

ACCIDENT/INJURY CHECKLIST

STORE MANAGER & EMPLOYEE RESPONSIBILITIES

- ☐ For non-emergency injury, call Corporate **immediately**, HR or Kevin.
- ☐ **Manager** - Provide the following for the injured worker:
 - Designated Provider List Notification Letter if medical attention is needed. Employee **MUST** sign and provide copy to Corporate.
 - Medical Provider list
 - Pharmacy location list
 - Mandatory drug test form – **MUST** provide to medical facility or drug test clinic if no medical care is needed.
- ☐ **Manager** - Take the injured worker to the doctor **IF** the 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** – Complete Accident Investigation form immediately.
- ☐ **Manager** - Submit all documentations to HR immediately.

PRINTABLE FORMS ARE AVAILABLE ON THE DRIVE IN AUTOSOUND
INTRANET. 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**

Concentra Medical Center
Occupational Medicine Clinic
Urgent Care Clinic
2322 S Academy Blvd.
Colorado Springs, CO
80916
719-390-1727

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

Medicine for Business and Industry
Occupational Medicine Clinic
1495 Garden of the Gods Rd Suite 102
Colorado Springs, CO 80907
719-260-9797

Orthopedic Rehabilitation Associates PC
Occupational Medicine Clinic
3605 Austin Bluffs Pkwy
Colorado Springs, CO 80918
719-265-6601

†UC Health Urgent Care East
Urgent Care Clinic
4323 Integrity Center PT
Colorado Springs, CO 80917
719-591-2558

†Urgent Care Broadmoor
Urgent Care Clinic
1263 Lake Plaza Dr Ste 120
Colorado Springs, CO
80906
719-776-3330

Drive In Radio Inc
4335 Integrity Center Point
CO 80917

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UC Health Urgent Care East
Urgent Care Clinic
4323 Integrity Center PT
Colorado Springs, CO 80917
719-591-2558

Concentra Medical Center
Occupational Medicine Clinic
Urgent Care Clinic
Walk-In Clinic
6011 Woodmen Rd, Ste 100
Colorado Springs, CO
80923
719-571-8888

Urgent Care Broadmoor
Urgent Care Clinic
1263 Lake Plaza Dr Ste 120
Colorado Springs, CO
80906
719-776-3330

UC Health Memorial Hospital
Hospital: Acute Care
1400 E Boulder St
Colorado Springs, CO 80909
719-365-5000

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

Concentra Medical Center
Walk-In Clinic
2322 S Academy Blvd.
Colorado Springs, CO
80916
719-390-1727

Drive In Autosound
1404 Highway 50 West
Pueblo, CO 81008

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

Concentra Medical Center
Drug Screening Site
Industrial Clinic
Occupational Medicine
Occupational Medicine Clinic
Occupational Therapy
Orthopedic: Sports Medicine
Physical Therapy
Transportation available
Urgent Care Clinic
Walk-In Clinic
700 W. Abriendo Ave.
Pueblo, CO 81004
719-562-6300

†Southern Colorado Clinic PC
Family Practice, Urgent Care Clinic
109 S Burlington Dr
Pueblo, CO 81007
719-553-2200

St Mary-Corwin Medical Center
Hospital: Acute Care
1008 Minnequa Ave
Pueblo, CO 81004
800-228-4039

Southern Colorado Clinic PC
Healthsystems/One Call Care
Mgmt
Ambulatory Surgery Center
Multi Specialty Group
Neurology
3676 Parker Blvd
Pueblo, CO 81008
719-553-2200, 844-451-9665

†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

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

MBI Medicine for Business & Industry
Occupational Medicine Clinic
1495 Garden of The Gods Rd
Colorado Springs, CO 80907
719-260-1128

Urgent Care Broadmoor
Urgent Care Clinic
1263 Lake Plaza Dr Ste 120
Colorado Springs, CO
80906
719-776-3330

UC Health Memorial Hospital
Hospital: Acute Care
1400 E Boulder St
Colorado Springs, CO 80909
719-365-5000

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

UC Health Urgent Care East
Urgent Care Clinic
4323 Integrity Center PT
Colorado Springs, CO 80917
719-591-2558

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



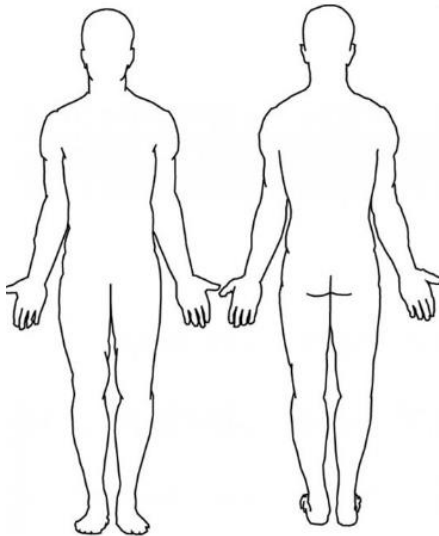
EMPLOYEE ACCIDENT REPORT
(To be completed by injured employee)

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

☐ 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 witnessed 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 has 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 does?
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: _____

Witness' description of accident or incident: _____

Name of person completing form: _____

(Print name here)

(Signature)

Name of Witness: _____

(Print name here)

(Signature)