



**New Jersey  
Office of Homeland Security and Preparedness**

**POLICY**

**POLICY #A013**

**WORKPLACE VIOLENCE PREVENTION**

**EFFECTIVE DATE:  
April 12, 2019**

**APPLICABILITY: All OHSP Employees**

**ISSUING DIVISION**

**SUPPORT SERVICES**

**I. POLICY**

It is the policy of the Office of Homeland Security and Preparedness (OHSP) to maintain a work environment free from all forms of violence. A zero tolerance standard exists for acts of violence, harassment, intimidation in any form, or threatening behavior, including verbal, written, physical, or any conduct that may be construed detrimental to the workplace environment.

**II. AUTHORITY**

This policy is consistent with Executive Order #49, 1996, Governor Christine Todd Whitman (Annex A).

**III. PURPOSE**

OHSP is committed to preventing workplace violence and maintaining a safe work environment. This policy is to provide guidance regarding the responsibilities of employees and management to recognize and report workplace violence. New Jersey State employees have a right to work in a safe and secure environment.

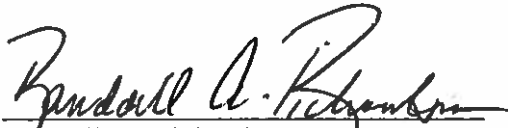
**IV. STANDARD OPERATING PROCUDURES (SOP)**

NJOHSP has adopted the New Jersey State Model Workplace Violence Policy (Annex B).

**V. ANNEXES**

- Annex A: Executive Order #49, 1996, Governor Christine Todd Whitman
- Annex B: New Jersey State Model Workplace Violence Policy
- Annex C: NJOHSP Workplace Violence Incident Report Form
- Annex D: State of New Jersey Employer's First Report of Accidental Injury or Occupational Disease

**OFFICE OF HOMELAND SECURITY  
AND PREPAREDNESS**

  
\_\_\_\_\_  
Randall A. Richardson  
Director of Support Services

April 12, 2019  
Date

  
\_\_\_\_\_  
Patrick Rigby  
Chief of Staff

April 12, 2019  
Date

State of New Jersey  
Executive Order #49

Governor Christine Todd Whitman

WHEREAS, violence in the workplace is a growing concern at all levels of government; and

WHEREAS, violence against employees can take many forms including harassment, threats and physical acts of violence; and

WHEREAS, the State of New Jersey recognizes its obligation to provide a safe, respectful and harmonious work environment for each of its employees; and

WHEREAS, each employee has the right to a workplace free from violence and threats of violence; and

WHEREAS, because of the unique nature of their work, government employees may be at increased risk of violence in the workplace; and

WHEREAS, the Department of Personnel has conducted relevant research on workplace violence and is responsible for all aspects of employment and employee development on behalf of the citizen-employees in State departments, agencies and organizations;

NOW, THEREFORE, I, CHRISTINE TODD WHITMAN, Governor of the State of New Jersey, by virtue of the authority vested in me by the Constitution and by the Statutes of this State, do hereby ORDER and DIRECT:

1. The policy of the State of New Jersey shall be that harassment, intimidation, violence or threats of violence by or against its employees shall not be tolerated, and that the State of New Jersey shall not tolerate any violence or threats of violence against any State property or installation.
2. The Commissioner of Personnel shall recommend strategies for prevention, action and reaction to incidents of workplace violence and provide each department, office, division or agency of State government with technical assistance and/or consultative services in order to implement this policy.
3. This Order shall take effect immediately.

GIVEN, under my hand and seal  
this 17th day of April in the Year  
of Our Lord One Thousand Nine  
Hundred and Ninety-Six and of the  
Independence of the United States,  
the Two Hundred and Nineteenth.

/s/ Christine Todd Whitman  
Governor

Attest:

/s/ Margaret M. Foti  
Chief Counsel to the Governor



## **New Jersey State Model Workplace Violence Policy**

### **I. Purpose**

To set forth the New Jersey Office of Homeland Security and Preparedness (NJOHSP) Workplace Violence Policy and procedures concerning violence in the workplace pursuant to Executive Order 49 (1996). New Jersey State employees have a right to work in a safe and secure environment.

