

## WORKERS COMPENSATION CHECKLIST

PCA WC #

COMPANION PCA INCIDENT #

LOCATION OF INCIDENT

LOCATION

Street Address

City

State

Zip

Phone

INCIDENT DETAILS

Date of Incident

Time of Incident

CLAIM INFORMATION:

ALL CLAIMS

Investigation of Accident

Ohio CF1 BWC FROI

Modified Duty Schedule

Payroll Deduction Form

Concentra Employee Auth

Ohio RD1 TWB-2 Offer

Georgia Travelers Panel

GA Job Analysis WC240A

GA Modified Duty WC240A

ATLFP Travelers Panel

Texas E02a EmpAckSpanish

Texas E01a EmpAck English

Texas E02 Emp Notice Spanish

Texas E01 Emp Notice English

OSHA Log

LOCATION MANAGER

CLAIMS REP

FORMS

[Investigation form](#)

[Ohio BWC FROI](#)

[Modified Duty Schedule](#)

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[Texas E02a Spanish](#)

[Texas E01a English](#)

[Texas E02 Spanish](#)

[Texas E01 English](#)

[OSHA Log](#)

COMMENTS/PENDING: