

# ACCIDENT/INJURY CHECKLIST

## STORE MANAGER & EMPLOYEE RESPONSIBILITIES

- ☐ For non-emergency injury, call Corporate **immediately**, HR or Kevin.
- ☐ **Manager** - Provide the following to the injured worker:
  - Designated Provider List Notification Letter if medical attention is needed. Employee **MUST** sign and provide copy to Corporate.
  - medical facility list
  - pharmacy location list
  - mandatory drug test form - provide to medical facility or drug test clinic if no medical care is needed.
- ☐ **Manager** - Take the injured worker to the doctor **IF** employee is not able to transport him/herself.
- ☐ **Employee** - complete Injury/Accident Report and submit to Manager as soon as you can
- ☐ **Manager** - Have witness, if any, complete a statement form
- ☐ **Manager** - Investigate the accident immediately
- ☐ **Manager** - Submit all documentations to HR immediately

PRINTABLE FORMS ARE AVAILABLE ON THE DRIVE IN AUTOSOUND  
INTRANET. [www.driveinautosound.com/intranet](http://www.driveinautosound.com/intranet)



DATE \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

**SUBJECT:** Designated Provider List Notification Letter

To make sure you receive the care you need, we are filing a claim with our workers' compensation carrier, The Hartford. A Claim Handler from our insurance carrier will communicate and work closely with you to also ensure that you get the health care and attention needed.

In the meantime, you should see one of the medical providers on the list nearest to your location that we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible.

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The respondent's representative is our workers' compensation insurance company, The Hartford. Please see the contact information below.

The Hartford  
Policy# 76 WEG BL3NNH  
3600 Wiseman Blvd  
San Antonio, TX 78251

If you have any questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

Drive In Autosound  
4980 Centennial Blvd.  
Colorado Springs, CO 80919

**Employer Representative for Workers' Compensation:**

Dee Mafnas 719-573-5847 Extension. 219

Hand delivered on: \_\_\_\_\_

Mailed to injured worker on: \_\_\_\_\_

E-Mailed to injured worker on: \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(A SIGNED COPY MUST BE OBTAINED FOR CORPORATE OFFICE)**

Drive In Radio Inc  
165 W Motor Way  
Colorado Springs, CO 80905

**IN THE EVENT OF A MEDICAL EMERGENCY:**

Please seek immediate care at the nearest emergency medical facility.

**For Non-Emergencies:**

☒ **Employee: Notify your Supervisor**

☒ **Supervisor: Report the Injury, Call 1 (800) 327-3636 prompt 1**

Treisman, Ann E.  
Centura Hospital  
Lake City Area Medical Center  
Montrose Memorial Hospit  
Family Practice  
2222 N Nevada Ave  
Colorado Springs, CO 80907  
719-776-8040

Applegren, Tori D., MD  
Centura Hospital  
Family Practice  
1263 Lake Plaza Dr Ste 230  
Colorado Springs, CO  
80906  
719-776-3300

Paul, Joshua Y., M.D.  
Centura Hospital  
General Practice  
6011 E Woodmen Rd Ste  
320  
Colorado Springs, CO 80923  
719-571-5540

Memorial Hospital North  
Hospital: Acute Care  
4050 Briargate Pkwy  
Colorado Springs, CO 80920  
719-364-5000, 719-365-5240

Concentra Medical Center  
Industrial Clinic  
Occupational Medicine Clinic  
Urgent Care Clinic  
402 W. Bijou St.  
Colorado Springs, CO  
80905  
719-302-6942

Forrester, David A., MD  
Colorado Springs Orthopaedic Group  
Orthopedic: Surgery  
4110 Briargate Pkwy Ste 300  
Colorado Springs, CO 80920  
719-632-7669

Drive In Radio Inc  
4335 Integrity Center Point  
Colorado Springs, CO 80917

**IN THE EVENT OF A MEDICAL EMERGENCY:**

Please seek immediate care at the nearest emergency medical facility.

