

SAU 87

SAFETY PROGRAM

**LOSS PREVENTION MANAGEMENT PROGRAM
TABLE OF CONTENTS**

SECTION 1	Purpose and Background
SECTION 2	Responsibilities
SECTION 3	Handling Emergencies Accident Reporting Accident Investigation
SECTION 4	Inspection
SECTION 5	Safety Education and Training

SECTION 1

PURPOSE: This Safety Program is designed to assist in preventing accidents and illnesses to all persons who work or study in SAU 87.

BACKGROUND: This program provides the framework for safety to be managed as other major functions of the district are managed: through planning, organization, leadership and control. It is expected that this program will help produce a safe and healthful work environment and thus result in the reduction or elimination of workplace hazards and incidents.

REFERENCES:

SUBJECT	CODE
Responsibility to provide schools	NH RSA 189:1
Responsibility to maintain schools	NH RSA 189:12
Neglect to build, repair etc.	NH RSA 199:20
Requirement to keep safe	NH RSA 200:12

STATEMENT OF PURPOSE

SAU 87 is committed to providing the safest possible conditions for its students, employees and visitors, and to minimizing the environmental, health and safety risks to which they are exposed. Accidents are undesirable, unplanned occurrences which may result in tragic consequences—bodily harm, loss of school time, property damage, legal action, and even fatality. While it is impossible or impracticable to prevent all accidents, the purpose of this program is to reduce accident incidence to the lowest possible level. Risks must be anticipated and dealt with responsibly, systematically and in advance by all members of the school community. SAU 87 will comply with all safety laws and regulations. SAU 87 will also provide the equipment, facilities, training and supervision necessary to achieve a safety program that prevents or reduces all types of potential hazards to a minimum. This program will include:

1. Development and enforcement of Safety Rules and Recommendations.
2. Compliance with the above rules as a condition of employment, subject to established discipline policies.
3. A program of safety and health inspections to find and eliminate unsafe conditions or practices, and to comply fully with safety and health standards.
4. Training for all employees in good safety and health practices, with opportunity for employee participation in the design and evaluation of the training.
5. Investigate accidents and incidents to determine the cause and, to the degree practicable, make necessary changes to prevent a recurrence.
6. Shared responsibilities among supervisors, staff and students for implementation of all aspects of the safety and health program.

SECTION 2 RESPONSIBILITIES

Employees shall be fully responsible for implementing the provisions of this program as they pertain to operations under their control or supervision. The responsibilities listed are minimum, and should not be construed to limit individual initiative to implement more comprehensive procedures to control losses.

A. School Board:

1. Officially endorse the Program.
2. Provide overall Policy support, direction and commitment.
3. Appropriate necessary resources for implementation of the Program.

B. Superintendent of Schools:

1. Ensure that personnel responsible for carrying out the provisions of this program have read and understand it, and are held accountable for their actions/inactions in accordance with established personnel policies and procedures.
2. Administer necessary resources:
 - a. Funding – safety equipment; personal protective equipment; training materials.
 - b. Personnel – outside experts; loss prevention consultants; coordination between departments for information exchange.
 - c. Time – review inspection/investigation reports; participate in training programs.
 - d. Other as needed.

C. SAU 87 Risk Control Coordinator:

The SAU 87 Risk Coordinator duties will be shared between the Business Administrator and Superintendent. Risk Coordinators are responsible for the technical management and implementation of the Safety Program. Specific responsibilities include:

1. Coordinate all SAU 87 risk control activities.
2. Maintain accident records and certificates of insurance as well as provide regular reports to the staff of SAU 87 on the progress of the risk control program.

D. SAU 87 Safety Committee Chair:

The SAU 87 Safety Committee Chair works in concert with the SAU Risk Coordinators to design and implement a Safety Program. He/she is elected by the members of the Safety Committee.

Responsibilities include:

1. Set examples for safe practices.
2. Monitor the safety portion of the student/staff orientation program.
3. Provide leadership in steering the committee in the identification and the search to minimize risk.
4. Facilitate coordination of the efforts of the Safety Committee, Risk Coordinators and SAU 87 staff to promote safety in the district.
5. Assist supervisors in the training of the school community.