### **II. Policy Statement**

The NJOHSP's Workplace Violence Policy is committed to promoting a safe environment for employees, clients, customers and visitors and to work with employees to maintain a work atmosphere that is free from violence, harassment, intimidation, and other disruptive behavior. NJOHSP has a zero tolerance for such behavior in the workplace. Employees at all levels are encouraged to report threatening or intimidating behavior to the appropriate authorities in and outside the NJOHSP, which, in turn, will be promptly investigated and if substantiated remedied with appropriate administrative or disciplinary action.

### **III. Definitions**

**Workplace** may be any location, either permanent or temporary, where an employee performs any work-related duty (any field location, any off-site business-related social function, or any facility where state business is conducted.) More specifically, a workplace includes, but is not limited to, office buildings and surrounding perimeters, including parking lots, field locations, clients' homes as well as traveling to and from work assignments.

**Workplace Violence** is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the workplace. It ranges from threats and verbal abuse to physical assaults and even homicide. It can involve employees, clients, customers and visitors.

The following acts are considered situations involving workplace violence:

- Violent acts by anyone who has no other connection with the workplace but enters with the intent to commit a robbery or another crime.
- Violence directed at employees by customers, clients, patients, students, inmates, or any others to whom an organization provides services.

- Violence by an employee against customers, clients, patients, students, inmates, or any others to whom an organization provides services.
- Violence against co-workers, supervisors, or managers by a present or former employee.
- Violence committed in the workplace by someone who does not work there, but has a personal relationship with an employee (for example, this can be an abusive spouse or domestic partner).

**Threats or Threatening Behavior** is overt expression, verbal or nonverbal, of an intent to cause physical or mental harm. It is intended to instill fear in the recipient thereof. An expression constitutes a threat without regard to whether the party communicating it has the present ability to carry out the threat or without regard as to whether the expression of harm is one of an immediate or future nature.

**Harassment or Intimidation** is threats or other conduct, which in any way, create a hostile environment; impair agency or department operations; or frighten, alarm or inhibit others. Psychological intimidation or harassment includes making statements which are false, malicious, disparaging, derogatory, rude, disrespectful, abusive, obnoxious, insubordinate, or which have the intent to hurt others' reputations. Physical intimidation or harassment may include holding, impeding or blocking movement, following, stalking, touching, or any other inappropriate physical contact or advances.

Note: Harassment or intimidation based on an individual's protected class are also covered by the New Jersey State Policy Prohibiting Discrimination in the Workplace and should therefore be reported to the agency or department's EEO Officer

**Stalking** is a malicious course of conduct that includes approaching or pursuing another person with intent to place that person in reasonable fear of serious bodily injury or death to him/herself or to a third party.

**Physical Assault** is the act of inflicting physical harm or unwanted or hostile physical contact of a non-sexual or sexual nature, including but not limited to, hitting, fighting, pushing, shoving or throwing objects.

Note: Physical assault of a sexual nature such as sexual assault or rape are also covered by the New Jersey State Policy Prohibiting Discrimination in the Workplace and should therefore be reported to the agency or department's EEO Officer. Such conduct should also be reported to the appropriate law enforcement.

**Property Damage** is damage to property which includes property owned or utilized by the State, its employees, clients and visitors.

**Weapon** shall mean any instrument which will cause bodily harm, physical damage, or death when used in the ordinary and usual manner contemplated by its design and construction and includes, but is not limited to: firearms, clubs, knives, stun guns, brass knuckles and martial arts weapons.

Employee Advisory Service provides professional referral services and counseling to state employees and their dependents who are dealing with personal, family or work-related issues that may be adversely impacting work performance including situations involving workplace violence.

