



Medical Incident Report Hannahville Indian Community/Chip In's Island Resort & Casino

Full Name of Person Involved in Incident	Date of Incident	Time of Incident <input type="checkbox"/> AM <input type="checkbox"/> PM
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Personal Information

Home Phone	Street Address	City	State	Zip Code
SSN	Date of Birth	Current Medications		

Incident Information

- | | | |
|--|---|---|
| <input type="checkbox"/> Employee – on duty | <input type="checkbox"/> Community | <input type="checkbox"/> Precautionary Report |
| <input type="checkbox"/> Employee – off duty | <input type="checkbox"/> Casino Complex | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Visitor/Customer | <input type="checkbox"/> Other | <input type="checkbox"/> Injury |

Date Report Completed	Time Report Completed	Report Completed By
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Explain Incident (be very specific)			
Witnesses			
Specific part of body involved		Specific location where Incident occurred	
Type of on-site assistance given			
Medical Treatment Sought At:	Time Ambulance Called	Time of Arrival	Time of Departure

Employee Information (if employee involved)

Department _____ Employee Number _____ Date of Hire _____

Employee Signature _____ Supervisor Signature _____

Employee Sent Home Yes No Time _____ Sent home by _____

Casino Required Information

Time Surveillance Called (379) _____ Surveillance Contact _____

Floor Mgr. Signature _____ Security Supervisor Sig. _____

Refusal of Ambulance Transport or Other Available Medical Treatment

At this time, I refuse emergency medical treatment and/or transport to a medical facility. I understand that by refusing further treatment, I may be endangering my health and possibly life. I am of sound mind and accept full responsibility for these actions. I hereby release the Hannahville Indian Community, Chip-In's Island Resort and Casino and their employees from liability because of my decision.

Signature of Person Involved in Incident

Witness Signature



Hannahville Indian Community & Island Resort & Casino

Workers' Compensation Quick Reference Guide

- Employee **MUST** file an incident report immediately.
 - If report is being filed during the week, injured employee needs to check-in with Danielle Zeigler in Risk Management. Office number is 723-2060.
 - After hours, Security will contact Danielle Zeigler via telephone regarding the incident.
- An Authorization for Treatment will be given to the Employee **BEFORE** they can seek medical treatment.
 - If employee seeks treatment without authorization, the cost of the medical care is the responsibility of the employee.
 - Recommended employee be evaluated within 48 hours of the injury if symptoms are still present.
 - Current facilities that are approved for treatment will be UP Health Occupational Clinic in Escanaba and Dickinson Occupational Clinic in Iron Mountain.
 - If employee is injured after 5 pm, then they will need to get authorization for the Walk-In Clinic or ER from Danielle Zeigler in Risk Management only.
 - Exception to this rule will be only in the cases were the injury is severe in nature or involves burns, eye injuries or lacerations. **MUST NOTIFY DANIELLE ZEIGLER IMMEDIATELY** as some injuries have to be reported to OSHA within a certain time period.
 - Transport by ambulance is **ONLY** authorized if there is a threat to life or limb.
 - Post Accident Drug Testing/Breath Alcohol will be ordered when the injury is serious and requires an ambulance transport and/or ER treatment. Minor injuries requiring ER treatment such as burns, eye injuries or small lacerations requiring sutures are exempt from this requirement.
- The employee is responsible for bringing all copies of discharge paperwork to Risk Management ASAP.
- Not all injuries that happen on premises is a compensable workers' compensation claim. Please keep this in mind.
- Will pay for medical treatment that includes all medication and loss of wages if a total temporary disability is determined by the carrier.
 - Has a 7 day waiting period for loss of wages.
 - Treatment must be arranged by Danielle Zeigler for the first 28 days after the incident.
- Call Danielle Zeigler in Risk Management (723-2060) with any additional questions.