**For Non-Emergencies:**

☒ **Employee: Notify your Supervisor**

☒ **Supervisor: Report the Injury, Call 1 (800) 327-3636 prompt 1**

Schafer, Soquel M., Pa-C  
Colorado Springs Urological As  
Family Practice  
1644 Medical Center Point Ste  
200  
Colorado Springs, CO 80907  
719-634-1994

Pant, Amrita, MD  
Centura Hospital  
Family Practice  
7435 Sisters Grv Ste 400  
Colorado Springs, CO  
80923  
719-571-8030

Paul, Joshua Y., M.D.  
Centura Hospital  
General Practice  
6011 E Woodmen Rd Ste  
320  
Colorado Springs, CO 80923  
719-571-5540

Audubon ASC at St. Francis  
Hospital: Acute Care  
6011 E Woodmen Rd Ste 200  
Colorado Springs, CO 80923  
719-355-3400

Concentra Medical Center  
Industrial Clinic  
Occupational Medicine Clinic  
Urgent Care Clinic  
4083 Austin Bluffs Pkwy.  
Colorado Springs, CO  
80918  
719-594-0046

Davidson, Stuart, MD  
Uchealth Family Medicine Group  
Orthopedic: Surgery  
175 S Union Blvd Ste 310  
Colorado Springs, CO 80910  
719-365-1950

Drive In Radio Inc  
1404 Highway 50 West  
Pueblo, CO 81008

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Mccullough, James W., M.D.  
(Healogics) Healogics Specialty Physicians of Co  
*Family Practice*  
729 E Spaulding Ave  
Pueblo, CO 81007  
719-547-9119

Aranyos, Antony T.,  
DO  
Centura Hospital  
*Family Practice*  
902 Lakeview Ave  
Pueblo, CO 81004  
719-557-5855

Walburg, Jake L., MD  
Centura Hospital  
*Family Practice*  
1008 Minnequa Ave  
Pueblo, CO 81004  
719-776-8040

Concentra Medical Center  
*Occupational Medicine Clinic*  
*Urgent Care Clinic*  
*Walk-In Clinic*  
4112 Outlook Blvd. Ste. 325  
Pueblo, CO 81008  
719-562-6300

Concentra Medical Center  
*Industrial Clinic*  
*Occupational Medicine Clinic*  
*Urgent Care Clinic*  
4117 N. Elizabeth St.  
Pueblo, CO 81008  
719-545-0788

Pueblo Bone And Joint Clinic  
LLC  
*Orthopedic: Surgery*  
1919 W US Highway 50  
Pueblo, CO 81008  
719-253-7102

Drive In Radio Inc  
4980 Centennial Blvd  
Colorado Springs, CO 80919

**IN THE EVENT OF A MEDICAL EMERGENCY:**

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Treisman, Ann E.  
Centura Hospital  
Lake City Area Medical Center  
Montrose Memorial Hospit  
*Family Practice*  
2222 N Nevada Ave  
Colorado Springs, CO 80907  
719-776-8040

Schafer, Soquel M., Pa-C  
Colorado Springs Urological As  
*Family Practice*  
1644 Medical Center Point Ste  
200  
Colorado Springs, CO 80907  
719-634-1994

Paul, Joshua Y., M.D.  
Centura Hospital  
*General Practice*  
6011 E Woodmen Rd Ste  
320  
Colorado Springs, CO 80923  
719-571-5540

†Memorial Hospital North  
*Hospital: Acute Care*  
4050 Briargate Pkwy  
Colorado Springs, CO 80920  
719-364-5000, 719-365-5240

Concentra Medical Center  
*Industrial Clinic*  
*Occupational Medicine Clinic*  
*Urgent Care Clinic*  
5320 Mark Dabbling Blvd. Bldg. 7, Suite 100  
Colorado Springs, CO 80918  
719-592-1584

Runge, William O., M.D.  
Uchealth Family Medicine Group  
*Orthopedic: Surgery*  
5818 N Nevada Ave Ste 110  
Colorado Springs, CO 80918  
719-365-1950

