---

---

---

---

---

Division of Safety & Hygiene

## FIVE CAUSAL FACTORS

- (1) Task
- (2) Material
- (3) Environment
- (4) Human Factor (Personal)
- (5) Management/Process Failure

From "A Guide to Accident Investigation" published by the Canadian Centre for Occupational Health & Safety.

---

---

---

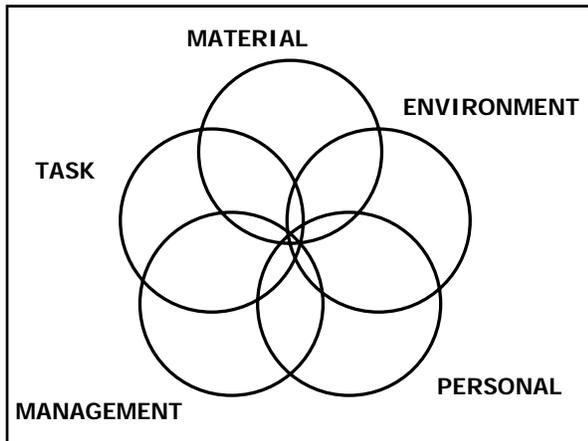
---

---

---

---

---




---

---

---

---

---

---

---

---

Division of Safety & Hygiene

**(1) Task**

- Was a safe work procedure used?
- Had conditions changed to make normal procedures unsafe?
- Were appropriate tools & materials available and working properly?
- Were safety devices working properly?

---

---

---

---

---

---

---

---

Division of Safety Hygiene

**(2) Material**

- Was there equipment failure?
- What caused it to fail?
- Was machinery poorly designed?
- Were hazardous substances involved?
- Should Personal Protective Equipment have been used?

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

---

---

**(3) Environment**

---

- What were the weather conditions?
- Was poor housekeeping a problem?
- Was noise a problem?
- Was there adequate light?
- Were toxic gases, dusts, fumes present?

---

---

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

---

---

**(4) Human Factor (Personal):**

---

- Were workers experienced?
- Were they adequately trained?
- Were they physically capable of doing the work?
- Were they tired?
- Were they under stress (work or personal)?

---

---

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

---

---

**(5) Management/Process Failure**

---

- Were safety rules in effect and enforced?
- Was adequate supervision and training given?
- Were there regular safety inspections?
- Had hazards previously been identified?
- Were unsafe conditions corrected?
- Was regular equipment maintenance carried out?

---

---

---

---

---

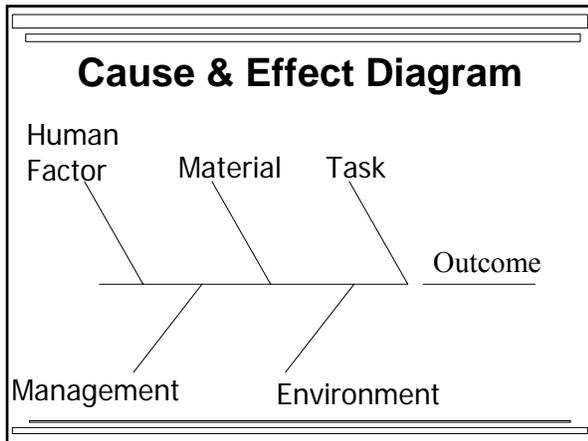
---

---

---

---

---




---

---

---

---

---

---

---

---

Division of Safety & Hygiene

### Why Document An Accident Or Incident/Near Miss?

- Prevention
- Consistency
- Data Analysis
- Legal Issues




---

---

---

---

---

---

---

---

### Steps of an Accident Analysis Process

- (1) Written Program
- (2) Information gathering
- (3) Analysis
- (4) Recommendation/Corrective Action

---

---

---

---

---

---

---

---

**(1) Written Program**

*The Written Program should be specific as to:*

**Who** will conduct the analysis: Supervisor, safety committee member, employees familiar with the affected area,

**What** forms are available and **where** to obtain them,

**When** the incidents should be reported by employees, **When** accidents will be analyzed

---

---

---

---

---

---

---

---

**(2) Information Gathering**

- Analysis Kit
- Physical Evidence
- Interviews
- Background Information



---

---

---

---

---

---

---

---

**Analysis Kit**

- Camera with extra film
- Clipboard, paper, pens/pencils
- Graph paper (for diagrams)
- Ruler and tape measure
- Identification tags (for parts)
- Barrier tape or cord (to rope off area)

---

---

---

---

---

---

---

---

**Physical Evidence**

- People involved
- Equipment involved
- Materials involved
- Environmental factors involved

---

---

---

---

---

---

---

---

**Interviews**

Who to interview:

- Witnesses
- Supervisors/Managers

Interview questions:

- Ask open ended questions

---

---

---

---

---

---

---

---

**Background Information**

- OSHA 300 log
- First aid logs
- Accident reports
- Maintenance records
- Safety audit documents
- Safety Committee minutes

---

---

---

---

---

---

---

---

**(3) Analysis**

- Accident Tree
- BWC Accident Analysis Form




---

---

---

---

---

---

---

---

Division of Safety & Hygiene

**(4) Recommendations/Corrective Actions**

- Recommendations are made to management
- Management takes corrective action

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

**Why analyze?**

- Prevent recurrences
- Evaluate data
- Make specific recommendations
- Show critical behaviors
- Compare trends
- Identify needs

---

---

---

---

---

---

---

---

Division of Safety & Hygiene

## Main Objective

Accident Analysis should **always** be to gather facts and **never** to lay blame. Your main objective is prevention!



---

---

---

---

---

---

---

---

Division of Safety & Hygiene

## Accident Analysis

***SHARE YOUR SUCCESSES!***



---

---

---

---

---

---

---

---

## Case Study: What happened to Herbie?



---

---

---

---

---

---

---

---



## **ACCIDENT ANALYSIS REPORT**

### **PART 1 IDENTIFICATION INFORMATION**

Employee Name			
Date of Accident		Time	
Occupation		Shift	
Department		ID	
			AM PM

### **PART 2 SUPPLEMENTARY INFORMATION**

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Establishment Location (if different from above) \_\_\_\_\_

Accident Location  Same as establishment?  On premises? (Check if applies)

Employee Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Was injured person performing regular job at time of accident?  Yes  No

Length of service: With employer \_\_\_\_\_ On this job \_\_\_\_\_

Time shift started \_\_\_\_\_  AM  PM Overtime?  Yes  No

Name and address of Physician \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

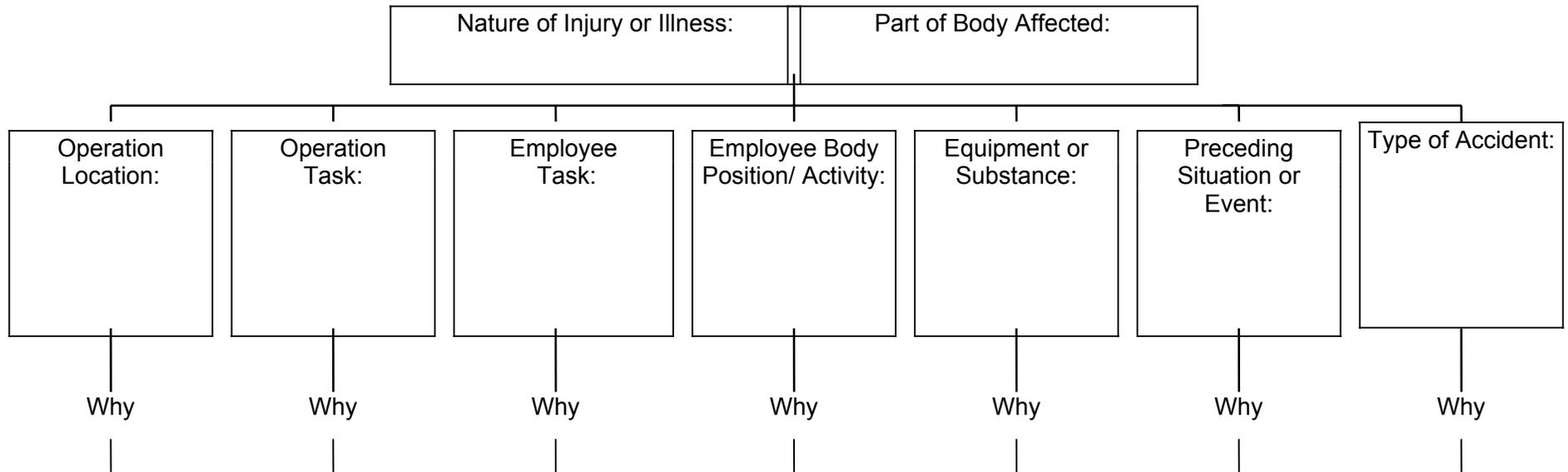
If hospitalized, name and address of hospital \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fatality?  Yes  No If Yes, date of death \_\_\_\_\_

**If death, attach Coroner's Report.**







**PART 4 DESCRIPTION AND ANALYSIS**

Fully describe accident:


**Attach photographs of accident scene and machinery/equipment.**

What factors led to the accident (from Accident Tree in Part 3)?