#### IV. Prohibited Actions

Prohibited behaviors that are considered “acts or threats of violence” under this policy include, but are not limited to, the following:

- Disruptive or aggressive behavior intended to disturb, frighten, interfere or prevent normal work activities (such as yelling at others, use of abusive language, shaking fists at another person, punching a wall).
- Any type of physical contact to cause harm (hitting, shoving, slapping, punching or other physical attack).
- Threatening to harm an individual or his/her family, friends, or property. This includes direct or indirect threats such as sending threatening letters, threatening phone calls or threatening emails.
- Conduct that includes repeated verbal abuse and intimidation, profanity, or unwanted sexual comments, advances or physical contact. It should be noted that allegations of unwelcome or unwanted sexual comments, advances, or physical contact are covered under the New Jersey State Policy Prohibiting Discrimination in the Workplace and should be reported to the appropriate law enforcement as it may also subject the aggressor to criminal charges.
- Breaking or throwing objects.
- Making harassing or threatening telephone calls, or sending harassing or threatening written or electronic communications.
- Intimidating or attempting to coerce an employee to do wrongful acts.
- Concealing or using a weapon.

#### **Other Forms of Violence**

***Bullying*** is a form of repeated aggressive, humiliating, and intimidating behavior over time to intentionally hurt another person, physically or mentally. Bullying is characterized by an individual behaving in a certain way to gain power over another person. Examples of this behavior include but are not limited to outbursts of anger, using derogatory names, withholding necessary work information, spreading rumors, or ridiculing someone in front of another. Like any other disruptive or violent behavior, conduct that undermines an employee’s right to dignity at work is a violation of this policy.

***Obsession/Stalking*** is another form of workplace violence which occurs when an individual repeatedly seeks to establish a personal relationship with another, contrary to the wishes of the victim. The offender simply refuses to stop the escalating attempts to maintain attachment with the victim, even when the victim tries to set limits or end the attachment. Obsessed individuals have been known to be a threat to the safety of the individual with whom they are obsessed.

Employees are encouraged to seek assistance from their supervisor and the Office of Human Resources if they believe that someone has an obsessive attachment, or they are being stalked.

**Domestic Violence** is a pattern of abusive and controlling behaviors used by one person in an intimate relationship over another to gain power and control. This may include verbal, emotional and physical abuse. Employees who are victims of domestic violence are strongly encouraged to seek assistance. The Employee Advisory Service is available to help at 1-866-EAS-9133.

Victims of domestic violence, or other personal problems, who believe that violence may extend to the workplace are encouraged to notify their supervisor and the Office of Human Resources. NJOHSP understands the sensitivity of the requested information and will maintain confidentiality, to the extent possible, to respect the employee's privacy. In accordance with NJSA 11A:2-6a, Human Resources Officers shall follow the Uniform Domestic Violence Policy issued by the Civil Service Commission.

## V. Policy Provisions

NJOHSP will not tolerate any behavior of any employee, customer, contractor, vendor or any other person that reasonably poses a threat to the safety and security of, or that harms any NJOHSP employee or NJOHSP property. In furtherance of this policy, all employees, including directors, managers and supervisors, have a responsibility to adhere to work practices designed to make the work place more safe and secure. All employees, including directors, managers and supervisors, are responsible for using safe work practices; for following all NJOHSP directives, policies and procedures, the NJOHSP Workplace Violence Crisis Management Plan, and the NJOHSP Emergency Operations Plan; and for assisting in maintaining a safe and secure work environment. Employee reports of violence or threats of violence will be held in confidence to the maximum extent possible and subject to all applicable laws. NJOHSP will not tolerate any form of retaliation against an employee for making a report under this policy.

### A. Protective or Restraining Orders

NJOHSP employees who have been granted court-ordered protection which extends to the workplace must notify his/her supervisor and the Office of Human Resources, who will work together to develop a plan to ensure compliance with the order and maintain the safety of the employee and others at the workplace.

### B. Weapons in the Workplace

Under no circumstances may an employee or member of the public (other than an appropriately licensed law enforcement or security officer) possess any form of weapon such as a firearm, knife (with a blade longer than 3 inches) or explosive device on their person or in their vehicle or in state vehicles. If an individual has a permit to carry such type of weapon, this policy shall supersede that permit. In addition, use of or intent to use any other object as a weapon is also a violation of this policy. If the above situation exists, such individuals will be asked to remove any form of weapon from the worksite. Employees who become aware of the presence of a weapon

should immediately report it to management. If management is unsuccessful in obtaining voluntary consent to this request, law enforcement assistance shall be sought.