## WORKERS COMPENSATION APPROVED PHARMACY LIST

Name	Address	City	Zip	Distance	Phone
Safeway Pharmacy #2816	1920 S Nevada Ave	Colorado Springs	80905	0.5	719-636-5257
Walgreens #09767	1855 Southgate Rd	Colorado Springs	80906	0.6	719-473-7300
Ivywild Pharmacy	311 S Nevada Ave	Colorado Springs	80903	1	719-634-5541
Wal-Mart #1434	707 S 8th St	Colorado Springs	80905	1.2	719-633-7511
Wal-Mart #3018	4425 Venetucci Blvd	Colorado Springs	80906	2	719-313-4385
Kaiser Parkside Op Pharmacy	215 S Parkside Dr	Colorado Springs	80910	2.2	719-327-6565
Wal-Mart #3175	4142 Austin Bluffs Pkwy	Colorado Springs	80918	0.6	719-244-9783
CVS #11001	3475 N Academy Blvd	Colorado Springs	80917	0.7	719-591-1515
Walgreens #03586	3480 N Academy Blvd	Colorado Springs	80917	0.7	719-380-9438
King Soopers Pharmacy #130	3620 Austin Bluffs Pkwy	Colorado Springs	80918	0.8	719-598-3578
Costco #1014	5885 Barnes Rd	Colorado Springs	80922	1.3	719-591-3009
Walgreens #07142	6075 Barnes Rd	Colorado Springs	80922	1.5	719-219-2793
Albertsons/Sav-On Phcy #816	1601 W US Highway 50	Pueblo	81008	0.2	719-543-5921
Walgreens #05642	1811 W US Highway 50	Pueblo	81008	0.3	719-296-8007
Wal-Mart #0842	4200 Dillon Dr	Pueblo	81008	1.3	719-543-8348
CVS #17772	3300 Dillon Dr	Pueblo	81008	1.4	719-696-6685
Sam`s Club #6549	412 Eagleridge Blvd	Pueblo	81008	1.4	719-553-0914
King Sooper Pharmacy #43	102 W 29th St	Pueblo	81008	1.5	719-544-0870
Pharmerica #7017	1041 Elkton Dr Ste A	Colorado Springs	80907	0.9	719-599-8999
Walgreens #11864	4315 Centennial Blvd	Colorado Springs	80907	0.9	719-264-1400
Safeway Pharmacy #2839	840 Village Center Dr	Colorado Springs	80919	1.5	719-548-1477
Walgreens #03585	6820 Centennial Blvd	Colorado Springs	80919	1.8	719-264-1665
Costco #1030	5050 N Nevada Ave	Colorado Springs	80918	2.3	719-264-5019
King Soopers Pharmacy #133	3250 Centennial Blvd	Colorado Springs	80907	2.8	719-866-6646



## **WORK INJURY DRUG TEST**

In case of a work injury, you are required to submit a drug test upon receiving medical treatment for your injury. If the clinic you are receiving treatment at is not able to provide this service, you are to report immediately to the following location:

**COLORADO SPRINGS AREA**  
COLORADO HEALTH SERVICES  
327 EAST PIKES PEAK AVENUE  
(BETWEEN WEBER & WAHSATCH)  
PHONE: 719-633-6565  
M-F 7:00 am - 6:00 pm  
SAT 7:00 am - 1:00 pm

**PUEBLO AREA**  
Applicant or employee will use the lab below **ONLY** when instructed by Corporate or Store Manager.

**NATIONAL DRUG SCREENING - LABCORP**  
1619 GREENWOOD ST., 102  
PUEBLO, CO 81003  
PHONE: 719-544-0180  
M-F 9:30 am - 5:00 pm  
(CLOSED 1PM – 2PM FOR LUNCH)

**OR**

**QUEST DIAGNOSTICS**  
1600 N GRAND AVE, STE 139  
PUEBLO, CO 81003  
Parkview Medical Office Bldg., Floor 1  
PHONE: 719-500-1908  
M-F 7:00 am - 4:00 pm

