

# Employee's Rights Under the Red Lake Band of Chippewa Indians Workers Compensation Plan

## WHO IS COVERED

Almost all Tribal Council employees – full or part time employees, temporary or seasonal, new workers or minors – who have work related injury. Other Tribal Organizations may also be included. Check with your program director or supervisor.

## WHAT TO DO

Report any injury to your supervisor as soon as possible, no matter how slight it appears. Provide all necessary information so that a proper injury report can be filed. If you fail to report an injury within 7 days of occurrence, no benefits whatsoever will be due or payable.

## WHAT ARE THE BENEFITS?

<i>COMPENSATION</i>	for lost wages (subject to a five scheduled workday waiting period)
<i>MEDICAL TREATMENT</i>	expenses – including transportation and other reasonable expenses
<i>COMPENSATION</i>	for permanent disability
<i>REHABILITATION</i>	services if necessary
<i>DEATH BENEFITS</i>	for your surviving dependents or beneficiaries

## WHO PAYS?

The Red Lake Band of Chippewa Indians funds the payment of benefits under this self-insured plan through pro-rata assessments to each participating program.

Any benefits due will be paid by our Administrator:



**Berkley Risk Administrators  
Company, LLC**

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PO Box 59143, Mpls., MN 55459-0143 • 222 S. Ninth St., Ste. 1300, Mpls., MN 55402-3332  
Phone (612) 766-3000 • Fax (612) 766-3099

## PROBLEMS?

See your program director or supervisor about reporting claims.

Contact Berkley Risk Administrators Company, LLC about any problems with benefit payments.



# SUPERVISOR'S REPORT OF ACCIDENT

(Please read and follow instructions on back)

EVERY ACCIDENT SHOULD BE INVESTIGATED AND THE CAUSES CORRECTED SO THAT MORE ACCIDENTS WILL NOT OCCUR. DO NOT OVERLOOK THE SO-CALLED "UNIMPORTANT" CASES, BECAUSE, EXCEPT FOR "CHANCE" THEY COULD ALSO HAVE BEEN SERIOUS. IT IS ONLY BY THOROUGH INVESTIGATION THAT MANY OF THE REAL CAUSES CAN BE DETERMINED AND CORRECTED.

NAME OF EMPLOYEE \_\_\_\_\_ COMPANY \_\_\_\_\_ DEPT \_\_\_\_\_  
DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ DID EMPLOYEE LOSE TIME FROM WORK  YES  NO  
HOURS LOST ON DATE OF ACCIDENT \_\_\_\_\_ HAS EMPLOYEE RETURNED TO WORK  YES  NO  
JOB TITLE: \_\_\_\_\_ SERVICE WITH THE COMPANY \_\_\_\_\_ YEARS IN PRESENT JOB \_\_\_\_\_

**GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.**

- PLEASE ANSWER THE FOLLOWING: CHECK "YES" OR "NO"
1. WAS INJURED PERSON PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS?.....  YES  NO
  2. DID INJURED PERSON VIOLATE ANY INSTRUCTIONS?.....  NO  YES
  3. WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE).....  YES  NO
  4. DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY?.....  NO  YES
  5. DID HORSEPLAY CAUSE THE INJURY?.....  NO  YES
  6. WAS IT CAUSED BY SOMETHING WHICH NEEDED REPAIRS?.....  NO  YES
  7. SHOULD A GUARD BE PROVIDED?.....  NO  YES
  8. DID ANY BODILY DEFECT CONTRIBUTE TO INJURY?.....  NO  YES
  9. WAS IT CAUSED BY AN UNSAFE ACT?.....  NO  YES
  10. DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY?.....  YES  NO

ACCIDENT. (DESCRIBE WHAT INJURED WAS DOING AT TIME OF ACCIDENT, WHAT HAPPENED, WHO WAS INVOLVED, NATURE OF INJURY, PART OF BODY AFFECTED) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES NAMES \_\_\_\_\_

UNSAFE ACTS. (WHAT DID THE EMPLOYEE OR ANOTHER PERSON DO INCORRECTLY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNSAFE CONDITIONS. (WHAT UNGUARDED OR UNSAFE CONDITION OF MACHINERY, EQUIPMENT, BUILDING OR PREMISES WAS INVOLVED) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS TAKEN. (WHAT DID YOU DO TO CORRECT THE CONDITIONS WHICH CAUSED THIS INJURY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMEDIES. (WHAT SHOULD YOUR ORGANIZATION DO TO PREVENT OTHER INJURIES LIKE THIS) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CARE. DID EMPLOYEE GO TO DOCTOR OR HOSPITAL?  YES  NO IF YES, COMPLETE THE FOLLOWING

