

Davis Mechanical Systems, Inc.

21225 Hamburg Ave, Suite #3, Lakeville, MN 55044

Injured Employee Action Plan Checklist

If an accident or injury occurs on the job, use this as a reference for the steps that need to be followed. This will ensure we have complete information and paperwork.

- Evaluate the injury, if life or limb threatening, go to nearest Emergency Room (someone may need to drive you). If it is NOT an emergency, see attached clinic map.
- Employee must contact their supervisor immediately after the injury. Supervisor will contact Sara Wencil (507-519-0131) to report the injury within 24 hours.
- Fill out the accident investigation report. These should be filled out and turned into Sara Wencil within 72 hours after the injury or illness occurs.
- Employee must update their supervisor and/or Sara regarding medical treatment and report on their work status. They may return to work if authorized by the doctor.

ACCIDENT INVESTIGATION REPORT

This form is to be utilized to document the investigation of an accident, injury, or near miss incident.

Person(s) Conducting Investigation _____ Title _____

Date of Accident/Injury/Illness: _____ Name of Injured Employee: _____

Work Area of Injured Employee: _____ Part of Body Affected: _____

Nature of Accident/Injury/Illness: _____

What Workplace Condition, Practice or Protective Equipment Contributed to the Incident?

Was a Safe Work Place Practice Violated: _____

Witness Names and Statements: _____

What Corrective Actions Will Prevent Another Occurrence? _____

What Additional Mandatory Safe Work Practice Is Needed? _____

Was the Unsafe Condition Practice or Protective Equipment Problem Corrected Immediately?

Yes _____ No _____

If No, What Has Been Done to Ensure Correction? _____

Until Corrected, What Actions Have Been Taken to Prevent Recurrence?

Signature of Investigator: _____ Date: _____

Signature of Person Responsible for Corrective Actions: _____

Date Copy of This Report was received by Responsible Party (Supervisor): _____

Davis Mechanical Systems Inc. Workers' Compensation **Carrier Information**

**Provide this information to the clinic when you're seen
for a work comp claim injury**

**Carrier: Western National Assurance Company
Policy Number: WCV 1042851 00**

Policy Period: 5/7/2026 5/7/2027

***Be sure to get paperwork from the physician before you leave. Turn
paperwork into supervisor or Sara Wencel ASAP after your visit.***

Lakeville, MN

CompCare Urgent Care

7560 160th St W STE 100

Lakeville, MN 55044

Work Comp Contact

Phone: (651) 508-0936

Hours

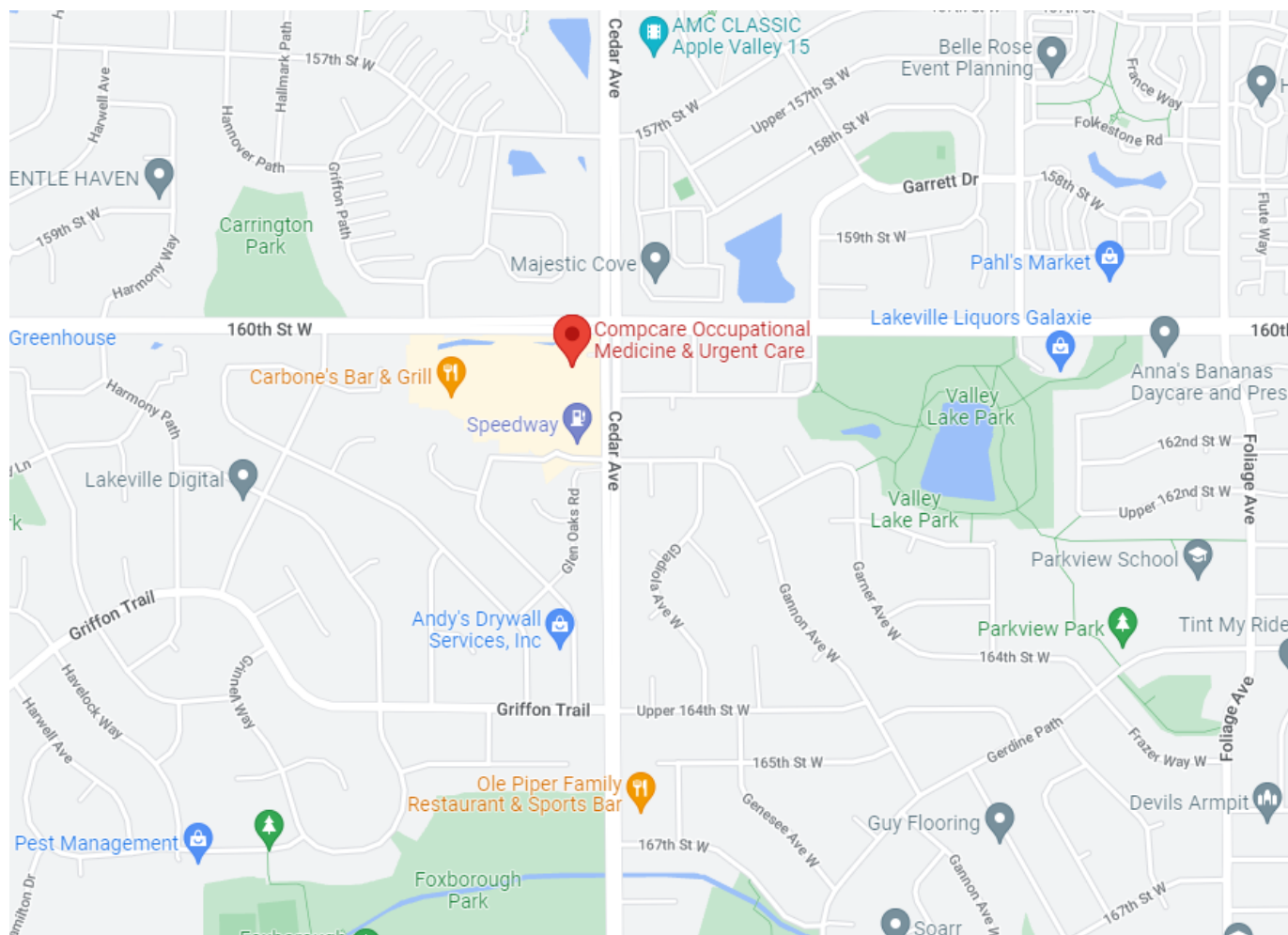
Clinic Hours: Mon.-Fri.: 7:00AM - 7:00PM

Services

- Injury Care Site
- First Aid Care
- Occupational Medicine

After-Hours

Fairview Ridges Hospital Emergency Room
201 E Nicollet Blvd
Burnsville, MN 55337



Lakeville, MN

Northfield Clinic - Lakeville

9974 214th St. West

Lakeville, MN 55044

Work Comp Contact

Phone: (952) 469-0500

Hours

Clinic Hours: Monday & Tuesday 7:45AM - 8PM
Wednesday - Friday 7:45AM - 5PM

Services

- Injury Care Site
- First Aid Care
- Occupational Therapy
- Physical Therapy
- Orthopedics

After-Hours

Fairview Ridges Hospital Emergency Room
201 E Nicollet Blvd
Burnsville, MN 55337