E. SAU 87 Safety/Joint Loss Committee

The Safety/Joint Loss Committee serves as a forum for the discussion of risk control issues, the exchange of relevant information, and methods for control of hazards. Their responsibilities include:

1. Meet at least four times a year.
2. Examine school safety inspection and accident reports to develop recommendations to improve safety.
3. Contribute to the development of training modules.
4. Provide progress reports and/or minutes to the Superintendent for distribution to appropriate bodies and organizations.

F. Principals

The school principal is responsible for the success of the risk control program within that school.

To accomplish this objective, ongoing involvement and regular, formal reviews are needed.

School principals have the authority and responsibility to maintain safe and healthful work places and work practices. Specifically, he/she will do the following:

1. Assume responsibility for all aspects of the Safety Program within his/her school.
2. Ensure that all employees he/she supervises are fully informed as to the requirements of the Safety Program.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow appropriate disciplinary processes for violations of work rules.

4. Provide for and/or participate in training efforts/exercises.
5. Immediately review and participate in the investigation of accidents. Determine what, if any, corrective actions need to be taken. Discuss plans and ideas to bring about additional risk management measures.
6. Conduct monthly inspections of the building(s), grounds and athletic fields utilizing a checklist. Maintain completed checklists on file for two years. Carry out additional inspections, investigations, and administrative duties as required in this plan by his/her position.
7. Account for accidents, incidents, and near-misses involving his/her staff.
8. In the process of performance evaluation highlight specific strengths and weaknesses relating to safety, as is appropriate to the rated person's job.
9. Inform students, staff and parents of school and district safety rules at the beginning of each school year and post the rules in a prominent place in the school.

G. Supervisors:

Employees with supervisory duties, whether they be principals or others, have the authority and responsibility to maintain safe and healthful work places. Specifically, supervisors will do the following:

1. Comply with all aspects of the Safety Program and all applicable work rules.
2. Ensure that all employees he/she supervises are fully informed as to the requirements of the Safety Program.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow appropriate disciplinary processes for violation of work rules.
4. Provide for the education of the employees he/she supervises as requested by the employee's duties.
5. Periodically conduct departmental safety discussions on topics of current importance.
6. In the process of performance evaluation highlight specific strengths and weaknesses relating to safety, as is appropriate to the rated person's job.

H. Employees:

This Safety Program or governmental regulations notwithstanding, each member of the staff must have responsibility for his or her own safety. Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers. Adherence to policies and regulations and taking the initiative to ask questions or suggest possible solutions are critical to the success of a coordinated risk control effort. Employees shall:

1. Understand and follow all work rules.
2. Wear required personal protective equipment, including seat belts.
3. Report all unsafe acts and conditions to the supervisor.
4. Operate only machines and equipment that he/she has been authorized and trained to operate.
5. Follow all accident reporting procedures (see Section 3).
6. Comply with all aspects of the Safety Program of SAU 87.

I. Students:

Students must take responsibility for their own safety in addition to complying with safety programs or governmental regulations. Adherence to school policies and procedures and taking the initiative to ask questions or suggest possible solutions is critical to student involvement in the safety effort.

1. Comply with all aspects of the Safety Program of the school, those of specific school activities, and the student handbook guidelines.
2. Use safety equipment as required by the school.
3. Report unsafe acts or conditions to teachers.
4. Offer suggestions for accident prevention.
5. Promptly report all accidents and near-misses to teachers.

**SECTION 3
HANDLING
INJURIES
ACCIDENT REPORTING AND INVESTIGATIONS**

Naturally, the first thing to do when an accident occurs is to ensure that the proper medical treatment is provided. In handling emergencies, judgment is a key factor. Employees are expected to exercise their best judgment based upon circumstances. The following is a list of guidelines to follow. However, if there is any question whatsoever about the seriousness of an injury, call for help!

A. First Responses:

1. Call the appropriate emergency service (medical, fire, police, rescue).
2. See to it that first aid is provided.
3. Notify the supervisor.
4. Follow reporting and investigation requirements.

B. Workers Compensation Reporting:

A worker's compensation injury is defined as an accidental injury or death arising out of and in the course of employment, and all occupational diseases arising out of and in the course of employment. There are definite state requirements for reporting these injuries, which are summarized in this section:

1. All accidents or incidents are to be reported immediately to the responsible supervisor.
2. Supervisors will see to it that enough information is gathered to accurately complete the Employer's First Report of Injury or Occupational Disease (Form 8WC). This information will be reported to the District Office as soon as possible, but not later than 24 hours after an injury.
3. The First Report of Injury Form will be completed and processed by the building principal or department head within three calendar days. This individual will also complete any other required forms.

