

 <b>Department of Children &amp; Family Services</b> <i>Building a Stronger Louisiana</i>	<b>Division/Section</b>	Executive Division
	<b>Chapter No./Name</b>	DCFS Departmental Policy
	<b>Part No./Name</b>	3 – Health / Safety
	<b>Section No./Name</b>	3-2 Safety
	<b>Document No./Name</b>	DA 3000 Visitor/Client Post Incident/Accident Initial Information Form Instructions
	<b>Effective Date</b>	June 22, 2021

## ➤ PURPOSE

Used to report all incidents/accidents involving a non-state employee (including contractors, visitors, clients and student workers), regardless of whether there was injury or property damage.

- Used to assist in determining the cause and procedures to prevent the recurrence of similar incidents.
- Used in anticipation of litigation.
- Do not accept responsibility for payment of medical care or transportation.
- \* ORM/Sedgwick makes all final decisions as to whether a claim will be paid.

## ➤ PREPARATION

**Available on ORM Website:** <https://www.doa.la.gov/media/2m0debd1/da3000.pdf>

- Completed after acquiring necessary medical aid for injured persons.
- Both pages are completed by an employee, supervisor, Safety Coordinator or other designated employee.
- All spaces on both pages must be completed.

## ➤ DISPOSITION

- Copies are scanned to:
  - Safety Coordinator within 24 hours of accident/incident or no later than the next business day.
  - Safety Coordinator scans copy to DCFS Safety Officer and DCFS Safety Officer Supervisor within 24 hours of accident/incident or no later than the next business day.
  - The DCFS Safety Officer will submit to Sedgwick \*\*
- Original retained in reporting office file.
- All forms will be reviewed for accuracy by the DCFS Safety Officer. All incomplete forms will be returned to the supervisor for corrections and must be resubmitted.

## Retention

- In accordance with retention schedule