Claims Contact Record

05CA15-11966

Office of the Employer Advisor

Prince Edward Island CANADA

Community and Cultural Affairs

Claims Management Guide

Record keeping is an important component of managing a WCB claim. Employers should use this Claims Management Guide to ensure they deal with and document all the aspects of a claim, from acceptance to successful resolution or appeal.

Employee's Name: _____

Mailing Address: _____

_____

Civic Address: _____

Tel.: _____

Job Title: _____

Supervisor: _____

Business' Name: _____

Mailing Address: _____

_____

Civic Address: _____

Tel.: _____ Fax: _____ Email: _____

Name of person gathering information: _____

Job Title: _____

Tel.: _____ Fax: _____ Email: _____

The Office of the Employer Advisor assists Prince Edward Island employers and employer associations with the statutory interpretation, application and administration of the *Workers Compensation Act* and the *Occupational Health and Safety Act*, as well as board policies, procedures and practices.

For independent assistance and advice, contact the Employer Advisor at:
40-B Burns Avenue, PO Box 2000
Charlottetown, PE C1A 7N8
Tel: 902-368-6132 Fax: 902-368-4382

Accident Details

Date: _____

Time: _____

Date Reported: _____

Date filed with Workers Compensation Board: _____

Nature of Injury: _____

_____

_____

Physician: _____

Tel.: _____

Investigation Checklist

- ☐ Location _____
- ☐ Equipment involved _____
- ☐ Worker interviewed _____
- ☐ Written report to worker _____
- ☐ Supervisor interviewed _____
- ☐ Written report to supervisor _____
- ☐ Witnesses _____

  _____

  _____
- ☐ Witnesses interviewed _____
- ☐ Written statements from witnesses _____
- ☐ Diagram made _____
- ☐ Photographs taken _____
- ☐ Video taken _____
- ☐ Evidence obtained _____

  _____

  _____
- ☐ OH&S contacted _____
- ☐ Claim requires further investigation _____
- ☐ Recurrence of previous injury (Notify WCB) _____
- ☐ Pre-existing condition (Notify WCB) _____
- ☐ Claim is valid _____

Claims Management Checklist

- ☐ Accident reported to _____
- ☐ Reported in a reasonable time _____
- ☐ First aid administered _____
- ☐ Medical treatment provided on-site _____
- ☐ Transportation provided _____
- ☐ Functional Abilities Form provided _____
- ☐ Suitable work provided _____
- ☐ Contact information provided _____
- ☐ Death or critical injury reported _____
- ☐ Accident site preserved _____
- ☐ File opened _____
- ☐ Form 7 completed _____
- ☐ Form 7 sent to WCB in 7 days _____
- ☐ Copy of Form 6 given to employee _____
- ☐ Copy of Form 6 received _____
- ☐ Form 6 reviewed _____
- ☐ Form 6 delivered to WCB _____
- ☐ Accident investigated _____
- ☐ Causes identified _____
- ☐ Copy of investigation report filed _____
- ☐ Accident reviewed for prevention _____
- ☐ Prevention steps implemented _____
- ☐ Follow up with worker completed _____
- ☐ Functional Abilities Form received _____
- ☐ Functional Abilities Form reviewed _____
- ☐ Return-to-work arranged _____
- ☐ Return-to-work monitored _____
- ☐ WCB advised of return-to-work _____
- ☐ WCB advised of return to job _____
- ☐ Appeal required (call OEA) _____
- ☐ Claim closed on _____