4. Injuries requiring only common first aid must also be reported following these guidelines.

SECTION 4 INSPECTIONS

Supervisors are responsible for conducting necessary safety inspections and recording their findings.

Any unsatisfactory conditions are to be dealt with in an appropriate and timely manner.

A. Frequency:

Formal inspection of the work area and equipment are to be conducted regularly. Additional inspections of specific pieces of equipment or job sites may be required by applicable work rules.

B. Guidelines for Correcting Unsatisfactory Conditions:

1. First and foremost, take the necessary action to prevent an injury!

2. If within your authority, take steps to permanently correct the hazard.

Report all action taken to your department head/supervisor.

3. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Report the problem and your recommended solution to the person who has the authority to correct it.

C. Recordkeeping Guidelines:

1. Document the inspection! At a minimum, record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, action taken, and a list of recommendations.

2. If unsatisfactory conditions were noted, send a copy of the report to your department head/supervisor, and keep a copy in your file.

3. If no unsatisfactory conditions were noted, just keep the inspection report in your file.

D. Accident/Incident Investigation:

The immediate supervisor, or other designated individual, will investigate all accidents, incidents and any near-misses which occur within their span of control. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. An accident investigation report should be completed if the accident is serious in nature or had the

potential to cause serious injury. The following guidelines for conducting investigations are provided:

1. Investigate the scene as soon as practicable after the accident/incident, noting conditions, locations of equipment, physical objects, and witnesses. Make notes and draw sketches as needed.
2. Interview witnesses soon after the accident so the facts will be fresh in their minds. Be certain that they understand that no blame is being laid – you are simply trying to gather facts to prevent a recurrence.
3. Interview the victim when the timing is right. Keep in mind his/her physical and emotional condition.
4. Make recommendations to prevent similar occurrences. Terms such as "employee was careless" have no place in a factual report.

SECTION 5 SAFETY EDUCATION AND TRAINING

Safety education and training raises the employee's level of safety awareness and also provides management with an opportunity to demonstrate concern for the welfare of employees.

A. Types of Training:

1. **Introductory**
All new or transferred employees will be told of their responsibilities under the loss prevention management program, and advised of work rules.
2. **Specific/On the Job**
Employees will be instructed, as appropriate, by the supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment, and any necessary emergency procedures.
3. **Follow-up**
When the supervisor identifies a need, follow-up training will be conducted. At a minimum, this training will be provided to all employees after an accident or near-miss.

B. Recordkeeping:

1. Introductory training – document in the employee's first annual evaluation.
2. Specific training – documentation will be made by the supervisor listing subject, attendance, and other significant details of training. A summary of this documentation will be included in the employee's file.

**SECTION 6
CONTRACTORS AND SUBCONTRACTORS**

The Safety Program implemented by SAU 87 must take into consideration the work performed at the schools and on school property by Contractors and Subcontractors. The task of integrating them into the overall Safety Program at SAU 87 shall be met by the Risk Control Coordinator, or by a person appointed by him/her. Every effort will be made to ensure that the Contractors/Subcontractors meet safety guidelines as established by the SAU 87 and the State of New Hampshire. In this effort, specific tasks are:

A. Risk Control Coordinator:

1. The Risk Control Coordinator shall maintain certificates of insurance at the Central Office.

B. Director of Facilities:

1. Gather Certificates of Insurance from all Contractors and Subcontractors.
2. Deposit the Certificates of Insurance with the Risk Control Coordinator for relevant access.
3. Provide the necessary papers to the Contractors and Subcontractors.
4. Notify the staff, students and general public of hazards, which might be encountered due to the work of the Contractors/Subcontractors.
5. Post the required safety notices and warnings as required by the State of New Hampshire.