**MACHINERY/EQUIPMENT INVOLVED**

Manufacturer		Equipment Age	
Serial No.		Model	
Function			
Location			

1. Has machine/equipment been modified?
2. Was it guarded properly?
3. Was there any mechanical failure?

**To answer these questions, research and attach equipment history, maintenance history, relevant photographs and other reports and comments.**

**CONSTRUCTION**

If construction-related, date of contract	
Is firm <input type="checkbox"/> General Contractor or <input type="checkbox"/> Subcontractor	
Names of other contractors	

**WEATHER/ENVIRONMENTAL CONDITIONS** (temperature, housekeeping, lighting, work surfaces, etc.)




**TRAINING**

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes  No

If Yes:	Type:		
	Instructed by:		
	When instructed:		Length of training

**Attach appropriate training documentation.**

<b>PART 5 SPECIFIC ACTION THAT WILL BE TAKEN</b>
--

ITEM #	DESCRIPTION	ROUTE TO	TARGET DATE

WHAT ADDITIONAL ACTIONS SHOULD BE CONSIDERED?

---



---



---



---



---

Completed by:		Date of Investigation	
Title:			

Reviewed by:		Date	
Reviewed by:		Date	

**Attach individual statements from :**

- (a) the injured worker**
- (b) any witness(es) or others with contributing information**
- (c) the employer.**

For each statement, include name, job title, home address, home telephone number, and the date the statement was given.



## INSTRUCTIONS

**OSHA 301 FORM COMPATIBILITY**--When fully completed, this report is believed to satisfy the requirements of the OSHA 301 form.

**COMPLETION OF THIS REPORT**--Parts 1 and 2 may be filled out by office personnel or other staff assigned this function. Parts 3, 4 and 5 **must** be completely filled out by the first line supervisor, in coordination with plant manager and safety director.

### **PROCEDURE FOR COMPLETING PART 3--ACCIDENT TREE**

#### **A. Fill in the top blocks of the tree.**

Describe the NATURE of the injury or illness.

This could be a strain, sprain, laceration, contusion, abrasion, carpal tunnel syndrome, and so forth. Write in the space provided at the top of the tree.

Determine the PART OF THE BODY AFFECTED (such as right index finger, shoulder, lower back, and so forth.) and place this information in the adjacent space provided at the top of the tree.

If these specific details are not fully known at this time, do not wait to perform the investigation! Fill out as much as possible and continue.

If investigating accident or near miss, write *none* in "Nature of Injury or Illness" and "Part of Body Affected" blocks, and continue to next row of tree.

#### **B. Fill in the next row of the tree.**

##### **1. Operation--Location**

Where is the work being performed? Example: Working in assembly area.

##### **2. Operation Task**

On a larger scale, what specific operation is being performed? Examples: Milling keyway in shaft; Stocking shelves.

##### **3. Employee Task**

What specific task was the employee performing? Examples: Employee lifting box; Employee was fastening bolt.

##### **4. Employee Body Position/Activity**

Briefly describe the position required by the activity that relates to the accident, injury or illness. Examples: Wrist flexed forward; Hands grasping box.

##### **5. Equipment or Substance**

What is the equipment or substance that was directly involved in the accident, injury or illness? Examples: The machine or object struck against; The vapor or contaminant inhaled or swallowed; The object lifted, pulled.

##### **6. Preceding Situation or Event**

Determine important event(s) that led to the accident, injury, or illness. These may be considered as "triggering events", situations, or circumstances necessary for the accident to occur.

##### **7. Type of Accident**

What general type of accident occurred? Examples: Fall off a platform; Slipped on oil; Struck by machine tool; Contact with electricity; Exposure to hazardous substances.

#### **C. Trace each factor in more detail.**

Work from each of the factors identified above. Ask why each of the factors is necessary, or why they occurred. Under each factor, write the key words describing "why", and draw a line to connect the two. It is possible for there to be more than one reason "why" under each factor, so be sure to include all that you discover.

#### **D. Repeat the process--build the tree.**

The process in step three can be repeated until all questions are answered for each path of the tree. Dead ends are either unanswered questions that require additional investigation or pathways that have been resolved as far as practical.





Herbie, an office employee in a large manufacturing plant was delivering a large box of office supplies to the shipping/receiving supervisor who was located in the rear of the shop area. The maintenance crew had temporarily placed some pallets in the marked aisle way causing Herbie to walk around the pallets in the work area. He slipped on some oil on the floor and fell backwards on top of the pallets and onto the floor. He was helped up, stated he was all right, and continued his delivery without bothering to mention the incident to his supervisor. Two days later Herbie could barely get out of bed complaining of severe lower back pain. He called in sick, visited his doctor that day. After hearing what happened two days before, the doctor filed a back injury claim for Herbie with Workers' Compensation.

Office employees had been trained to keep inside the marked aisle ways and shop employees had been trained not to place equipment there, however when the dock area became overloaded the maintenance crew had been instructed by a dock employee to put the pallets there temporarily only until the dock could be cleared. The machine operator had reported the oil leak on the floor to maintenance but they were too busy responding to the dock backlog situation, which had been going on for several days to respond to maintenance requests.

---

Next to each causal factor, list contributing reasons to Herbie's injury:

(1) Task

(2) Material

(3) Environment

(4) Human Factor (Personal)

(5) Management/Process Failure

What preventative measures should be taken?

From management:

From employees:



**CLAIMS  
MANAGEMENT**



**Ohio.gov** Bureau of Workers' Compensation

Home | Injured Workers | Ohio Employers | Safety Services | Medical Providers | BWC Library

Focus on Injured Workers	Featured Links	Claim Payment	File a Claim
<a href="#">Accident/Injury Info »</a> <a href="#">Claim Info »</a> <a href="#">Claim Payment »</a> <a href="#">Claim Reference Info »</a> <a href="#">File a claim</a> <a href="#">Pledge Of Service</a> <a href="#">Update claim data</a> <a href="#">SI claim overview</a> <a href="#">Forms</a> <a href="#">Section Map</a>	<ul style="list-style-type: none"><li><a href="#">Pharmacy prior authorization</a></li><li><a href="#">Message board</a></li><li><a href="#">Automatic office locator</a></li></ul> <p><a href="#">See more »</a></p>	<ul style="list-style-type: none"><li><a href="#">Compensation payment history</a></li><li><a href="#">Scheduled compensation payment</a></li><li><a href="#">Pending compensation payment</a></li></ul> <p><a href="#">See more »</a></p>	<ul style="list-style-type: none"><li><a href="#">File a claim</a></li></ul>
<p>Live support available Monday through Friday 7:30 a.m. - 5:30 p.m. <a href="#">Click here to get help!</a></p>	<b>Claim Information</b> <ul style="list-style-type: none"><li><a href="#">Claim documents</a></li><li><a href="#">Claim status info</a></li><li><a href="#">Application tracking</a></li></ul> <p><a href="#">See more »</a></p>		

