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| CEG TIMELY REPORTING PROCEDURES – 2021  CEG timely filing discount applies if: 1) a First Report of Injury (FROI) is filed by midnight of next business day from date of accident, AND 2) a Root Cause Analysis is submitted to NDACo within four (4) business days from date of accident |

# Reporting an Injury or Accident if NO medical treatment is required:

Follow these steps to file an INCIDENT REPORT. If employee seeks medical treatment, please file a First Report of Injury (FROI) instead of this incident report (see below).

<https://www.workforcesafety.com/wsi/wsionlineservices/IRCompanySelect.aspx>

or <https://www.workforcesafety.com/> (Home>>Quick Links>>File an Incident Report)

For NDACo **County Employer Group employees use:**Company Name: ND Association of Counties Inc  
Account Number: 1196351  
Business Name: ND Association of Counties

For NDACo **County Employer Group Human Services (zone) employees use:** Company Name: ND Association of Counties Inc – County Employer Group Human Services  
 Account Number: 1508982  
 Business Name: ND Association of Counties

# Reporting an Injury or Accident if medical treatment IS required:

Follow these steps to file a FIRST REPORT OF INJURY (FROI).

<https://www.workforcesafety.com/WSI/OFROI/>

or <https://www.workforcesafety.com/> (Home>>Quick Links>>Report an Injury)

For NDACo **County Employer Group employees use:**Employer’s Name: [Your County Name]  
Employer Account Number: 1196351  
  
For NDACo **County Employer Group Human Services (zone) employees use:**Employer’s Name: [Your County Name] Human Services  
Employer Account Number: 1508982

A fatality or in-patient hospitalization must be reported to the CEG Claims Manager immediately.   
Contact: Jennifer Morman, CEG Claims Manager  
 (~~701) 328-7329 OFFICE~~ ∙ (701) 400-9807 CELL∙ (701) 328-7308 FAX   
 [jmorman@ndaco.org](mailto:jmorman@ndaco.org)

Please be sure to print the Submission Confirmation for your records.

After each medical appointment, employee is required to provide a Capability Assessment Form (C3 Form) to the employer. If the employee is released in any capacity, they must notify employer immediately. Provide transitional duties that accommodate the physical limitations outlined by the Medical Provider/Designated Medical Provider. *If the county cannot accommodate the return-to-work process, the CEG Claims Manager must be notified and will coordinate with Risk Manager.*

Follow these steps to find the Capability Assessment Form (C3 Form). FAX or email completed C3 Form to CEG Claims Manager after each medical appointment.

<https://www.workforcesafety.com>

Home>>Medical Providers>>Forms>>Claim Forms>>Capability Assessment Form (C3)

# Complete a Root Cause Analysis (required for FROI only):

Follow these steps to file an electronic Root Cause Analysis using the CEG dashboard.

[https://ceg-amp.ndaco.org/](https://urldefense.proofpoint.com/v2/url?u=https-3A__ceg-2Damp.ndaco.org_&d=DwMFaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=82ybX26S55vL5GAE6OnMXnCjeXaYm4cR4cMeyYoKAoU&m=xALKvBBsR5XNl-gnLWGw10l3D0dy2P6n_RYgRiqQfr0&s=SPXcjrdY6o32DStQAk3JeJkxhNWzDeusRTlNm4Vqcjo&e=)

>>Accident Investigation Form

Contact: Patrick Engelhart, CEG Safety Manager  
(701) 328-7314 OFFICE ∙ (701) 400-6711 CELL ∙ (701) 328-7308 FAX  
Email [Patrick.Engelhart@ndaco.org](mailto:Patrick.Engelhart@ndaco.org)

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