ACCIDENT REPORT FORM

A. Facility: _____
Specific room or area of building: _____
Date of incident: _____ Time of incident: _____ am/pm
When notification of incident was received: _____
Who was notified: _____

B. Type of incident:
____ Personal Injury Please describe extent of injury: _____
____ Non Injury Producing Property Damage:

C. Injured Person:
Name: _____
Address: _____
Town: _____ Phone number: _____
Parent's name: _____
Sex: _____ Age: _____ Grade: _____
Were others injured as a result of this incident? _____ How many others? _____
List full names of all other people: _____

Was an adult present at the scene? _____ Yes _____ No If yes give name: _____
Describe nature of injury or illness and parts of body affected: _____

D. Immediate Action Taken: (please check all that apply)
First Aid: _____ yes By: _____
Sent to Nurse's Office: _____ yes By: _____
Sent back to class: _____ yes By: _____
Sent to Doctor: _____ yes By: _____
Name of Doctor: _____
Sent to Hospital: _____ yes By: _____
Name of Hospital: _____
Notified: Parent Guardian Neighbor (Circle one) Time: am/pm By: _____
Total number of days lost from school: _____

E. Cause of Incident:

Give a description of the incident: _____

If injuries occurred, what caused the injuries (play equipment, fence, surface, etc.) _____

Was the incident avoidable? (i.e. failure to follow playground rules.) _____

F. Additional Information:

Describe any other relevant conditions at the time of the incident such as weather conditions, activities being played, clothing, etc., which may have contributed to the incident. _____

G. Witnesses:

List the names, addresses and phone numbers of witnesses: _____

Attach a copy of all related incident reports.

Report completed by:

Date: _____

Name: _____

Title: _____

Signature: _____

Report acknowledged by Principal: _____
Signature Date

Report acknowledged by Director of Environmental Services: _____
Signature Date

Report acknowledged by Risk Control Coordinator: _____
Signature Date

SAU 87
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT FORM

A. Facility: _____

Specific room of building: _____

B. The Incident:

Who was injured/School Affiliation: _____

Date of Incident: _____ Time of Incident: _____

am/pm When notification of incident was received: _____

Who was notified: _____

Report to Supervisor of First Aid Delayed? _____ Yes _____ No If yes, why? _____

Nature/Extent of Injuries or Property Damage: _____

Description of Accident (detail what school community member was doing, and what physical objects, tools, machines, structures or equipment were involved): _____

C. Causes and Remedies:

Determine Accident causes and comment fully here: _____

What should be done and by whom to prevent recurrences of this type of accident? _____

What action are you taking to see that this is done? _____

Attach a copy of all related incident reports.

Report completed by:

Date: _____

Name: _____

Title: _____

Signature: _____

Report acknowledged by Principal: _____
Signature Date

Report acknowledged by Director of Facilities: _____
Signature Date

Report acknowledged by Risk Control Coordinator: _____
Signature Date

SAU 87

SCHOOL BUILDING SAFETY CHECKLIST

The following checklist covers both physical conditions of the facility and work practices of school personnel. On inspections, please be aware of the unsafe act as well as the unsafe conditions.

ENTRANCES:	YES	NO	N/A
1. Is the entrance well lit?			
2. Are floor mats provided on the inside of all entrances?			
3. Are floor mats maintained in such a manner as to prevent tripping?			
4. Are steps in good condition with no broken or loose steps?			
5. Is a handrail installed and is it firmly attached?			
6. Is there a sign directing all visitors to sign in at the office when entering the facility / building / school?			

HALLWAYS:	YES	NO	N/A
1. Are all hallways and entrances to rooms well lit?			
2. Are all areas clean and free of loose materials and debris that could create a tripping hazard?			
3. Are all areas free of tripping hazards (cords, boxes, furniture, etc.) that could create a tripping hazard?			
4. Are the flooring materials in good condition? No loose or broken tiles / boards; torn, wrinkled or bunched up carpets.			
5. Are lockers, cabinets, display cases, and other items securely mounted to the wall or floors?			
6. Are heat registers and other devices properly maintained to prevent a tripping or catching of clothing?			
7. Are fire doors not blocked open (if applicable to include classroom doors)?			
8. Are fire extinguishers and fire alarm pull boxes, properly identified, accessible, and securely mounted?			
9. Are floor areas barricaded when wet or when sweeping, mopping, stripping, and waxing floors to warn others of potential slip hazards?			

STAIRS AND STAIRWAYS:	YES	NO	N/A
1. Are stairs and stairways well lit?			
2. Are stairs free of clutter and trash and debris that could create a slip / trip / fall condition?			
3. Are the stairs in good condition with no broken steps or damaged or excessively worn runners?			
4. For exterior steps are they covered with a non-slip coating or tread to prevent slips during wet or inclement weather?			
5. Are handrails installed securely and in good condition?			
6. For stairs and landings greater than 4 feet in height - Is a guardrail system in place? A 42" tall guardrail consists of a top rail, mid-rail, and toe board to prevent falls from heights.			

