

Appendix F

Van Buren County - Corrective Action Dollar Cost Indirect and Direct Incurred Costs

Injured Employee: _____ Age: _____

Department: _____ Job Title: _____

Date of Injury/Incident: _____ Time: _____ AM: _____ PM: _____

Corrective Action: _____

Expected Start Date: _____ Expected Completion Date: _____

Responsible Party: _____

Checklist of Indirect Costs (may include others):

- Lost time of injured employee paid by employer _____
- Lost time of other employees assisting injured employee _____
- Lost time of supervisors and others investigating, attending hearings, filing reports, etc. _____
- Time of foreman or key person training new employee _____
- Damage to premises or equipment _____
- Material or product damage _____
- Loss of use or idle of equipment _____
- Errors and low production of new employee _____
- Decreased production of injured employee during readjustment period _____
- Interruption of work at time of accident _____
- Incidental costs due to delays _____
- Payment of penalties _____
- Cost of renting replacement or emergency equipment _____
- Loss of good will - Public or Employee _____
- Costs to hire new employee (advertising, interviewing, forms, physicals, tests, etc. _____
- Other: _____

Total Indirect estimate ____ actual cost ____

Direct Cost (includes medical payments/indemnity payments, etc.) _____

Total: _____