**Ombuds Office**  
Your problem-solving resource

**BWC Learning Center**  
Workers' comp training and educational needs

 [Help](#) | [Contact Us](#) | [Site Map](#) | [Search](#) | [Your Privacy](#) | [Pledge of Service](#) |



# *Claims Management*

---

---

---

---

---

---

---

---

## *Initiatives*

- Bureau of Workers' Compensation (BWC)
- Industrial Commission (IC)



---

---

---

---

---

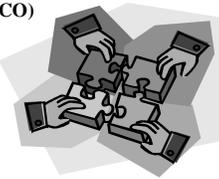
---

---

---

## *Claims Management Through Partnership*

- BWC
- Managed Care Organization (MCO)
- Employer
- Injured Worker
- Provider
- Representatives



---

---

---

---

---

---

---

---

## *Do You Know Your Partners?*

### •Customer Care Team Partners

- Customer Care Specialist
- Medical Service Specialist
- Disability Management Coordinator
- MCO Nurse Case Manager
- Employer Service Specialist
- Safety Consultant



---

---

---

---

---

---

---

---

## *Working With Your Partners*

### •When to contact BWC

- Initial and additional allowance
- Compensation issues

### •When to contact your MCO

- Treatment issues
- Payment of medical bills



---

---

---

---

---

---

---

---

## *Types of Claims*

- Medical Only - seven or fewer days lost from work
- Lost Time - eight days or more lost from work  
(Does not have to be eight consecutive days to be considered Lost Time.)

---

---

---

---

---

---

---

---

**Reporting Injuries**

**Injured worker completes accident report**



---

---

---

---

---

---

---

---

**Advantages to Employer Reporting**

- Claim will be submitted with the correct policy number.
- Claim will be submitted with the correct manual number.
- Claim will have a complete accident description.
- The injured worker will have a claim number at or near the time of the initial treatment.
- BWC will know whether or not the employer certifies the facts of the claim.

---

---

---

---

---

---

---

---

**Reporting Injuries**

- Injured worker seeks treatment
  - Certified providers
- Provider contacts MCO
- MCO electronically transmits to BWC



---

---

---

---

---

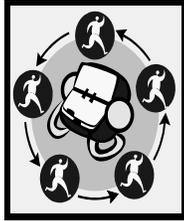
---

---

---

**Reporting Injuries**

- BWC issues a claim number
- BWC notifies all parties by letter
- BWC notifies MCO electronically




---

---

---

---

---

---

---

---

**Don't forget the website!**

You can file claims  
online at  
[www.ohiobwc.com](http://www.ohiobwc.com) !

---

---

---

---

---

---

---

---

**Additional information**  
*What an employer should report*

- Job descriptions
- Transitional work opportunities
- Wages
- Certification
- Incident report/miscellaneous information
- Witness statements

•Note: As the employer you should also consider sharing both the Job Description and Transitional Work Opportunities with the provider. Ask them if the IW could perform any of these duties.

---

---

---

---

---

---

---

---

## WHAT ABOUT HERBIE?



---

---

---

---

---

---

---

---

## Claim Flow Process

*What Happens After an Injury is Reported?*

- BWC staffs with MCO case manager and develops a plan of action
  - As an employer you may be asked to be part of the staffing to develop a RTW plan or answer questions.
- Contact made to all parties
- Investigate details and verify information
- Staff with appropriate team members
- Request a physician review if appropriate



---

---

---

---

---

---

---

---

## Making a Decision

- Weigh the evidence -- factual and medical
  - Accidental in character
  - In the course of and arising out of employment
  - Injury is physical in nature
- If necessary, apply ORC 4123.95
- Place a BWC Order



---

---

---

---

---

---

---

---

***What do I do Once I Receive  
the BWC Order?***

- File an IC12 and appeal the BWC Order
- Submit a waiver



---

---

---

---

---

---

---

---

***Don't forget the websites!***

BWC  
and  
Industrial Commission

Access [www.ohiobwc.com](http://www.ohiobwc.com) for filing waivers

Access [www.ic.state.oh.us](http://www.ic.state.oh.us) for filing appeals

---

---

---

---

---

---

---

---

***Industrial Commission***

- Presenting evidence
- Attending hearings
- Hearing process



---

---

---

---

---

---

---

---

## *Outcome Management*

- Developing a Plan of Action by establishing goals, developing interventions and identifying barriers
- Continually work with all parties and the treating provider to facilitate an early return to work
- Review treatment plans
  - ADR process
- Review rehabilitation potential




---

---

---

---

---

---

---

---

## *Outcome Management Developing a Plan of Action*

- Investigate the availability of modified duty or transitional work
- Address allowance of additional conditions
- Drugs
  - Physician Reviews
  - Various Programs
- Scheduling independent medical exams




---

---

---

---

---

---

---

---

## *Computing and Paying Compensation*

- Full weekly wage
- Average weekly wage
- Special circumstances
- Minimum and maximum award calculations
- When is compensation payable?




---

---

---

---

---

---

---

---

## WHAT ABOUT HERBIE?



---

---

---

---

---

---

---

---

## *Types of Compensation*

- Temporary Total
- Salary Continuation
- Living Maintenance
- Living Maintenance Wage Loss
- Wage Loss



---

---

---

---

---

---

---

---

## *Types of Compensation*

- Violation of Specific Safety Requirements
- Percentage of Permanent Partial
- Scheduled Loss
- Facial Disfigurement
- Permanent Total Disability
- Disabled Workers' Relief Fund



---

---

---

---

---

---

---

---

## Types of Compensation

**Settlement**

- Settlement application is filed
- Determination is made on potential future cost
- Settlement amount is negotiated with all parties
- Settlement agreement is published
- 30-day hold period
- Settlement is paid / claim is closed




---

---

---

---

---

---

---

---

## WHAT ABOUT HERBIE?




---

---

---

---

---

---

---

---

### COST BENEFITS OF LUMP SUM SETTLEMENT

HERBIE HAS AGREED TO SETTLE HIS CLAIM FOR \$5,000

Non Settled Claim	Claim Settled for \$5,000
Medical: \$4,359.54	Medical: \$4,359.54
Comp: \$4,693.58	Comp: \$9,693.58
Reserve*: \$47,726.08	Reserve: \$ 0
<b>Total value: \$56,779.20</b>	<b>Total Value: \$14,053.12</b>

\* Reserve of \$47,726.08 takes care of further cost of the claim.

Settling a claim means there will be no further activity in the claim. Therefore, the reserve goes to zero and the amount of settlement will be added to the comp paid.

Settling the claim means there will be **\$42,726.08** less charged to the experience for premium rate making purposes.

---

---

---

---

---

---

---

---

## Miscellaneous Cost Savings Impacts



- Handicap reimbursement
- Pursuit of settlement
- Subrogation

---

---

---

---

---

---

---

---

## How Can You Impact Claims Management?

- Encourage employees to immediately report near misses and accidents
- Ensure claims are reported to BWC as quickly as possible
- Verify the facts of the claim in a timely manner
- Maintain ongoing contact with the injured worker
- Share availability of modified or transitional work information with the Customer Care Team



---

---

---

---

---

---

---

---

## How Can You Impact Claims Management?

- Work with treating provider to facilitate an early return to work
- Work with immediate supervisor to ensure restrictions, if any, are adhered to
- Use BWC website to monitor claims
- Staff existing claims with Customer Care Team to determine impact of pursuing settlement
- Partner with BWC safety and hygiene personnel to determine possible injury prevention measures



---

---

---

---

---

---

---

---

*Remember if you don't  
manage the claim .....*

*IT will manage you!*



---

---

---

---

---

---

---

---



## Computing and Paying Compensation

### Full Weekly Wage (FWW)

For employees who have been either continuously employed for six weeks prior to the date of injury or who have worked for at least seven days prior to the date of injury, the FWW shall be the higher of either:

The gross wages (including overtime pay) earned over the aforementioned six week period divided by six, **or**:

The employee's gross wages earned for the seven days prior to the date of injury (excluding overtime pay).

