

## WORK RELATED INJURY PROCESS – Salt Lake City, UT

For any work related injury, the injured employee must be treated at one of the preferred provider locations listed below. **When you are treated at these facilities, let them know that Pinnacol (Argonaut) is your company's Workmen Compensation insurance.** You will need to fill out an Accident Report Form and send this report to the Safety/Loss Prevention Manager in Englewood (Fax 303-742-3313) so the claim can be opened with Pinnacol. Your claim will then be assigned a claim number that you need to reference when receiving further medical treatment for your injury.

### Procedure for Work Related Injuries

- Report ALL work related injuries to your supervisor immediately.
- For injuries that do not need immediate medical attention, notify your supervisor and schedule an appointment at an approved facility within 24 hours of the incident, or the following Monday if an injury occurs over the weekend.
- For injuries requiring immediate medical attention, notify your supervisor and go to one of the facilities listed below immediately, where you will be treated appropriately.
- **For life or limb threatening injuries, go to the nearest hospital emergency room.**

Any medical costs received from non-preferred locations or its referrals without proper authorization will be the full responsibility of the employee.

#### **Workmed Occupational Health Clinic**

1685 West 2200 South  
Salt Lake City, UT 84119  
801-972-8850  
7:30am – 5:30pm Mon-Fri  
Walk-ins welcome

#### **Workmed Occupational Health Clinic**

5900 South 201 East  
Salt Lake City, UT 84107  
801-288-4900  
7:30am – 5:30pm Mon-Fri  
Walk-ins welcome

#### **Concentra Medical Center**

385 West 9000 South  
Sandy, UT 84104  
PH: 801-562-5200

#### **Concentra Medical Center**

1735 South Redwood Road  
Salt Lake City, UT 84104  
PH: 801-973-4434

**I have read, understand, and agree to comply with the Work Related Injury Process set forth by LONG Building Technologies, Inc.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Employee Name