### **C. Imminent or Actual Violence Situations**

Actual threats should always be taken seriously and responded to immediately. If an employee feels that someone presents a danger or demonstrates peculiar behavior, he or she should take proper precaution, and promptly report such behavior to his or her supervisor or manager.

Moreover, if circumstances indicate imminent or actual danger involving weapons or personal injury, employees should take the necessary precautions to assure their own safety and the safety of others by dialing 9-911 from state phone lines (911 from cell phones) for immediate law enforcement and medical assistance.

### **D. Establishment of a Crisis Management Team**

As part of this policy the NJOHSP hereby establishes a Crisis Management Team to oversee the development of a workplace violence prevention plan, to respond to emergency situations involving workplace violence, and to ensure that this policy is implemented. The Chief Administrative Officer is designated as the authorized point person. The Chief Administrative Officer will receive the incident reports and conduct the investigations. In the event of a violent incident, a minimum of 3 members from this group will assemble, direct the agency response, and ensure that an incident report is filed with the Civil Service Commission.

#### **OHSP Permanent Members (Identify titles of members)**

Chief Administrative Officer  
Chief of Staff  
Director of Intelligence  
Human Resources Bureau Chief  
Training and Exercise Bureau Chief  
EEO Coordinator

**Responsibilities of the Crisis Management Team** The Chief Administrative Officer shall function as the main point of contact for the Crisis Management Team and will ensure that the Team:

- Develop guidelines outlining how crisis incidents should be responded to and managed. The guidelines and procedures should relate to the severity level of the incident. Include protocol for reporting incidents to State Police and/or law enforcement authorities.
- Identify and develop procedures for securing work areas where an incident occurred and a plan for ensuring the safety of employees and others remaining in the area.
- Identify and develop procedures that designate the ways that crisis communications should be managed. This should include distinct modes of communications with employees, family members of the victim(s), the media, etc.



- On an annual basis, review the various workplace violence incident report forms, and the administrative, disciplinary, and/or legal actions that may be administered in response to an incident to ensure they are appropriate and current.
- Identify the specific roles and responsibilities of each team member.

## **VI. Consequences for Those Who Violate This Policy**

Appropriate disciplinary, administrative or criminal action shall be taken against any person who violates the provisions of this policy. Administrative or disciplinary action can take many forms depending on the circumstances, up to and including immediate suspension, removal, and/or forfeiture of employment.

Any person who engages in any act of violence in NJOHSP's facility may be removed from the workplace as quickly as safety permits, and may be banned from entering NJOHSP facilities until an investigation is completed.

## **VII. Incident Reporting and Investigating**

All incidents or alleged incidents of workplace violence shall be reported to the Human Resources Bureau Chief immediately at the Hamilton Office, followed by submittal of the "Workplace Violence Incident Report," A013-1 within 24 hours of an alleged workplace violence infraction.

All reported incidents of workplace violence shall be investigated under the guidance of the Chief Administrative Officer at NJOHSP.

No employee bringing a complaint, providing information for an investigation, or testifying in any proceeding under this policy shall be subjected to adverse employment consequences based upon such involvement or be the subject of other retaliation.

### **Roles and Responsibilities**

It is important to understand the roles and responsibilities necessary to support and sustain a work environment in which violent or potentially violent situations are effectively addressed. There should be a focus on prevention by increasing employee understanding of the nature of workplace violence, how to respond to it, and how to prevent it.

It is up to each employee, supervisor or manager to assist with making the NJOHSP a safe workplace free of violence, harassment, intimidation, and other disruptive behavior for all.

### **Employee Responsibilities:**

Employees should familiarize themselves with the policy and are responsible for the following:

- Immediately notify their supervisor or manager of the work unit if they are a victim or witness an act of violence or other violation of this policy. If the supervisor or manager is the perpetrator of the violence, the incident should be reported to Human Resources Bureau or the Chief Administrative Officer.
- Document the incident (in writing) as soon as possible after it occurs.
- Complete and forward an incident report A013-1 to the supervisor or manager, or where the supervisor or manager is the perpetrator of the violence to the Human Resources Bureau or the Chief Administrative Office, within (24) hours of an alleged workplace violence infraction.