I, \_\_\_\_\_, have read the above statement.  
Print Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



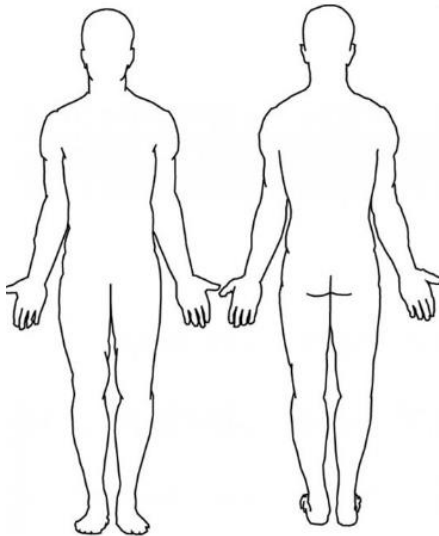
**EMPLOYEE ACCIDENT REPORT**  
(To be completed by injured employee)

Employee Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Please Explain how accident occurred in the space provided below:

Describe affected body parts in the space provided below:



Employee's recommendations for corrective action in the space provided below:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MANAGEMENT ACCIDENT INVESTIGATION REPORT

(To be completed by injured employee)

\_\_\_\_ Injury – First Aid Only  
\_\_\_\_ Property Damage

\_\_\_\_ Injury – Medical Treatment  
\_\_\_\_ Near Miss – Record Only

Employee Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_ Date & Time Incident Reported: \_\_\_\_\_

Incident Location: \_\_\_\_\_ Witness(s): \_\_\_\_\_

SUMMARY - Describe the incident (photos/sketches may be necessary:

ANALYSIS – Describe conditions that led to the incident (environmental conditions, tools/equipment used, or task being performed:

ACTION TAKEN – Describe any controls and/or corrective procedures that may prevent the recurrence of similar incidents:

Report Completed By: \_\_\_\_\_

Date: \_\_\_\_\_



## **SAMPLE ACCIDENT INVESTIGATION QUESTIONS**

### **HOW:**

- How does the injured employee feel now?
- How did the injury occur?
- How could this accident have been prevented?

### **WHO:**

- Who was injured?
- Who saw the accident?
- Who was working with the injured person?
- Who had assigned the person to the work task?
- Who had trained the person on the hazards and protective measures for this task?
- Who else was involved?

### **WHAT:**

- What were the causal factors of the accident?
- What were the injuries?
- What was the person doing when injured?
- What had the person been instructed to do?
- What tools was the person using?
- What machinery was involved?
- What training had been given?
- What specific precautions were necessary?
- What protective equipment was being used?
- What protective equipment should have been used?
- What will be done to prevent a recurrence?
- What safety rules were in place to prevent this type of accident?
- What safety rules were being followed?
- What were the environmental conditions (e.g., lighting, floor surface, etc.)?

### **WHEN:**

- When did the accident occur?
- When did the person start this task?
- When was the person assigned to this department?
- When had the supervisor last checked on the job progress?

### **WHY:**

- Why was the person injured?
- Why did the person do what he/she do?
- Why wasn't protective equipment used?
- Why weren't specific instructions issued?
- Why didn't the person check with the supervisor when he/she noted things weren't as they should be?
- Why did the person continue to work under these circumstances?

### **WHERE:**

- Where did the accident occur?
- Where was the person at the time of the accident?
- Where was the supervisor at the time?
- Where were fellow workers at the time?



## WITNESS STATEMENT FORM

Date: \_\_\_\_\_ Name of Witness: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Witness Job Title: \_\_\_\_\_

Witness Address: \_\_\_\_\_

Witness Telephone Number(s): (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Witness' description of events leading to accident or incident: \_\_\_\_\_

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Witness' description of accident or incident: \_\_\_\_\_

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Name of person completing form: \_\_\_\_\_

(Print name here)

(Signature)

Name of Witness: \_\_\_\_\_

(Print name here)

(Signature)