

First Report of Injury Submission for all City and BOE Departments

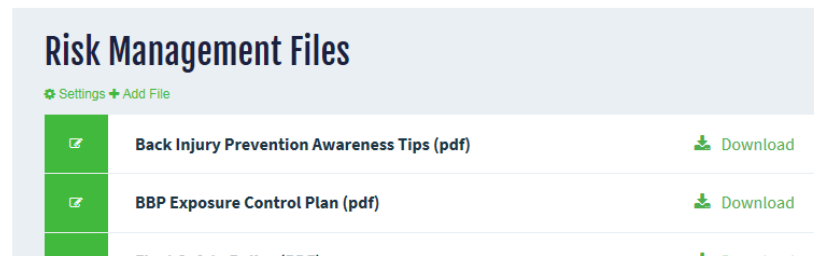
-Updated December 2019

- 1) Injury needs to be reported to supervisor/administration. A first report of injury needs to be filled out.
 - a) Go to city intranet. Website - <http://staminet.org/> (hold mouse over link and hold on shift button at same time. Will take you directly to city intranet.
 - b) Scroll through departments, click on Risk Managements. That will take you to this page:

(203) 977-4928

Resource Links:

[Personnel Injury Report](#)



- c) Click on Green Link labeled Personnel Injury Report (circled in yellow).
- d) After clicking on that green link above, the page will now look like this:

City of Stamford
Personnel Injury Report

Fill Out Form Completely

Employee Information	Employee Injury Information
Full Name: <input type="text"/>	Injury Date: <input type="text"/> Time: 01 <input type="text"/> 00 <input type="text"/> Choose <input type="text"/>
Address: <input type="text"/>	Injury Type: Choose One <input type="text"/> Week Day: Choose One <input type="text"/>
City/ST/Zip: <input type="text"/>	Injury Type Other (Explain): <input type="text"/>
Date of Birth: <input type="text"/> SSN: <input type="text"/>	Part of Body Affected (be Specific): <input type="text"/>
Job Title: <input type="text"/>	Treatment Location: <input type="text"/>
Dept/Location: <input type="text"/>	Treatment Date: <input type="text"/> Disposition: Choose One <input type="text"/>
Dept Location Code: <input type="text"/> Phone: <input type="text"/>	Person Notified: <input type="text"/> Notified Date: <input type="text"/>
Hire Date: MM/DD/YYYY <input type="text"/>	

Location of Injury Incident and Employee's Activity at Time of Injury Incident

Exact Location Where Injury Incident Occurred:

What was the Employee doing when the Injury Incident Occurred (explain in detailed):

Tool or Equipment Involved? Choose if yes what?

Submit

- e) FULLY complete every box, if you need assistance with where to send for treatment please see next page! Print form, and then click submit, this will go right to Risk Management. Risk will send to our Workers' Compensation Administrator, PMA. This must be completed and signed off by supervisor or administration.

- 2) If the employee wants to be treated by our medical care provider, they may go to one of the following locations listed below.

Workers Compensation

First Treatment Centers

- **For work injuries, employees MUST treat in PMAs network.**
- Employees have 2 options for First Treatment Centers: (IF EMERGENCY PLEASE SEE BELOW IN RED)
 1. Greenwich Hospital Occupational Health Service
 - 260 Long Ridge Road, Stamford, CT 06902
 - (203) 863-3483
 2. AFC Urgent Care. (formally Doctors Express)
 - 3000 Summer St. Stamford Ct. 06905
 - (203) 969-2000

- **In true MEDICAL EMERGENCIES, please send the employee by ambulance to the nearest EMERGENCY ROOM.**

If one of the below happens to an employee we must contact OSHA

-Employee is killed on the job (8 hour window to contact OSHA)

-Employee suffers a work-related injury requiring in-patient hospitalization (overnight) or

-Amputation, loss of eye.(24 hour window to contact OSHA)

CALL 1-800-321-6742 (this is the number to OSHA)

PMA Adjusters

Supervisor – Paul Gamble (203) 379-3852

Medical Only Adjuster – Sam Velez – (203) 679-3877

BOE Lost Time Claims Adjuster - Jill Moulton (203) 679-4002

Lost Time Claims Adjuster - Anthony Meliso (203) 679 - 3859

Lost Claim Adjuster Monica Vilma (203) 679 3850

City of Stamford Assistance

David Villalva –Risk Manager (203) 977 4317 or 203-977-4083 DVillalva@stamfordct.gov

Matthew Stuhlman – Safety Officer (203) 977 4908 Mstuhlman@stamfordct.gov

Sandy Jenkins – Office Support Specialist (203)977-4928 Sjenkins@stamfordct.gov

- If you or the injured employee has any further questions related to workers compensation, please contact:
 - Matt Stuhlman, Safety Officer at office: (203) 977-4908 or cell: (203) 424-4178
 - Sam Velez, Account Claims Associate with PMA at (203) 679-3877