- If applicable, complete and forward an Accident Report, RM 2, to the supervisor or manager, or where the supervisor or manager is the perpetrator of the violence to Chief Administrative Officer within (24) hours upon sustaining any injury related to workplace violence.
- Cooperate with any subsequent investigation of workplace violence incidents.
- Be familiar with the services provided by the Employee Advisory Services.
- Inform managers or supervisors about restraining or protective court orders related to domestic situations so that assistance can be offered at the work place.

#### **Unit Supervisor/ Manager Responsibilities:**

Acts of aggression and violent behavior require immediate action. Managers and Supervisors are responsible for assessing situations to ensure the safety and security of employees and are responsible for the following actions:

- Obtain emergency police intervention or medical response, as needed.
- Take all reported incidents of workplace violence seriously.
- Immediately notify, the Human Resources Bureau Chief by phone or in person.
- Notify and brief their division director or senior management designee of the division.
- Interview and obtain written statements from witnesses once the situation is brought under control.
- Complete the "Workplace Violence Incident Report," A013-1 , and forward the completed form and witness statements to the Human Resources Bureau Chief no later than one (1) business day following (receipt of and) completion of the incident form.
- Sign (or complete, if employee is unable to do so) an accident report, RM 2, arising from any reported incident of workplace violence, and forward the completed report to Human Resources Bureau Chief no later than one (1) business day following the receipt of and completion of accident report.
- Conduct, assist in, or cooperate with any subsequent investigations of workplace violence.
- Provide feedback to employees regarding the outcome of their reports concerning violent or potentially violent incidents.
- Encourage employees who demonstrate signs of stress or evidence of possible domestic violence to seek assistance, such as the Employee Advisory Service.

#### **Human Resources Bureau Chief Responsibilities:**

The following action should be taken by designated Point Person within (48) hours following alleged incident:

- Respond immediately to the incident.
- Assess reported incidents to determine the need to involve the Crisis Management Team.
- Advise unit supervisor/management on appropriate incident response measures.
- Conduct investigation, including obtaining interviews, written statements and other documentary evidence from the victim, the accused and all witnesses to the incident.
- Ensure a final report is issued after the investigation to the Chief Administrative Officer and Chief of Staff. Such report shall include a summary of the interviews, findings of fact, analysis, conclusion, and recommendation for appropriate administrative and/or disciplinary action.
- Recommend to the agency or department head, or his or her designee, appropriate administrative/disciplinary or other action within 60 days of the initial reported incident/allegations.

- Track workplace violence incidents/allegations in accordance with State Policy.

## VIII. **Maintenance and Support**

### **A. Employee Advisory Service (EAS)**

Professional counseling services, provided by the Employee Advisory Service (EAS), will be used to assist in the assessment of violent or potentially violent situations, to assess an employee's fitness for work and to counsel victims of violence in the workplace. Private medical services provided by State-appointed doctors may also be used to assess an employee's fitness for work, following a verified incident of workplace violence covered by this policy.

### **B. Health and Safety**

With the Occupational Safety and Health Act of 1970, Congress created the Occupational Safety and Health Administration (OSHA) to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

If applicable, identify the role and responsibilities of the agency/department Health and Safety Office.

### **C. Recordkeeping**

Each State agency will be responsible for maintaining records on workplace violence. Injuries resulting from workplace violence shall be reported to the Department of the Treasury, Division of Risk Management and shall be recorded as required under the Public Employees Occupational Health and Safety (PEOSHA) procedures. All incident reports shall be maintained as confidential records, to the extent practicable and appropriate, and kept on file in accordance with State document retention schedules.

### **D. Training and Education**

Training and education will be provided to all employees to increase awareness about workplace violence. This will include information to help employees understand what workplace violence is, and how it can be prevented. Employees are also encouraged to take **Active Shooter** training annually and **New Jersey State Workplace Violence: Recognize, Prevent, and Report** training upon hire and biennial thereafter. Any other associated training on this topic is encouraged.

### **E. Communications**

Copies of this policy and the "Workplace Violence Incident Report Form- A013-1" shall be distributed to all NJOHSP employees upon hire. Any revisions and/or additions made to this policy shall be distributed to all current and future employees in accordance with the effective date.

