

**CITY AND COUNTY OF BROOMFIELD  
ACCIDENT/INJURY CHECKLIST**

The following is a checklist of forms that will usually be required to be completed when an employee is injured while at work, when City and County property is damaged, and/or when any person is injured on City and County property or while attending a City and County function. All paperwork (this includes incident and criminal reports applicable to the incident) **will be completed** (except an AR intake) and routed to the appropriate Division Commander who will forward them to the Purchasing Administrative Technician. Administrative Review Intakes will be forwarded in the normal manner.

- [City and County of Broomfield Accident/Injury Report](#) (to complete by hand) (page 1), Supervisors Report (page 2), and Witness Statement (page 3)
- [City and County of Broomfield Accident/Injury Report](#) (to complete on computer) (page 1), Supervisors Report (page 2), and Witness Statement (page 3)
  - To report accidents or injuries on City and County property or while working or attending a City and County-approved function (applies to non-employees, also)
  - Complete within one working day after the accident/injury and forward the copies
  - All witnesses (employees and non-employees) will complete this form
- [City and County of Broomfield First Report of Injury](#) (Worker's Comp. Form) (to complete by hand)
- [City and County of Broomfield First Report of Injury](#) (to complete on computer)
  - Employees injured while at work must complete this form **within 24 hours** of the injury. State and Federal Law require prompt reporting.
  - Completed by the employee. If the employee is incapacitated, the supervisor must complete the form.
- [Choice of Provider Notice](#) (must be included with First Report of Injury form)
- [Infectious Disease Exposure Report Form](#)
  - This form will be completed if the employee is exposed to infectious disease as outlined in the directive
- [Certification of Physician or Practitioner](#) and [Release to Return to Work Form](#)
  - This form is required for short term disability and any other leaves that qualify as family or medical leave at least 30 calendar days in advance of the absence (or as soon as practicable, within two days of when the employee learns of the need for the leave) (Note – job descriptions can be accessed here: <http://www.broomfield.org/hr/JobDescriptions/JobDescriptionIndex.shtml>)
- [City and County of Broomfield Leave Request for Family or Medical Leave](#)
  - This form will be completed in conjunction with the Certification of Physician or Practitioner form
- State of Colorado Accident Report
  - The accident report will be completed when damage or injury occurs due to the movement of a motor vehicle or its load
- Miscellaneous Reports, etc.
  - Criminal or incident report related to the incident
  - Use of Force report related to the incident
  - Photographs of damage and/or injury
  - Copy of employee's medical treatment/release form
- [Administrative Review Intake Form](#)
  - If a preliminary investigation into any accident/injury involving an employee shows that disciplinary action is a likely result, the supervisor will complete the form.

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Supervisor's Signature

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Date