



# memorandum

**Date:** June 30, 2017  
**To:** All Members  
**From:** Jenny Cutright  
**RE:** Work Comp Injuries

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I'm sorry to learn that you have been injured.

Attached are forms needed to report a worker's compensation injury. Please fill out the second page (front and back) as completely as possible. Be sure to write what happened, in your own words, on the back and sign. Or you can type a statement and sign it and attach to First Report of Injury form. Give this form to me or the on duty Shift Captain or Chief Officer ASAP.

Sign and return the third page. I will give you a copy of it after we both sign it.

The fourth page goes to the doctor or hospital that you go to. The physician needs to complete this form and you **MUST** bring it back to me. If I am not here, you can give it to the Chief Officer. You can copy the last page as much as needed, but please be sure to copy both sides.

If you have any questions, please let me know.



**FIRE · EMS · RESCUE**

**First Report of Injury/Illness**

Name of Injured \_\_\_\_\_ DOB \_\_\_\_\_

Address of Injured \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security Number \_\_\_\_\_ Start date with CRFPD \_\_\_\_\_

Department Status (circle) Paid Volunteer Position (circle) Firefighter EMT FF/EMT Other

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ Time Shift Began or Time of Call \_\_\_\_\_

Injury reported to (Officer Name) \_\_\_\_\_ Date reported \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

What activity were you engaged in? \_\_\_\_\_

What equipment was being used? \_\_\_\_\_ What body part(s) was injured? \_\_\_\_\_

Were you provided with safety equipment to do your job? \_\_\_\_\_

Did you use safety equipment to do your job? \_\_\_\_\_

Witness(es) \_\_\_\_\_

Check those that apply:

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| _____ Treated by Employer         | _____ Went to a walk in clinic        |
| _____ Was 911 called?             | _____ Went to the Emergency Room      |
| _____ Were you hospitalized       | _____ Will you possibly have surgery? |
| _____ No medical treatment needed |                                       |

Please list the medical providers name, address and phone number:

\_\_\_\_\_

-over-

**Carbondale & Rural Fire Protection District**

300 Meadowood Drive • Carbondale, CO 81623 • 970/963-2491 Fax 963-0569

I have received a list of the District's designated medical providers.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

In your own words, please attach a summary of what caused the accident/illness. Please sign and date this statement and return with this document. You may use the bottom of this form.



**Designated Provider List Notification Letter for an Injured Worker**

I am sorry to learn that you have been injured. To make sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and I want you to have the best possible care.

**1. Name:** Roaring Fork Family Physicians  
**Address:** 978 Euclid Ave.  
**City, State & Zip:** Carbondale, CO 81623  
**Phone:** 970-963-3350

**2. Name:** Glenwood Medical Associates  
**Address:** 1830 Blake Avenue- 1<sup>st</sup> floor  
**City, State & Zip:** Glenwood Springs, CO 81601  
**Phone:** 970-945-8503

**3. Name:** Midvalley Family Practice  
**Address:** 1450 E Valley Road, Suite 102  
**City, State & Zip:** Basalt, CO 81621  
**Phone:** 970-927-4666

**4. Name:** New Castle Family Health  
**Address:** 820 Castle Valley Blvd, Suite 210  
**City, State & Zip:** New Castle, CO 81647  
**Phone:** 970-984-0651

Please contact one of these medical providers to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The respondent's representative is our workers' compensation insurance company, Pinnacol Assurance. Please see the contact information below.

Pinnacol Assurance  
7501 E. Lowry Blvd.  
Denver, CO 80230-7006  
303.361.4000 or 800.873.7242

If you have questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

**Organization Name and Phone:** Carbondale & Rural Fire Protection District  
**Address:** 300 Meadowood Drive  
**City, State & Zip:** Carbondale, CO 81623

**Employer's Representative for Workers' Compensation:**

**Name:** Jenny Cutright  
**Phone:** 970-963-2491

Hand-delivered on: \_\_\_\_\_  Mailed to injured worker on: \_\_\_\_\_

\_\_\_\_\_  
**Employer's signature**

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**

*Updated: 3/27/15*



**FIRE · EMS · RESCUE**

Worker's Compensation  
Physician-Employer Communication

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

No Duty

Expected Duration of Restriction(s) \_\_\_\_\_

Full Duty as described on back

Next appointment: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name Printed \_\_\_\_\_

*Copy this form as necessary*

**Carbondale & Rural Fire Protection District**

**[www.carbondalefire.org](http://www.carbondalefire.org)**

300 Meadowood Drive • Carbondale, CO 81623 • 970-963-2491 Fax 970-963-0569

## **Job Description**

### **Firefighter/Emergency Medical Technician**

#### **Work Environment**

Work is performed primarily in office, vehicles and outdoor settings, in all weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. The Firefighter/EMT is exposed to hearing alarms and hazards associated with fighting fires and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, solvents and oils.

The Firefighter/EMT occasionally works near moving mechanical parts and in high, precarious places and is occasionally exposed to wet and humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is usually quiet in office settings and loud at an emergency scene.

#### **Physical Requirements**

The physical demands described here are representative of those that must be met to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the Firefighter/EMT is frequently required to stand, sit, walk, talk and hear, use hands to finger, handle, or operate objects, tools or controls, and reach with hands and arms. The Firefighter/EMT is occasionally required to climb ladders up to 75 feet, balance, stoop, kneel, crouch, crawl, taste and smell.

The firefighter must frequently lift and or move up to 25 pounds and occasionally lift or move up to 125 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

The firefighter must be able to cope with high stress levels and be able to pass a basic physical examination as provided by the District.

#### **General Statement of Duties**

Performs functional and administrative duties in providing EMS, rescue, fire fighting and hazardous materials emergency responses. Works under the supervision of all Fire Department Officers but should also be able to work independently. Reports to the Shift Captain for daily activities.

#### **Example of Duties**

Performing fire fighting, rescue and hazardous materials mitigation tasks consistent with nationally accepted Firefighter II Standards (a copy of which is available upon request). Performs emergency medical service tasks consistent with nationally accepted functional EMT position description (a copy of which is available upon request). Non emergency functions of training, public relations, public education, fire inspections, vehicle and equipment maintenance and station cleaning and maintenance. During the course of an operation a Firefighter/EMT may be asked to perform other work assignments in addition to their normal responsibilities to insure a safe and thorough completion of an assignment. Performs other related duties as required and or designated. Work schedule is based on a 24-hour shift system. A Firefighter/EMT will be expected to make decisions in the field that will not jeopardize the position of the Fire District. Interpersonal contact with the District's membership, the general public, business owners and staff will be necessary.