A copy of the NJOHSP's Policy on Violence in the Workplace shall be posted in all department facilities and should be made accessible via the NJOHSP's intranet. A copy, including any supplements, shall also be provided to the Civil Service Commission.

Public information regarding any incident of workplace violence involving a NJOHSP employee, or occurring in a NJOHSP facility, shall be released only by, or with approval of the Department's

Director of Communications, and in accordance with the requirements of the Open Public Records Act (OPRA).



# New Jersey Office of Homeland Security and Preparedness

## Workplace Violence Incident Report Form

This form is intended for reporting incidents that may constitute workplace violence. Information supplied may be used to conduct an internal investigation. Any information found to be intentionally or false or misleading may result in disciplinary action.

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_:\_\_\_\_\_  a.m.  p.m.  
 Incident Location: \_\_\_\_\_  
 \_\_\_\_\_

### Victim Information

Victim's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Division: \_\_\_\_\_ Bureau: \_\_\_\_\_

**Please Note: If there is more than one victim, list the names of the other persons on additional sheet of paper.**

### Alleged Perpetrator Information

Name: \_\_\_\_\_ OHSP Employee:  Yes  No  
 (If Yes) Job Title: \_\_\_\_\_ Bureau: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**Please Note: If alleged perpetrator is not an OHSP employee, provide any known information.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Check title that best applies:  Visitor  Client  Customer  Intruder  
 Former Employee  Family  Friend  Other: (specify) \_\_\_\_\_

**Describe Workplace Violence Incident (Attach additional sheets as needed):**

**Were there any witnesses to this incident? If so, list their name, and any contact information below:**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Please Note: The Victim's immediate Supervisor or Manager must be notified regarding this Workplace Violence Incident, and must review and sign this report. If the immediate Supervisor or Manager is the alleged perpetrator, the incident should be reported to the Chief Administrative Officer who shall review and sign this report.**

**Supervisor/Manager Information**

Name of Supervisor or Manager: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Date Notified: \_\_\_\_\_ Time Notified: \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.

Did Supervisor or Manager take any action?:  Yes  No

(If yes, describe action taken):

**Additional Information**

Was Victim Injured?       Yes       No      Uncertain: \_\_\_\_\_  
Was alleged Perpetrator Injured?       Yes       No      Uncertain: \_\_\_\_\_  
Was a weapon involved?       Yes       No      Uncertain: \_\_\_\_\_

If yes, what type of weapon? \_\_\_\_\_

Were the Police notified of incident?       Yes       No

What Police Agency was notified? \_\_\_\_\_

Date Police were notified: \_\_\_\_\_ Time notified: \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.

Did Police respond to the incident scene?       Yes       No

If yes, what time did Police arrive? \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.

What action did the Police take?  
\_\_\_\_\_

Other information (Was anyone arrested, hospitalized, etc? explain):  
\_\_\_\_\_

Victim's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's/Manager's Signature: \_\_\_\_\_

Additional comments, if needed: \_\_\_\_\_  
\_\_\_\_\_

**Please Note: If you need additional space write on separate sheets of paper and attach to this form. Also, attach any witness statements to this form.**

**STATE OF NEW JERSEY**  
**EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE**  
**REPORTING INSTRUCTIONS**

This form must be completed by the injured employee and the supervisor within 24 hours of the accident in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions whether or not time is lost. Mail promptly to your Human Resource office. In case of fatal or serious injury, (hospital admission), immediately notify the Human Resource office by telephone. Retain a copy for your records and forward all other copies to your Human Resource office per your departmental procedures.

The Human Resource office shall review the report for completeness and accuracy and file the original no later than three days after the injury occurred with the Division of Risk Management Department of the Treasury.

NOTE: If the employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour time span and submit it to Human Resources.

**ORIGINAL TO: DEPARTMENT OF THE TREASURY**  
**DIVISION OF RISK MANAGEMENT**  
**PO BOX 620**  
**TRENTON NJ 08625-0620**

**INCIDENT CODE DEFINITIONS**

- 0 - First aid or other Non-recordable cases: Indicates that treatment by a licensed physician and time off work were not necessary.
- 1 - Medical treatment case: Indicates that treatment by a licensed physician was required, but no time off work other than day of injury for recovery.
- 5 - Lost work day case: Indicates that time off work, beyond day of injury, for recovery was necessary.
- 9 - Fatality case: Employee died from injuries received.

