

# Power Equipment Maintenance, Inc.

*Proven Performance / Quality Driven*  
**PRE-EMPLOYMENT QUESTIONNAIRE**  
EQUAL OPPORTUNITY EMPLOYER

## NOTICE OF INJURY EMPLOYEE INFORMATION

### Notice of Injury – Employee Requirements

- Report the injury to the Power Equipment Maintenance, Inc. (PEM) site contact, customer and PEM home office immediately. (888) 715-3914
- Assist site contact or supervisor in completing the Accident Investigation Form and First Report of Injury within 24 hours of injury.
- Contact the workers compensation advisor at PEM home office for assistance.

### *Notice to Employee*

- First Aid treatment will be provided for you on site. Initial treatment beyond First Aid must be handled in the following manner:
  - Emergency Treatment – Employee, with assistance of site contact or supervisor will go to the closest hospital emergency room if warranted.
  - All non-emergency medical treatment, evaluation and referrals are to be arranged by site contact or supervisor if still on site, if supervisor is no longer on site then it should be arranged by PEM home office.
  - If medical treatment is not apparent at the time of initial injury but becomes necessary at a later date or is a follow up medical treatment you must contact the workers compensation advisor at PEM home office to arrange medical treatment.
  - If an employee desires to obtain medical treatment other than that provided by PEM they have the right to ask, one time only to approve a change to another physician.
  - Medical treatment will not be provided or approved unless the injury was initially reported following the policy under “Notice of Injury” as shown above.
- Any loss of work time related to an on the job injury requires written medical authorization. The employee’s site contact or supervisor and the workers compensation advisor at Power Equipment Maintenance, Inc. headquarters must be informed immediately and provided with written medical authorization that the time loss is due to a job-related injury.

I \_\_\_\_\_, acknowledge receipt of a copy of this notice.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date