EXITS:	YES	NO	N/A
1. Are exits properly marked?			
2. Do all exit doors open outwards with the path of egress?			
3. Are exit doors chained or padlocked when employees and/or children are located in the building? Chaining or padlocking an emergency exit door with employees or children in a facility or school is a fire code violation.			
4. Do all exit doors open freely and provide an unobstructed path to an outside public area?			
5. Are exit paths marked and maintained free of debris and other items that can block or partially block the exit? There must be a minimum width of 22 inches for all exit paths and doors.			

OFFICE AREAS:	YES	NO	N/A
1. Are desks and chairs appropriate for the type of work being performed?			
2. Are electrical cords covered or secured to prevent a tripping hazard?			
3. Are file cabinets and desk drawers kept shut when not in use?			
4. Are file cabinets, shelves, partitions properly secured and free of loose items lying on top of them?			

CLASSROOMS – {If applicable}:	YES	NO	N/A
1. Are all exit doors unobstructed for quick and easy evacuation in emergency situations?			
2. Do floors have cords, books, debris or other trip hazards?			
3. Are chairs, seats, desks and lockers hazard free?			
4. Are windows free of breaks and cracks?			
5. Are closets and storage rooms clean and orderly?			
6. Are rooms neat and clean? (Trash removed, no evidence of structural rot / pests, etc.)			

RESTROOMS:	YES	NO	N/A
1. Are floors clean and dry to prevent slips and falls?			
2. Are toilets, urinals, & sinks, secured firmly as designed?			
3. Is the restroom well lit?			
4. Are the restrooms maintained clean and sanitary?			
GYMNASIUMS {If applicable}:	YES	NO	N/A
1. Are the bleachers in good condition and provided with guardrails if greater than 4 feet from the ground elevations.			
2. Are lights protected from glass breakage?			
3. Is the floor in good condition?			
4. Are all exits properly marked and maintained?			
5. Are there mats behind the basketball goals and in other areas where students can run into or fall from heights (ropes, balance beams, parallel bars, etc.)?			
6. Are locker rooms and shower facilities kept clean and free of standing water?			

AUDITORIUMS {If applicable}:	YES	NO	N/A
1. Are fixed seats firmly secured to the floor?			
2. Are aisles and walkways free of trip hazards?			
3. Are the stairs leading to the stage provided with a handrail?			
4. Are backstage areas lighted sufficiently to prevent slips and falls?			
5. Is housekeeping satisfactory?			

SUPPLY / EQUIPMENT / STORAGE / CUSTODIAN / CLOSETS:	YES	NO	N/A
1. Are the doors shut and locked when not in use?			
2. Are all chemical containers clearly labeled with the name of the chemical and any warnings?			
3. Are items stored neat and orderly?			
4. Are the floors free of standing water or liquids?			
5. Are extension cords and power cords on equipment in good repair?			

BOILER / ELECTRICAL / MECHANICAL ROOMS:	YE S	NO	N/A
1. Are the doors shut and locked when not in use?			
2. Are all chemical containers clearly labeled with the name of the chemical and any warnings?			
3. Is the room clean and orderly and not used for storage of non-essential materials and items (Holiday decorations, spare or old books, etc.)			
4. Are the floors free of standing water or liquids?			
5. Are electrical panels and breaker boxes clear of obstructions? (Minimum clearance of 36" around panels)			
6. Are electrical boxes, switches and receptacles covered?			

Shops:	YE S	NO	N/A
1. Are tools in good condition and properly stored?			
2. Are all machines properly guarded and are guards and machines in good repair (points of operation, belts, gears, etc.)?			
3. Are self-closing containers (safety cans) available for storage of flammable liquids in use?			
4. Are ladders provided where needed in storage areas?			
5. Are heavy items stored on floor or bottom shelves?			
6. Is personal protective equipment provided and utilized?			
a. Eye protection, goggles, welding hoods, etc.?			
b. Apron for welding?			
c. Gloves?			
d. Respirators?			
7. Is housekeeping adequate, e.g. proper storage, clear aisle space, proper furniture and equipment arrangement?			
8. Are pressurized cylinders secured and capped properly?			
9. Are non skid floor surfaces provided by or near machines?			
10. Is all electrical equipment grounded and in good repair?			
11. Are safety devices on car lifts in good working order?			
12. Are tool rests adjusted to no more than 1/8 inch clearance?			
13. Are switches and other danger areas on machine, etc. color coded?			
14. Is adequate space available for safe operation, e.g. machines and equipment not crowded and arranged properly?			
15. Is all equipment permanently fastened to the floor?			
16. Are welding curtains provided in the welding area?			
17. Is the shop properly ventilated?			