### Injured Workers Not Continuously Employed for Six Weeks Prior to the Date of Injury

When a worker is injured during the first several hours or days of employment, has not been continuously employed for six weeks prior to the date of injury, it is necessary to establish what the worker would have earned during the week of the injury. In these instances the FWW shall be computed by multiplying the *employee's hourly rate* times the number of hours *scheduled* to work for the week in which the injury occurred.

### Guideline for Injured Worker with Multiple Employers

An employee who works for two employers at the same time and sustains an injury while in the employ of one employer but is unable to work both jobs may include wages from both jobs to determine FWW and AWW.

#### Example:

Injured worker works day shift for Employer A and nights for Employer B. Injured worker sustains an injury while working for Employer A. Medical proof from the attending physician substantiates that the injured worker cannot work for either employer. The injured worker is entitled to temporary total benefits. FWW calculation should include wages from both employers.

**It is the responsibility of the injured worker to provide proof of wages from the other employer(s).**

## Average Weekly Wage (AWW)

The AWW is determined by averaging the injured worker's earnings for the 52 weeks prior to the date of injury. Earnings from all employers the injured worker received wages from the year prior to the injury can be included. Proof of earnings from jobs other than the job where the injury occurred is the responsibility of the injured worker.

Divide the total by 52 (weeks in the calendar year) unless there were periods of unemployment due to sickness, industrial depression, strike, lockout or inability to work after honest, diligent effort to secure employment. There must be an explanation in the claim substantiating proof of these periods. **NOTE:** *Additional earned benefits for tips, laundry, room and board, house rent or other services and goods which are part of the remuneration of the injured worker can be considered wages upon satisfactory proof.*

### Seasonal Workers

Wages for seasonal workers (e.g. fruit or vegetable picker), must be computed by using all wages and dividing by 52 weeks. Periods of unemployment are not omitted because the injured worker is a seasonal worker by choice.

### Self Employment

Additional earnings of employees who are also self-employed should be included in the computation of the AWW as long as they can be substantiated as earnings rather than investment income.

## Special Circumstances

The BWC claims specialist may request a hearing in cases of a wage dispute or where usual guidelines do not justly determine the wage.

## STATEWIDE AVERAGE WEEKLY WAGE (SAWW)

### Maximum

Each December the Ohio Department of Jobs and Family Services (ODJFS) establishes the SAWW for the next year. This is the legal maximum amount payable to an injured worker for the year in which they were injured.

### Minimum

The minimum amount payable to an injured worker for the year in which they were injured is equivalent to 33 1/3% of the SAWW.

## When is Compensation Payable?

For the claims with a date of injury of Jan. 1, 1979, and after, no compensation is payable for the first week of total disability unless the injured worker is off 14 consecutive days.

### **Example:**

Date of injury: Feb. 1, 1999

First day worker is unable to work Feb. 2, 1999

Worker returned to work Feb. 15, 1999

Total period of time worker is off initially is thirteen days.

The injured worker is initially due Temporary Total Compensation from Feb. 9 to Feb. 14.

First day worker is unable to work again due to injury on June 5, 1999.

Worker returned to work for this period July 5, 1999.

Total period of disability during this period is 4 weeks, 2 days.

Temporary total is payable from Feb. 2, 1999 through Feb. 14, 1999 and June 5, 1999 through July 4, 1999 for a total of 6 weeks, 1 day.

# Types of Compensation

## Temporary Total (TT) Compensation

TT compensation is provided to compensate an injured worker who is totally disabled from work on a temporary basis due to the work related injury or occupational disease. TT is generally the initial award of compensation paid to an injured worker to compensate for lost wages.

### Determining Eligibility

An injured worker **cannot** be paid TT compensation if:

- The injured worker was working (full or part-time) during the disability period.
- Wages or sick leave was paid by the employer with no wage agreement in the claim file during the disability period.
- The injured worker *voluntarily retired* from their employment for reasons *unrelated* to the work related injury/illness.
- The injured worker is incarcerated.
- The injured worker has returned to work and is requesting TT compensation for a doctor's appointment and/or medical treatment/services.

If an employee works for *two different employers* during the same period of time and is injured at one of the jobs:

- TT *can* be paid if the injured worker cannot work at either job. The TT compensation weekly rate is based upon the income from both jobs.
- TT *cannot* be paid if the injured worker continues to work full or part-time at either job. In this situation, the injured worker may be entitled to other types of compensation such as Wage Loss (WL), Temporary Partial (TP) or Percentage of Permanent Partial (%PP).

OAC 4123-5-20 states that an injured worker can receive both vacation pay, comp time or holiday pay and TT compensation over the same period.

Note, if the employer chooses to pay a salary continuation in lieu of TT compensation, the employer must pay the injured worker full regular salary including any regular benefits.

## Living Maintenance Compensation

Living Maintenance (LM) payments are provided to the injured worker in place of temporary total compensation when participating in a vocational rehabilitation plan.

---

## **Living Maintenance Wage Loss Compensation**

Living maintenance wage loss (LMWL) payments may be paid to an injured worker with a date of injury on or after August 22, 1986, who has successfully completed a rehabilitation plan and experiences a wage loss upon returning to work. Living maintenance wage loss is paid for a period not to exceed 200 weeks and is offset by any previously paid wage loss benefits.

## **Wage Loss Compensation**

Wage loss (WL) compensation may be paid to an injured worker (IW) that suffers a reduction in earnings as a direct result of restrictions from the allowed conditions in the claim. Wage loss is payable in claims with a date of injury or diagnosis on or after 8/22/86. Wage loss is paid for a period not to exceed 200 weeks.

Two conditions must be met to be eligible for WL:

- A loss or diminishing in wages exists.
- The WL is a direct result of the restrictions caused by the allowed conditions in the claim.

There are two types of wage loss benefits that may be considered in a claim.

- Working wage loss (WWL) is payable when the IW returns to employment other than his or her former position of employment. *This would include return to work with the employer of record with different job duties, fewer hours and less pay resulting from the physical restrictions.*
- Non-working wage loss (NWWL) is payable when the IW is unable to find suitable employment.

### **Calculation on injury dates prior to May 15, 1997**

Wage loss compensation in claims with dates of injury prior to May 15, 1997 will be calculated by using the difference between the employee's present earnings and the greater of the employee's FWW or AWW. The injured worker shall receive compensation at 66 2/3 percent of this difference, not to exceed the SAWW for the year of the injury.

### **Calculation on injury dates on or after May 15, 1997**

Wage loss compensation in claims with dates of injury after May 15, 1997 will be calculated by using the difference between the employee's present earnings and the employee's AWW.

## **Percentage of Permanent Partial Awards (%PP)**

Percentage of permanent partial (%PP), commonly referred to as C-92 awards is compensation awarded for residual impairment resulting from an allowed injury or occupational disease according to ORC 4123.57.

## **Scheduled Loss Compensation**

BWC or the self-insuring employer will pay all initial awards of Scheduled Loss (SL) compensation under ORC 4123.57(B). This includes payment of all scheduled losses (amputations), loss of use, ankylosis, loss of vision, and total loss of hearing.

## **Facial Disfigurement**

Facial Disfigurement (FD) is a one-time award granted for visible damage to the face or head with the potential to impair the injured workers ability to secure or retain employment. Facial Disfigurement awards are in addition to other types of partial disability compensation or scheduled loss awards paid according to ORC 4123.57 under and are paid in a lump sum.

## **Permanent Total Disability**

Permanent Total Disability (PTD) is the injured worker's inability to perform sustained remunerative employment due to the allowed condition(s) in the claim. The purpose of PTD benefits are to compensate the injured worker for impairment of earning capacity. Compensation for PTD is payable for life.

## **Disabled Workers' Relief Fund**

Disabled Workers' Relief Fund (DWRP) is a separate supplemental fund established to provide relief to an injured worker who is receiving permanent total disability (PTD) compensation benefits by raising the cost of living level. ORC 4123.412

## **Settlement**

A claim is settled when the parties to the claim agree to a sum of money, which is paid to the injured worker. It forever resolves all past, present or future issues or liabilities in the claim, whether known or unknown.