NAME OF DOCTOR OR HOSPITAL \_\_\_\_\_ DATE OF INITIAL VISIT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

AS SUPERVISOR DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS COMPENSATION?  YES  NO

REASON WHY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

## COMPLETION INSTRUCTIONS FOR SUPERVISORS' REPORT OF ACCIDENT (SRA)

The primary purpose of the SRA is to investigate the accident. It is also used to report the accident to the central office where the First Report of Injury is then completed by administrative personnel. The SRA should be filled out as soon as possible after the accident.

If the SRA is incomplete or delayed, corrective action may also be delayed. A delay in taking corrective action will probably result in the occurrence of a similar accident.

The initial information asked for at the top of the SRA concerning the injured person's name, occupation, age, job history and loss of time from work is self-explanatory, but very necessary for eventual completion of the First Report of Injury.

The following is a line-by-line set of instructions for completing of the SRA by the Supervisor of the injured employee. Concrete examples of important parts of the form are given for your use. This report should not be completed by the injured employee.

### QUESTIONS

1. Was proper instruction given to the employee on how to do the job safely? Supervisors should instruct their employees on how to do the job efficiently and safely.
2. Referred to in question #1.
3. The supervisor should have told the employee what personal protective equipment is necessary to do the job. Did the employee wear the personal protective equipment when this job was being done?
4. Was the work area clean and well organized? i.e., scraps on the floor, blocked aisles, wet floor, spilled food, etc.
5. Was there inadequate supervision? Did horseplay or practical jokes contribute to the accident?
6. Was the injured person using equipment that was unsafe and in need of repair? i.e., broken ladder, bad electric cord on drill, etc.
7. Would a guard prevent another accident from happening? i.e., guard around the belts and pulleys, railing properly in place, guard on saw, etc.
8. Did this person have any bodily defects which might have helped cause the accident? i.e., poor vision, previous back injury, etc.
9. Most injuries are caused in part by unsafe acts. An Unsafe Act is something that the injured person or another person did, that he or she should not have done, which led to the accident. Below is a list of the most common unsafe acts and contributing factors:
  1. Operating without authority
  2. Failure to warn or secure
  3. Operating at unsafe speed
  4. Making safety devices inoperative
  5. Using equipment, tools, materials or vehicles unsafely
  6. Using defective equipment, materials, tools or vehicles
  7. Failure to use personal protective equipment
  8. Failure to use equipment provided (except personal protective equipment)
  9. Unsafe loading, placing and mixing
  10. Unsafe lifting and carrying (including insecure grip)
  11. Taking an unsafe position
  12. Adjusting, clearing jams, cleaning machinery in motion
  13. Distracting, teasing
  14. Poor housekeeping practices
  15. Disregard of instructions
  16. Lack of knowledge or skill
  17. Act of other than injured
  18. Others .....
10. The accident should have been reported immediately to the supervisor, was it?

### Accident

1. Describe what the injured was doing at the time of the accident.
2. What happened?
3. Who was involved?
4. What injuries resulted?  
Example: John was drilling a hole in the ceiling and chips of plaster fell into his eye. (This answers questions 1 and 2.) John got chips of plaster in his eye, resulting in a scratch to his eye. John was wearing his prescription glasses. (This answers questions 3 and 4.)  
Note the names of witnesses, if any

### Unsafe Act

Refer to question 9 above and examples of Unsafe Acts. Example: John was not wearing proper personal protective equipment

### Unsafe Conditions

1. Defective tools, equipment, substances
2. Unsafe design or construction
3. Hazardous arrangement
4. Improper illumination
5. Improper ventilation
6. Improper dress
7. Poor housekeeping
8. Congested area
9. Other

**Action Taken** Example: John has been re-instructed to wear proper personal protective equipment such as goggles or face shield when drilling overhead.

**Remedy** Example: Standard safety policy should be adopted that requires use of personal protective equipment. This policy should be strictly enforced by the supervisors.

**Medical Care:** Include all medical information that is known at this time. Do not delay the completion of this form for more complete information.

**As supervisor, do you feel that this injury should be covered under workers' compensation benefits?** As a general rule, if the employee is injured while at work, that injury is covered under workers' compensation. However, if you as supervisor, have reason to suspect that the injury did not occur at work, please tell us. This is only an opinion and by itself will not deny benefits.