18. Are personal items of clothing such as rings, ties, etc. removed before operating equipment?			
19. Is there a supply of latex gloves easily accessible for use?			

LABORATORIES AND LABORATORY STOREROOMS:	YES	NO	N/A
1. Is the amount of glassware and chemicals kept to a minimum in work areas?			
2. Is the housekeeping satisfactory?			
3. Is the electrical equipment properly grounded?			
4. Is eye protection available and worn when needed?			
5. Are ladders available in the storage room if needed?			
6. Are heavy items stored on lower shelves?			
7. Are chemicals kept at a sufficient operating level, e.g. no over-stocking?			
8. Are chemicals clearly labeled?			
9. Are large containers of acids stored together on bottom shelves or in an acid storage closet?			
10. Are like materials stored together?			
11. Are areas available for working (burning, heating, using hot plate, mixing, etc.) other than in stock rooms? (Stock rooms should be used for storage only.)			
12. Are shelves fastened to the wall?			
13. Is the ventilation adequate for work performed?			
14. Is there a supply of latex gloves available and accessible?			

ADDITIONAL INFORMATION OR COMMENTS? PLEASE WRITE BELOW:

AED Locations:

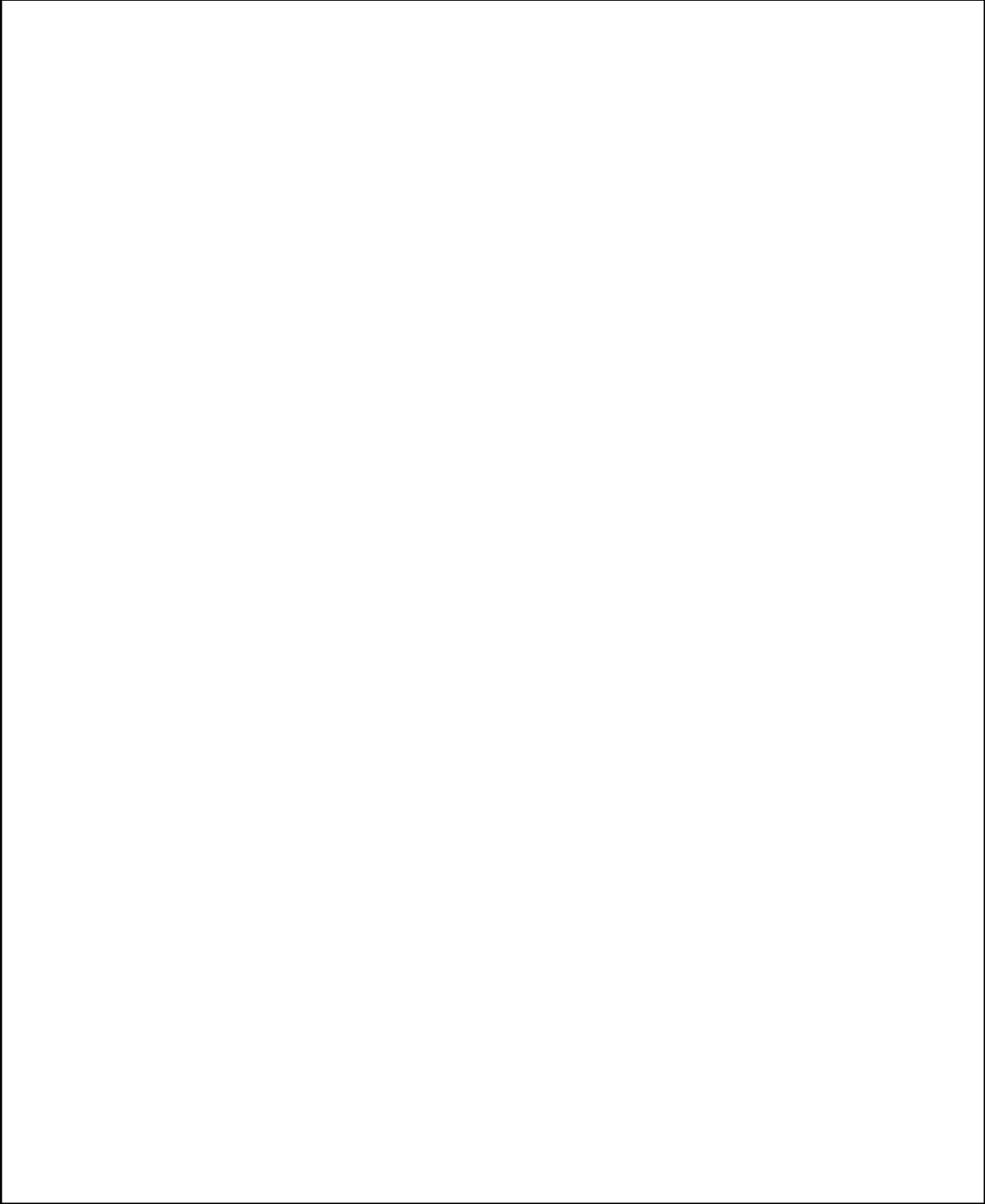
FIRST AID KIT Locations:

EYE WASH STATION Locations:

EMERGENCY EXIT MAP Locations:

Inspector

Date



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
SPAULDING BUILDING
95 PLEASANT STREET
CONCORD, NEW HAMPSHIRE 03301

NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA
(Please print or type)

To _____ Phone # _____
(Name of **Employer**)

(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20, This is to notify you that an injury occurred.

(Name of Injured **Employee**) SS # _____

(Address of Injured Employee) Daytime Phone # _____

(Date of Accident or First Treatment)

(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected.

I have been unable to work since my injury. Yes No

I have incurred the following medical bills.	Name of Doctor	Dates of Service	Amount
	Name of Hospital	Dates of Service	Amount
	Other	Dates of Service	Amount

(Employer's Signature)

(Employee's Signature)

(Date)

(Date)

This form can be returned to DOL with or without employer's signature.

NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)

*****EMPLOYEE INFORMATION*****

Employee Name (First & Last)		Gender	Hired Date		Hired in NH
ID Type - Employee ID	Date of Birth	Age	Occupation when Injured		
Employee Address	Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

*****INJURY INFORMATION*****

Injury Date / Time		Date Employer Notified of Injury	Location/Jobsite & Business Name where accident occurred		
Disability Began Date					
Claim Type	Full Wages Paid on Injury Date				
Accident Description					
Body part Injured			Cause of Injury		
Nature of Injury			Witness Name		Witness Phone
Returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?		
Initial Treatment				Initial Treatment Date	
Name of Treating Physician			Name of Treating Hospital		Has injured died? If so, what date

*****EMPLOYER INFORMATION*****

Employer Name		Employer FEIN	Industry Code
Employer Contact Name	Contact Phone Number	Employer Business Address	
Managed Care Organization			
Leased Employee? Client Company		OCIP/Wrap-Up Policy? Name of policy holder	

*****INSURER INFORMATION*****

Insurance Carrier	Insurer Type	Policy Number	Telephone Number

*****SUBMITTER INFORMATION*****

Submitter Name	Title of Submitter	Represents	Telephone Number

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
Employer's Supplemental Report of Injury

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. Consistent failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100.00. (RSA 281-A:53) This report shall also be submitted upon employee's return to work.

1. Name of Employer _____ Employer's Identification No. _____
(9 digit number assigned by proper Federal Agency)

2. Address _____
(No. and St.) (City and State) (Zip Code)

3. Insured by _____

4. Name of Employee _____
(First Name) (Middle Initial) (Last Name) (S.S. Number)

5. Address _____
(No. and St.) (City and State) (Zip Code)

6. Date of injury _____ 20

7. Date Disability began _____ 20 _____ A.M. _____ P.M.

8. _____
(Specific dates of disability)

_____ (Specific dates of disability)

9. Has injured returned to work? _____ if so, date and hour _____ A.M. _____ P.M.

10. Is injured person earning same wages as before injury? _____ If not, explain

Date of Report _____

Signed by _____

Official Title _____

Tel. No. _____