### **Settlement Philosophy**

BWC's position is to act in the best interest of all the parties by establishing a fair and equitable settlement. BWC may pursue or initiate settlement only in certain cases.

## **Violation of Specific Safety Requirements (VSSR)**

No employer will violate a specific safety requirement established by legislation or BWC. The injured worker (IW) or dependent, (when there has been a fatality) may file an application for a Violation of Specific Safety Requirements (VSSR) award if there is evidence that a violation has or may have occurred.

## Handicap Reimbursement

Handicap Reimbursement is a program designed to encourage employers to hire and retain an employee with a handicapped condition, as listed in ORC 4123.343(A) or an employee with a military service handicap according to ORC 4123.63.

Definition of handicapped employee: One who has physical or mental impairment, whether congenital or due to injury or disease. The impairment must jeopardize the individual's opportunity for employment or reemployment. The impairment must be due to any of the conditions or diseases listed below:

Epilepsy	Varicose veins
Chronic osteomyelitis	Cerebral palsy
Diabetes	Coal Miner's pneumoconiosis (Black Lung)
Ankylosis of joints	Multiple sclerosis
Cardiac disease	Psycho- neurosis
Hyperinsulinism	Parkinson's disease
Arthritis	Hemophilia
Muscular dystrophy	Cerebral vascular accident
Amputation	Cardiovascular diseases
Arteriosclerosis	Tuberculosis
Sight loss	Pulmonary or respiratory diseases
Thrombophlebitis	Rehabilitation disability
Polio	

- How does the employer benefit from Handicap Reimbursement?  
Answer: Portions of the claim's cost resulting from the pre-existing handicap are charged to BWC surplus fund, not to the employer's experience.
- How can the employer qualify for Handicap Reimbursement?  
Answer: Employee's pre-existing handicap contributes to work-related disability, disease or death, and must be substantiated by medical evidence.  
OR  
Employee's work-related accident aggravates the pre-existing handicap and must be substantiated by medical evidence.
- How can the employer file for Handicap Reimbursement?  
Answer: When the employer becomes aware that the handicapped employee is injured and the handicap is impacting the cost of the claim, the employer may submit Application for Handicap Reimbursement (CHP-4A) with BWC.



Home [Injured Workers](#) [Ohio Employers](#) [Medical Providers](#) [BWC Library](#) [Contact Us](#)

## Ohio Bureau of Workers' Compensation

Governor, Ted Strickland  
Administrator, Marsha P. Ryan



Focus on  
Injured Workers

log on

[?](#) help [🖨️](#) print [🔍](#) search [📖](#) glossary [cc](#)

[Accident/Injury Info »](#)  
[Claim Info »](#)  
[Claim Payment »](#)  
[Claim Reference Info »](#)  
[File a claim](#)  
[Pledge Of Service](#)  
[Update claim data](#)  
[SI claim overview](#)  
[Forms](#)  
[Section Map](#)

Live support available  
Monday through Friday  
7:30 a.m. - 5:30 p.m.  
[Click here to get help!](#)

**OhioBWC - Worker - Form:** (BWC Forms) - Injured Worker Forms Home

**Injured worker  
Forms**

[Detail](#)



Industrial Commission Forms

These documents are in the public domain and may be copied or reprinted. Source credit is rec

[Adobe Reader is required to view/print forms, click here.](#)

BWC #	Form Title	Description	View/ Print
A-12	A.C.T. Enrollment and Direct Deposit Authorization		
A-21	Electronic Benefit Card		
A-35	Direct Deposit ACT Bank Change		
C-5	Addition Information for Death Benefits		
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision		
C-17	Outpatient Medication Invoice		
C-18	Wage Agreement		
C-23	Notice to Change Physician of Record		
C-30	Request for Medical Information		
C-32	Application for Payment of Lump Sum Advancement		
C-39	Annual Death Benefits Questionnaire		
C-59	Self-Insurer's Agreement as to Compensation on Account of Death		
C-60	Injured Worker Statement for Reimbursement of Travel Expense		
C-60-A	Injured Worker Reimbursement Rates for Travel Expense		
C-77	Injured Worker's Change of Address Notification		
C-84	Request for Temporary Total Compensation		
C-84-ES	Request for Temporary Total Compensation (En Español)		
C-86	Motion		
C-86-ES	Motion (En Español)		
C-92	Application for Determination of Percentage of Permanent Partial Disability or Increase of Permanent		

	Partial Disability		
C-94-A	Wage Statement		
C-101	Authorization to Release Medical Information		
C-108	WAIVER of Appeal Period		
C-140	Initial Application for Wage Loss Compensation		
C-141	Wage Loss Statement for Job Search		
C-159	Waiver Of Workers' Compensation Benefits For Recreational Or Fitness Activities		
C-230	Authorization to Receive Workers' Compensation Check		
C-230-ES	Authorization to Receive Workers' Compensation Check (En Español)		
C-240	Settlement Agreement and Application for Approval of Settlement Agreement		
C-240-A	Notice of Exception to Employer's Signature Requirement		
C-241	Amended Settlement Agreement and Release		
C-255	Affidavit for Attorney Fees		
FROI	First Report of an Injury, Occupational Disease or Death		
FROI-ES	First Report of an Injury, Occupational Disease or Death (En Español)		
	Reporting fraud		
IC-167-T	Objection to Tentative Order Awarding Permanent Partial Disability Compensation		
MEDCO-31	Request for Prior Authorization of Medication Form		
MEDCO-32	Request for Prior Authorization of NON-PREFERRED Medication Form		
OD-58-22	Application for Adjustment of Claim in Case of Death Due to Occupational Disease		
OSHA-1204	PERRP Complaint Form		
R-2	Injured Worker Authorized Representative		
RH-1	Rehabilitation Agreement		
RH-6	On-the-Job Training Agreement		
RH-7	Loan/Release Agreement for Tool and Equipment		
RH-10	Vocational Rehabilitation Plan Job Search Contacts		
RH-24	Gradual Return to Work Contract Reimbursement Method		
SI-28	Filing of Allegation Against a Self-Insured Employer		
SI-42	Self Insured Joint Settlement Agreement and Release		
SI-43	Acknowledgement of the Self-Insured Joint Settlement Agreement and Release		
	Subrogation Referral Form		


[Next](#)


search

[Home](#) | [Injured Workers](#) | [Ohio Employers](#) | [Safety Services](#) | [Medical Providers](#) | [BWC Library](#)
Focus on  
Ohio Employers  
log on

? help

print

search

glossary

[Accident/Injury Info »](#)  
[Claim Costs/Reserves »](#)  
[Claim Info »](#)  
[Claim Payment »](#)  
[Claim Reference Info »](#)  
[Coverage look-up](#)  
[Employer Services »](#)  
[Quick Pay](#)  
[Safety Services »](#)  
[Self-Insured »](#)  
[Forms](#)  
[Section Map](#)

Live support available  
 Monday through Friday  
 7:30 a.m. - 5:30 p.m.  
[Click here to get help!](#)

OhioBWC - Employer - Form: (BWC Forms) - Employer Forms Home

## Employer Forms

[Detail](#)

Industrial Commission Forms

These documents are in the public domain and may be copied or reprinted. Source credit is re

[Adobe Reader is required to view/print forms, click here.](#)

BWC #	Form Title	Description	View/Print
AC-18	Labor Lease Transaction - Payroll		
AC-19	Labor Lease Transaction - Claims		
AC-2	Permanent Authorization		
AC-3	Temporary Authorization to Review Information		
AC-3-ES	Temporary Authorization to Review Information (En Español)		
BWC-7500	Plan of Action		
C-9-A	Request for Additional Medical Documentation for C-9		
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision		
C-18	Wage Agreement		
C-30	Request for Medical Information		
C-55	Salary Continuation Agreement		
C-59	Self-Insurer's Agreement as to Compensation on Account of Death		
C-86	Motion		
C-86-ES	Motion (En Español)		
C-94-A	Wage Statement		
C-101	Authorization to Release Medical Information		
C-108	WAIVER of Appeal Period		
C-110	Agreement to Select the State of Ohio as the State of Exclusive Remedy		

