

OFD 6-IOD Tracking Document

Refer to SOP ADM 3-2 Injury/Illness Reported Procedures and Limited Duty

Complete and submit all forms and information within 48 Hours:

Report # _____ (Obtain from SWD Office)

Date of Injury _____ Injured Name/ID # _____

Assignment _____ Shift _____

	Name/ID #	Initials	Date Received
Captain	_____	_____	_____
Battalion Chief	_____	_____	_____
A/C on Duty	_____	_____	_____

FRMS Incident # _____

(All injuries must have FRMS incident ID # - if non-incident related, inform dispatch of your injury and need for an FRMS ID #)

CorVel ID # _____ (CorVel TMC will initiate at time of call)

IOD Checklist:

- 1. Call CorVel at 800-825-9543**
 - CorVel will complete First Notification of Injury (NWCC) and submit NE Workman's Compensation Court Form.
- 2. Complete CorVel Work Ability Report Form**
 - Only if seeking medical attention. Complete "Employee Section" and sign at bottom.
- 3. Complete Investigation Report for Occupational Injury or Illness Form**
 - Both employee and supervisor must complete and sign.
- 4. Complete OFD 295a Injury Witness Statement Form**
- 5. Complete Employee's Choice of Physician or Doctor Form**
 - Two signatures required – both section A & B
- 6. Complete OFD 25 Injury Intradepartmental Communication Form**
 - Send as an attachment electronically to OmaFIOD@cityofomaha.org
- 7. Complete FRMS Casualty & Narrative Tabs**
 - Fire Service & Fire Service Injury.
- 8. Complete in EPCR**
 - For all cases.
- 9. Document IOD in WorkForce**
 - Only if seeking medical attention.
- 10. Document in Operational Day Book and Personnel Record**

For Fire Omaha Police Recruits:

1. Have Police Supervisor complete and sign supervisor section on Investigation Report and Witness Statement (#4 above)
2. Call Fire Supervisor or SWD B/C immediately and notify CorVel by phone.