



Company organization		
Company name	Policy number	Number of employees
Corporate office address		Industry type
City	State	ZIP code
Name of company transitional work coordinator	Phone number	Email address
Hours of operation	Shifts <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>	

**Related companies: You may add additional related companies on the back of the form.**

Name	Policy number	Number of employees
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Management/employee/union buy-in			
Support acknowledged from			
Management <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers <input type="checkbox"/> Yes <input type="checkbox"/> No	Union <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safety committee <input type="checkbox"/> Yes <input type="checkbox"/> No		Wage continuation <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List unions: You may add additional unions on back of form.**

Union 1	Union representative name
Union 2	Union representative name
Union 3	Union representative name
Do I need labor-management cooperative assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	

Transitional work policies and procedures		
I have policies and procedures <input type="checkbox"/> Yes <input type="checkbox"/> No	Policies and procedures need updated <input type="checkbox"/> Yes <input type="checkbox"/> No	Request templates from BWC <input type="checkbox"/> Yes <input type="checkbox"/> No

Resources to manage claims		
Managed care organization name	Representative's name	Representative involved <input type="checkbox"/> Yes <input type="checkbox"/> No
Third-party administrator name	Representative's name	Representative involved <input type="checkbox"/> Yes <input type="checkbox"/> No



**Job analysis**

List most common jobs of injury

1.	2.	3.
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List positions or manual classifications

List	Job analysis	Update	Needed
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Request generic job analysis from BWC  Yes  No

**Community medical resources**

Identify preferred providers

Emergency care name	Address	Phone number
Urgent care name	Address	Phone number
Physician's name	Address	Phone number
Specialist's name	Address	Phone number
Rehabilitation name	Address	Phone number

Request a template from BWC  Yes  No

**Training**

List transitional work training needs

Management <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors <input type="checkbox"/> Yes <input type="checkbox"/> No	Workers <input type="checkbox"/> Yes <input type="checkbox"/> No	Union <input type="checkbox"/> Yes <input type="checkbox"/> No
I have training materials <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of training <input type="checkbox"/> Classroom <input type="checkbox"/> Train the trainer <input type="checkbox"/> Electronic <input type="checkbox"/> Employee manual <input type="checkbox"/> Just in time training <input type="checkbox"/> Distance training		
Language barriers <input type="checkbox"/> Yes <input type="checkbox"/> No	Training verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Request templates from BWC <input type="checkbox"/> Yes <input type="checkbox"/> No	