TNRMT
TENNESSEE RISK MANAGEMENT TRUST

SEC | SAFETY ENGINEERING & CLAIMS MANAGEMENT

WORKERS' COMPENSATION CHECKLIST

Employee Name: _____

Date of Injury: _____

- **Panel of Physicians – signed by employee**
- **HIPAA Release – signed by employee**
- **Employee Accident Report**
- **Supervisor's Accident Investigation Report**
- **Accident Witness Report**

Preparer's Name: _____

Phone Number: _____

Email Address: _____

Please submit with First Report of Injury Form within 24 hours