C-112	Agreement to Select a State Other than Ohio as the State of Exclusive Remedy		
C-159	Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities		
C-240	Settlement Agreement and Application for Approval of Settlement Agreement		
C-240-A	Notice of Exception to Employer's Signature Requirement		
C-241	Amended Settlement Agreement and Release		
CHP-4A	Application for Handicap Reimbursement		
FROI	First Report of an Injury, Occupational Disease or Death		
FROI-ES	First Report of an Injury, Occupational Disease or Death (En Español)		
	Reporting fraud		
IC-167-T	Objection to Tentative Order Awarding Permanent Partial Disability		
LEGAL-15	Employer Adjudication Protest		
LEGAL-16	Settlement Application for Non-complying Employer Claims		
	MCO Selection Form		
MEDCO-6	Waiver of Examination		
MEDCO-8	Self Insured Employer/Injured Worker Screening		
OCP-1	One Claim Program Application		
OD-58-22	Application for Adjustment of Claim in Case of Death Due to Occupational Disease		
OSHA-1204	PERRP Complaint Form		
R-1	Employer Authorized Representative		
RH-5	Trainer's Report		
RH-6	On-the-Job Training Agreement		
RH-19	Employer Incentive Contract		
RH-24	Gradual Return to Work Contract Reimbursement Method		
RPS-Amend-Payroll	Amended Payroll Report		
SA-5	Premium Discount Program + Self-Assessment		
SI-6	Initial Application by Employer for Authority to Pay Compensation Etc. Directly		
SI-7	Application for Renewal of Authorization to Operate as a Self-Insured Risk		
SI-8	Rehabilitation Election		
SI-16	Agreement Between Employer and the Ohio Bureau of Workers' Compensation Regarding Amount of Self-Insured Buyout		
SI-28	Filing of Allegation Against a Self-Insured Employer		
SI-38	Contract of Guaranty		
SI-40	Report of Paid Compensation and Statistical Information		
SI-41	Handicap Reimbursement Election		
SI-42	Self Insured Joint Settlement Agreement and Release		

SI-43	Acknowledgment of the Self-Insured Joint Settlement Agreement and Release Instructions		
SI-44	Election to Withdraw from Claims Reimbursement Fund		
	Subrogation Referral Form		
U-3	Application for Ohio Workers' Compensation Coverage		
U-3-ES	Application for Ohio Workers' Compensation Coverage (En Español)		
U-3E	Application for Exemption from Ohio Workers' Coverage and Waiver of Benefits		
U-3S	Application for Elective Coverage		
U-3S-ES	Application for Elective Coverage (En Español)		
UA-3	Professional Employer Organization Client Relationship Notification		
UA-5	Application for the Premium Discount Program +		
UA-6	Premium Discount Program + Plan of Action		
U-20	Application for Retrospective Rating Plan for Private Employers		
U-21	Application for Retrospective Rating Plan for Public Employers		
U-117	Notification of Policy Update		
U-118	Notification of Business Acquisition/Merger or Purchase/Sale		
U-140	Application for Drug-Free Workplace Program and Drug-Free EZ		
U-142	Progress Report- Drug-Free Workplace/Drug-Free EZ Program		
U-145	Lump Sum Settlement (LSS) Direct Reimbursement Payment and Rating Program for Public Employer State Agencies		
	Extended Payment Plan		

▲ Next ▶▶

[Help](#) | [Site Map](#) | [Search](#) | [Privacy Statement](#) | [Pledge of Service](#) | [Contact Us](#)



search

[Home](#) | [Injured Workers](#) | [Ohio Employers](#) | [Safety Services](#) | [Medical Providers](#) | [BWC Library](#)
Focus on  
Medical Providers  
log on

? help

print

search

glossary

[Accident/Injury Info »](#)  
[Claim Info »](#)  
[Claim Reference Info »](#)  
[Look-Ups »](#)  
[Services »](#)  
[Forms](#)  
[Section Map](#)

Live support available  
Monday through Friday  
7:30 a.m. - 5:30 p.m.  
[Click here to get help!](#)

**OhioBWC - Provider - Form:** (BWC Forms) - Provider Forms Home**Provider  
Forms****Data****Industrial Commission Forms**

These documents are in the public domain and may be copied or reprinted. Source credit is re

[Adobe Reader is required to view/print forms, click here.](#)

BWC #	Form Title	Description	View/ Print
COVER	Medical Documentation Fax Cover Sheet		
C-5	Additional Information for Death Benefits		
C-9	Physician's Request for Medical Service or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease		
C-9-A	Request for Additional Medical Documentation for C-9		
C-11	ADR Appeal to the MCO Medical Treatment/Service Decision		
C-17	Request for Injured Worker Outpatient Medication Reimbursement		
C-19	Services Invoice		
C-44	Physician's Certificate in Proof of Death		
C-84	Request for Temporary Total Compensation		
C-84-ES	Request for Temporary Total Compensation (En Español)		
C-101	Authorization to Release Medical Information		
C-140	Initial Application for Wage Loss Compensation		
C-143	DEP Physician's Report of Work Ability		
C-190	Justification of Necessity for Seating/Wheeled Mobility		
C-196	Amputation/Loss of Use Diagram		
FEE	BWC Fee Schedule		
FROI	First Report of an Injury, Occupational Disease or Death		
	First Report of an Injury, Occupational Disease or		

FROI-ES	Death (En Español)		
	Reporting fraud		
MEDCO-12	Request to Change Provider Information		
MEDCO-13	Application for Provider Enrollment and Certification		
MEDCO-13A	Application for Provider Enrollment Non-Certification		
MEDCO-14	Physician's Report of WORK ABILITY		
MEDCO-31	Request for Prior Authorization of Medication Form		
MEDCO-32	Request for Prior Authorization of NON-PREFERRED Medication Form		
RH-2	Individualized Vocational Rehabilitation Plan		
RH-5	Trainer's Report		
RH-6	On-the-Job Training Agreement		
RH-7	Loan/Release Agreement for Tools and Equipment		
RH-18	Six Month Authorization to Pay Rehabilitation Wage Loss Payments		
RH-19	Employer Incentive Contract		
RH-21	Vocational Rehabilitation Closure Report		
RH-24	Gradual Return to Work Contract Reimbursement Method		
	Subrogation Referral Form		

---

 **Next** 

[Help](#) | [Site Map](#) | [Search](#) | [Privacy Statement](#) | [Pledge of Service](#) | [Contact Us](#)



Herbie, an office employee in a large manufacturing plant was delivering a large box of office supplies to the shipping/receiving supervisor who was located in the rear of the shop area. The maintenance crew had temporarily placed some pallets in the marked aisle way causing Herbie to walk around the pallets in the work area. He slipped on some oil on the floor and fell backwards on top of the pallets and onto the floor. He was helped up, stated he was all right, and continued his delivery without bothering to mention the incident to his supervisor. Two days later Herbie could barely get out of bed complaining of severe lower back pain. He called in sick, visited his doctor that day. After hearing what happened two days before, the doctor filed a back injury claim for Herbie with Workers' Compensation.

Office employees had been trained to keep inside the marked aisle ways and shop employees had been trained not to place equipment there, however when the dock area became overloaded the maintenance crew had been instructed by a dock employee to put the pallets there temporarily only until the dock could be cleared. The machine operator had reported the oil leak on the floor to maintenance but they were too busy responding to the dock backlog situation, which had been going on for several days to respond to maintenance requests.

---

As mentioned earlier, Herbie's claim was submitted by his doctor two days after the injury occurred. Herbie hadn't been to the doctor in years and had heard about this doctor from one of his close friends at work who has used this doctor for an injury similar to his. His friend was off for several months and seemed to really feel that this doctor treated him well.

Herbie reported the injury 12 days ago and the claim has yet to be determined by BWC. Your policy is to pay salary continuation to all of your employees.

What steps would you take during this two-week period to lessen the impacts of this injury to your company?

What resources could you use?

