

LAB EMPLOYEE & GRAD STUDENT LAB INJURY WORKERS' COMPENSATION PROTOCOL



LIFE THREATENING INJURIES:

- **CALL UNIVERSITY POLICE DIAL 911**
- **CALL RISK MANAGEMENT DIAL 1-5582**
- **FILL OUT SUPERVISOR'S INJURY REPORT**
- **FILL OUT WORKERS' COMPENSATION ACCIDENT FORM**

NON LIFE THREATENING INJURIES:

- **ADVISE LAB MANAGER**
- **CONTACT RISK MANAGEMENT 1-5582**
- **RISK MANAGEMENT WILL OBTAIN A MEDICAL APPOINTMENT WITH OMEGA**
- **FILL OUT SUPERVISOR'S INJURY REPORT**
- **FILL OUT WORKERS' COMPENSATION ACCIDENT FORM**

SUPERVISOR'S INJURY OR ILLNESS INVESTIGATION REPORT

- **DOWNLOAD FORMS FROM WEBSITE**
www.northwestern.edu/risk/Supervisorsreport.pdf
www.northwestern.edu/risk/WorkersCompAccidentStatementForm.pdf
- **FORMS MUST BE COMPLETED BY LAB MANAGER & FAXED TO RISK MANAGEMENT 7-7475**