

SEE DISTRIBUTION AND SPECIAL INSTRUCTION AT THE TOP OF THE NEXT PAGE FOR INMATE COPY

1. Institution		2. Name of Injured		3. Register Number	
4. Injured's Duty Assignment		5. Injured's Duty Hours		6. Date and Time of Injury	
7. Where Did Injury Happen (be specific as to location)				8. Date and Time Injury Was Reported	
9. In Your Opinion, Was This Injury: (a) <input type="checkbox"/> Work Related <input type="checkbox"/> Non Work Related (b) <input type="checkbox"/> Institution <input type="checkbox"/> Industry <input type="checkbox"/> Recreation <input type="checkbox"/> Program or Activity <input type="checkbox"/> Other (explain)					
10. To Whom Was Injury First Reported		11. Part of Body Involved (left knee, etc.)		12. Kind of Injury (burn, cut, etc.)	
13. Injured's alleged Witnesses to Injury (staff and inmates)					
14. Injured's Brief Statement As To How Injury Happened. Include Injured's Recommendation for Prevention. (Continue on additional blank sheets, if necessary.)					

● Injured's Signature and Date:

15. Supervisor's Statement - Must Include: a. Job Training Record, b. Safety Equipment Provided, c. Whether Safety Equipment In Use, d. Whether Proper Guarding Used, e. Corrective Action Taken. (Continue on additional blank sheets, if necessary)

● Supervisor's Signature, Title and Date:

16. Medical Description of Injury		17. This Injury Required:	
		a. <input type="checkbox"/> No Medical Attention	
		b. <input type="checkbox"/> Minor First Aid	
		c. <input type="checkbox"/> Hospitalization - from _____ to _____	
		d. <input type="checkbox"/> Work Time Lost - from _____ to _____	
		e. <input type="checkbox"/> Other (explain)	
		Total Lost Time Days: _____	

Record Copy - Inmate file; Copy - Safety Office; Copy - Inmate

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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## ● Supervisor's Signature, Title and Date:

**NOTICE**

If you sustained an injury as a result of a work assignment, and feel you have some degree of impairment at the time of your release from federal custody, you may file a claim for Inmate Accident Compensation. Claims may not be filed until 30 days prior to release or transfer to a Community Treatment Center. Claims must be made within 60 days following release from the institution when circumstances preclude submission prior to release.

To file a claim you must contact the Institution's Safety Manager not less than 30 days prior to your release or transfer to a community Treatment Center. The Safety Manager will assist you in completing your claim and will arrange to have your injury medically evaluated.

Refusal of appropriate medical treatment or failure to file a claim prior to release or transfer to a Community Treatment Center may result in forfeiture of accident compensation benefits resulting from your injury. Failure to submit to a final physical examination in connection with an Inmate Accident Compensation Claim shall result in the forfeiture of all rights to compensation benefits and future medical treatment.

Record Copy - Inmate file; Copy - Safety Office; Copy - Inmate

NAME \_\_\_\_\_ REG. NO. \_\_\_\_\_

RE: INJURY OF \_\_\_\_\_  
Date

1. (Witnesses Statement) Use Additional Sheets of Plain Paper if Necessary.

RECOMMENDATION FOR PREVENTION \_\_\_\_\_

Witness Signature	Reg. No. or Title	Date
_____	_____	_____

2. (Department Head's Statement)

FOLLOW-UP OR CORRECTION ACTION TAKEN \_\_\_\_\_

Department Head	Title	Date
_____	_____	_____

3. (Safety Manager's Comments)

Safety Manager	Date
_____	_____

4. (Safety Committee Review-Comments)

Associate Warden's Signature	Date
_____	_____

NAME \_\_\_\_\_ REG. NO. \_\_\_\_\_

RE: INJURY OF \_\_\_\_\_  
Date

- 5. | | The Institution Safety Committee has reviewed the report of your injury and is their opinion that your injury was work related.
- | | The Institution Safety Committee has reviewed the report of your injury and it is their opinion that your injury was not work related.

The final determination of the work relatedness of this injury is subject to review by the Inmate Accident Compensation Committee upon the filing of a claim for Inmate Accident Compensation due to a physical impairment resulting from the injury.

Safety Manager	Date
_____	_____

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