Did you consider this:

- Contact your IW to see how they are doing.
  - Ask what barriers they have to returning to work.
  - See if you can eliminate any of the barriers
  - Ask them what is going on with their treatment right now, when their next appointment is and what their plan is for RTW.
  - Explain how your salary continuation will work and for how long.
  - Give them phone numbers to call with any questions or problems.
- Contact the treating provider to see get restrictions
  - Share the IW's job description and Transitional work opportunities.
  - Ask the doctor to review them and outline what if anything the IW could do at work.
  - Attempt to create a job that would fit the restrictions of the POR. (Ensure that this offer is signed off by the provider)
  - Ask for RTW barriers
- Pay the IW timely if salary continuation is chosen.
- If an agreement can be reached with a provider on a transitional duty or regular duty job contact the IW to set expectations and send the offer in writing to the IW's home.
- Share pertinent information with your Claims Service Specialist.
- Consider the possibility of certifying the claim or waiving the appeal period.

**EARLY RETURN  
TO WORK**



The Importance of  
Early Return to Work

**"...medical care costs correlate not with the severity of diagnosis, as might be predicted, but the length of time workers remain out on disability."**

*Disability Management*  
Akabas, Galvin and Gates  
The American Management Association

---

---

---

---

---

---

---

---

Question.....

**Which type of injury may be the most costly to an employer?**

- A severe traumatic injury to an employee involving multiple fractures; or,**
- A mild injury to an employee diagnosed as a low back sprain/strain.**

---

---

---

---

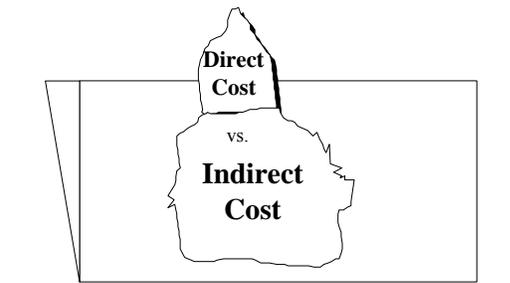
---

---

---

---

Indirect Cost Of Lost Time is  
Four Times the Direct Cost



---

---

---

---

---

---

---

---

Benefits Of Early Return-to-Work (RTW) Programs

---

- Reduces costs
  - Reinforces management's commitment to employee welfare
  - Maintains quality/production
  - Enhances ADA compliance
  - Increases safety and prevents future injuries (i.e. ergonomic improvements)
- 

---

---

---

---

---

---

---

---

Benefits to the Injured Worker (IW)

---

- Recovers more quickly
  - Experiences a smoother transition back to regular duty
  - Receives a full, regular paycheck
  - Jobs skills stay current
  - Maintains work relationships
  - Problems related to inactivity decrease
- 

---

---

---

---

---

---

---

---

Overview of Programs

---

- Remain at Work Services
  - Transitional Work
  - Vocational Rehabilitation
- 

---

---

---

---

---

---

---

---

Goals of Remain-at-Work (RAW) Services

---

**to help the worker stay on the job thus preventing a lost time claim.**

---

---

---

---

---

---

---

---

---

Eligibility for RAW Services

---

- IW has a medical only claim and is experiencing difficulty at work due to the allowed condition.
  - The employer and physician have documented the job task problems.
- 

---

---

---

---

---

---

---

---

How do you refer for RAW services?

---

- Contact your Managed Care Organization (MCO)
- 

---

---

---

---

---

---

---

---

What is Transitional Work?

- Work-site program for workers with physical restrictions
- Progresses the worker to a specific job
- Time limited and individualized

---

---

---

---

---

---

---

---

Transitional Work Program

- May include progressive conditioning, on-site work activities, and education for safe work practices.
- May include job modification or alternative work assignments.

---

---

---

---

---

---

---

---

Light Duty

*Transitional Work*

- |   |  |
|---|--|
| <input type="checkbox"/> Light duty is opened ended   | <input type="checkbox"/> Transitional work has a starting and ending date    |
| <input type="checkbox"/> No therapeutic goals defined | <input type="checkbox"/> Offers work hardening or other therapeutic benefits |

---

---

---

---

---

---

---

---

<p><u>Light Duty</u></p> <p><input type="checkbox"/> Responsibilities of employer or employee are not outlined</p> <p><input type="checkbox"/> No alternative plan if light duty fails</p>	<p><i>Transitional Work</i></p> <p><input type="checkbox"/> Responsibilities are clearly defined in writing</p> <p><input type="checkbox"/> Alternative plan will be developed</p>
--	--

---

---

---

---

---

---

---

---

<p><u>Philosophy needed</u></p> <p><input type="checkbox"/> Buy-in by top management</p> <p><input type="checkbox"/> Labor/employee involvement</p> <p><input type="checkbox"/> Commitment for openness</p> <p><input type="checkbox"/> Confidentiality</p> <p><input type="checkbox"/> Policy that is logical and fair</p>	
---	--

---

---

---

---

---

---

---

---

<p><u>Vocational Rehabilitation: Eligibility and Feasibility</u></p> <p><input type="checkbox"/> Eligibility: Ohio Administrative Code 4123-18-03</p> <p><input type="checkbox"/> Feasibility – Reasonable probability for RTW</p>	
--	--

---

---

---

---

---

---

---

---

Vocational Rehabilitation Programs

- Anyone can refer an IW to vocational rehabilitation
  
- Contact the MCO or the assigned BWC Customer Care Team in the service office

\_\_\_\_\_

---

---

---

---

---

---

---

---

The Return to Work Hierarchy (OAC 4123-18-05)

Injured workers return to work as follows:

- Same job, same employer
- Different job, same employer
- Same job, different employer
- Different job, different employer
- Skill enhancement, short-term training may help at any step in return to work.

\_\_\_\_\_

---

---

---

---

---

---

---

---

Programs of Special Interest to Employers

- Employer Incentive Contract
- Gradual Return to Work (GRTW)
- Job Modifications/Tools and equipment
- On-the-job training (OJT)
- Work Trial

\_\_\_\_\_

---

---

---

---

---

---

---

---

Questions about RAW,  
Transitional Work and Vocational  
Rehabilitation programs?

---

---

---

---

---

---

---

---

---





Herbie, an office employee in a large manufacturing plant was delivering a large box of office supplies to the shipping/receiving supervisor who was located in the rear of the shop area. The maintenance crew had temporarily placed some pallets in the marked aisle way causing Herbie to walk around the pallets in the work area. He slipped on some oil on the floor and fell backwards on top of the pallets and onto the floor. He was helped up, stated he was all right, and continued his delivery without bothering to mention the incident to his supervisor. Two days later Herbie could barely get out of bed complaining of severe lower back pain. He called in sick, visited his doctor that day. After hearing what happened two days before, the doctor filed a back injury claim for Herbie with Workers' Compensation.

Office employees had been trained to keep inside the marked aisle ways and shop employees had been trained not to place equipment there, however when the dock area became overloaded the maintenance crew had been instructed by a dock employee to put the pallets there temporarily only until the dock could be cleared. The machine operator had reported the oil leak on the floor to maintenance but they were too busy responding to the dock backlog situation, which had been going on for several days to respond to maintenance requests.

---

The claim was allowed and attempts to get an early RTW have failed. Herbie has now been off for seven weeks and has not heard from his employer five weeks. However, Herbie did opt to receive salary continuation from his employer and has been getting his paycheck like clockwork every two weeks.

What barriers to return to work can you identify?

What steps could have been taken to eliminate or minimize the barrier?

What steps could be taken to facilitate an early return to work?

How might you use the following resources?

- BWC Employer Service Specialist
- BWC Claims Service Specialist
- MCO

Are there any other resources you might access?



