



First Report of Injury Directions

1. Scope

This policy applies to CANANA employees

2. Terms and Definitions

Term	Definition

3. Policy Details

This policy addresses CANANA's participation in an insurance program to comply with the Minnesota Worker's Compensation Law. This law provides benefits to employees who are injured at work.

4. Procedures

You must contact CANANA-Center for Africans Now in America within 24 hours so that a **First Report of Injury Form** can be completed. You should also contact your participant's primary contact and inform them of your injury. You will need to provide the following information when contacting CANANA:

- A. Provide your name, address, date of birth, home phone number, and social security number.

- B. The date, time of day, and place where the accident or injury happened.
- C. A description of the accident or injury including what you were doing when it happened.
- D. The name, address, and phone number of the doctor or hospital where you received treatment (if you received treatment).
- E. If the injury occurs during regular business hours, call one of the following people:
 - Dr. Kate Onyeneho 952-356-2953
 - Dr. Sylvester Onyeneho 952-484-6796
 - Office: 952-736-7925 or 763-533-4986
- F. Make sure you have all of the above information ready when you call.
- G. If the injury occurs after hours, leave a message at 763-533-4986 or 952-736-7925 including your name, time and date when you called, and when and how you can be reached to make the report.
- H. You must report a workplace injury within 24 hours in order for the insurance company to approve the claim.