**INJURED WORKER  
CASE FILE**



## FORMS AVAILABLE IN THIS SECTION

Essential Job Functions

Transitional Work Duty

Estimated Work Capacity Form

Job Description Physical Analysis

Documents in Injured Worker Case File



# Essential Job Functions

JOB: \_\_\_\_\_

DATE EVALUATED: \_\_\_\_\_

TASK NUMBER \_\_\_\_\_:

---

---

1. Is this actually required of employees in the position to perform the function? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Would removing the function fundamentally alter the job? \_\_\_\_\_ Yes \_\_\_\_\_ No
- a. Does the position exist to perform the function? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Are there a limited number of other employees available to perform the function or among whom the function can be distributed? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Is the function highly specialized and special experience or abilities needed to perform this function? \_\_\_\_\_ Yes \_\_\_\_\_ No

List:

---

3. Other evidence \_\_\_\_\_ Yes \_\_\_\_\_ No
- a. Does the employer believe it is essential? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Is it in a written job description? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. How much time is needed to do this? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Are there consequences for not doing it? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Employer's organizational structure such as teams \_\_\_\_\_ Yes \_\_\_\_\_ No
- f. Are the current employees doing this? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Collective bargaining agreements are they relate to the job function:

---

---

## SUMMARY

Is this an essential job function? \_\_\_\_\_ Yes \_\_\_\_\_ No



# TRANSITIONAL WORK DUTY

EMPLOYEE NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ PCN \_\_\_\_\_

DISTRICT/DIVISION \_\_\_\_\_ WORK UNIT \_\_\_\_\_

This report covers the two-week period from \_\_\_\_\_ to \_\_\_\_\_

Please rate the injured worker by marking in the appropriate blocks below and record observations for each item checked.

	Above Average	Average	Below Average	Observations
General Progress				
Ability to follow instructions				
Cooperation				
Initiative				
Attitude				
Safety habits				
Use of tools or equipment				
Physical/Manual dexterity				

Additional comments and/or recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Attendance Record

Please place an "A" in the block for any date for which the injured worker was scheduled to work but did not report.

Date							
# hrs. worked							

\_\_\_\_\_  
**Signature and Title of Manager**

\_\_\_\_\_  
**Labor Signature**



# Estimated Work Capacity Form

Patient: \_\_\_\_\_

File #: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

We would appreciate your cooperation in completing the following items on this form. It is important to our efforts in determining this person's work potential. Any item that you do not believe you can answer should be marked N/A. Thank you.

**Note: In terms of an 8-hour workday,**

**“Occasionally” = 1% to 33%**  
**“Frequently” = 34% to 66%**  
**“Constantly” = 67% to 100%**

1. In an 8-hour workday, person can: (Circle full capacity for each activity)

TOTAL WITHOUT BREAKS (hours)

Sit	0	1/2	1	2	3	4	5	6	7	8
Stand	0	1/2	1	2	3	4	5	6	7	8
Walk	0	1/2	1	2	3	4	5	6	7	8

TOTAL DURING ENTIRE 8-HOUR DAY (hours)

Sit	0	1/2	1	2	3	4	5	6	7	8
Stand	0	1/2	1	2	3	4	5	6	7	8
Walk	0	1/2	1	2	3	4	5	6	7	8

2. Person can lift:	Never	Occasionally	Frequently	Constantly
Up to 10 lbs.	_____	_____	_____	_____
11-20 lbs.	_____	_____	_____	_____
21-50 lbs.	_____	_____	_____	_____
51-100 lbs.	_____	_____	_____	_____
100+ lbs.	_____	_____	_____	_____

3. Person can carry:	Never	Occasionally	Frequently	Constantly
Up to 10 lbs.	_____	_____	_____	_____
11-20 lbs.	_____	_____	_____	_____
21-50 lbs.	_____	_____	_____	_____
51-100 lbs.	_____	_____	_____	_____
100+ lbs.	_____	_____	_____	_____

4. Person can push/pull:	Never	Occasionally	Frequently	Constantly
Up to 10 lbs.	_____	_____	_____	_____
11-20 lbs.	_____	_____	_____	_____
21-50 lbs.	_____	_____	_____	_____
51-100 lbs.	_____	_____	_____	_____
100+ lbs.	_____	_____	_____	_____

5. Person can do repetitive movements as in operating controls:				
Right Hand/Arm	Right Foot/Leg	Left Hand/Arm	Left Foot/Leg	
___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	



# JOB DESCRIPTION PHYSICAL ANALYSIS

PLANT \_\_\_\_\_ DIVISION \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DEPT. \_\_\_\_\_ JOB CODE \_\_\_\_\_

BRIEF DESCRIPTION OF JOB REQUIREMENTS \_\_\_\_\_

## I. PHYSICAL REQUIREMENTS

A. GENERAL	NO	YES		NO	YES
1) Oral Communication			6) Color Vision:		
2) Writing Ability			- Distinguish Basic Shades		
3) Hearing at Conversation Level			- Distinguish Basic Colors		
4) Vision Distance-			7) Both Hands Required		
Near-			8) Both Legs Required		
5) Depth Perception			9) Operate Crane, Truck or Motor Vehicle		

## B. SPECIFIC

Encircle or write in an estimate where indicated.

If YES check Frequency: R = Rarely, no more than 5% time on job.

O = Occasionally, up to 25% time on job.

F = Frequently, 25-75% time on job.

C = Constantly, more than 75% time on job.

FREQUENCY						FREQUENCY					
	NO	R	O	F	C		NO	R	O	F	C
10) Standing						23) Pulling: Est. Wt. _____					
11) Walking						Distance _____					
12) Sitting						24) Hand over Hand Pulling					
13) Stooping						25) Repeated Bending					
14) Kneeling						26) Twisting - Rotation					
15) Crawling						Body Part _____					
16) Balancing (Scaffold)											
17) Climbing Stairs											



	FREQUENCY						FREQUENCY				
	NO	R	O	F	C		NO	R	O	F	C
18) Climbing Ladders Height _____						27) Hands: -Repetitive finger movement					
19) Reaching (high-Low-Level)						-Gripping pressure on hands					
20) Lifting (cont.) -Moderate 35-50#						28) Wrists: Repetitive twisting or bending					
- Mod. Light 10-35#						-Prolonged positions In flexion or extension					
-Light 10# Maximum						29) Operate Controls (Hand/Foot Controls)					
21) Carrying: Est. Wt. _____ Distance _____						30) Incentive Work If YES: Groups _____ or Individual _____					
22) Pushing: Est. Wt. _____ Distance _____						31) Stress (Encircle to indicate level)	+	+	+	+	+

## II. ENVIRONMENTAL CONDITIONS

	FREQUENCY						FREQUENCY				
	NO	R	O	F	C		NO	R	O	F	C
1) Outside						11) Noise -Constant (Above 85 dB)					
2) Inside						-Intermittent (Above 85 dB)					
3) Heat 90-100° F Over 100° F						12) Vibration					
4) Cold Below 55° F						13) Chemicals (Type) _____					
5) Temperature Changes (Frequent)						14) Grease, Oils (Type) _____					
6) Fumes (Circle One)						15) Working with machinery with moving parts					



	FREQUENCY						FREQUENCY				
	NO	R	O	F	C		NO	R	O	F	C
-Irritant						16) Working around moving vehicles					
Toxic											
7) Dust (More than Nuisance)						17) Working with ladders/ scaffolds					
8) Gases						18) Working below ground					
9) Odors -Disagreeable						19) Working with hands in: -Water Cutting oil(s) -Solvent(s)					
-Noxious											
10) Mist Type _____											
						20) Working in confined space					
						21) Working alone					

### III. PROTECTIVE EQUIPMENT REQUIRED

	FREQUENCY						FREQUENCY				
	NO	R	O	F	C		NO	R	O	F	C
1) Eye Protection (Type) _____						5) Gloves (Type) _____					
2) Hearing Protections Type _____						6) Respirator (Type) _____					
3) Hard Hat						7) Body Protection (Type) _____					
4) Safety Shoes/Boots											

### IV. HAZARDS

---



---



---



V. GENERAL COMMENTS

---

---

---

VI. PHYSICIAN'S COMMENTS

---

---

---

ANALYZED BY \_\_\_\_\_  
Signature Supervisor Signature

DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_  
General Supervisor Signature

DATE \_\_\_\_\_

MEDICAL APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

VALIDATED STRENGTH TEST  
\_\_\_\_\_

PHYSICAL REQUIREMENT FAMILY  
\_\_\_\_\_



### Documents in Injured Worker Case File

- Medical records
- BWC correspondence
- Witness statements
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