**FOR EMPLOYEE'S SUPERVISOR USE**

**TABLE C - Unsafe Act or Hazardous Condition Classification**

- |   |   |
|---|---|
| B1 - Failure to use available personal protective equipment   | P - Unsafe placing, mixing, combining, etc. (e.g. box improperly placed, piled in proper area falling on an employee).  |
| C1 - Failure to wear safe personal attire (wearing high heels, loose hair, long sleeves, loose clothing, etc.)                | Q - Using unsafe equipment (e.g. equipment tagged as defective or or obviously defective).  |
| D - Failure to secure or warn   | R - Defects of equipment, tools, materials, or work area. (Generally the opposite of the desirable and proper characteristic such as being dull when it should be sharp)  |
| E1 - Horseplay (distracting, teasing, abusing, starting, quarrelling, practical joking, throwing material, showing off, etc.) | V - Placement hazards (materials, equipment, telephone wires, etc., placed in wrong areas, aisles, etc.)  |
| E2 - Under the influence of alcohol, drugs or medication  | W - Inadequately guarded  |
| F1 - Assault from fight, hold-up, robbery, client, inmate   | X - Hazards of outside work environments other than public hazards (encountered while working in or on premises not controlled by the employer and not arising from the activities of the injured or his co-employees or from the tools, materials, or equipment used in those activities). |
| G - Improper use of equipment   | Y - Public hazards (encountered in public places away from employer's premises including public transportation).  |
| H - Improper use of hand or body parts  |   |
| J - Inattention to footing or surroundings  |   |
| K - Making safety devices inoperative   |   |
| L - Operating or working at unsafe speed  |   |
| M - Taking unsafe position or posture   |   |
| N - Driving errors (by vehicle operator or public roadways.)  |   |



## STATE OF NEW JERSEY EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE

INFORMATION BELOW MUST BE COMPLETED BY THE EMPLOYEE AND  
THE EMPLOYEE'S SUPERVISOR IN ACCORDANCE WITH THE ATTACHED INSTRUCTIONS

|                               |  |  |                                |  |                        |                |
|-------------------------------|--|--|--------------------------------|--|------------------------|----------------|
| Claim Number                  | Injured Employee Last Name   | First Name   | M.I.                           | SS#/EIN#   | Date of Birth          | Sex            |
| Address                       |  | City   | County                         | Zip Code   | Gross Biweekly Wage    | Daily Wage     |
| Acc. Date (mm/dd/yy)          | Date Employee Stopped Work   |  | Official Workstation           |  |                        | Phone No. Home |
| Day of Week                   | Time   | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Date employee returned to Work | <input type="checkbox"/> Estimate<br><input type="checkbox"/> Actual | Department             | Phone No. Work |
| Lost work days                | <input type="checkbox"/> Estimate<br><input type="checkbox"/> Actual | Occupation or Job Title                                    |                                | Division   | Emergency Contact      |                |
| Place of accident or exposure |  |  | Agency                         |  | HR Name & Phone number |                |

Check if additional pages are attached

**Describe how the accident occurred in detail**

**Describe the injury or illness and part of body affected**

**Identify witnesses on the second page**

Witnesses       No witnesses

**Was employee referred to authorized physician?**

If no, explain on other side.       Yes       No

**Name of Treating Physician**

Did this accident happen because of the action of others who are not co-employees or because of defective equipment? If so, complete responsible party information on other side.

Yes       No

Did the accident happen under normal workplace conditions?

Yes       No

**34:15-57.4. Workers' compensation fraud: criminal and civil penalties.**

A person shall be guilty of a crime of the fourth degree if the person purposely or knowingly makes, when making a claim for benefits pursuant to R.S. 34:15-1 et seq., a false or misleading statement, representation or submission concerning any fact that is material to that claim for the purpose of wrongfully obtaining benefits.

Are you or your spouse currently eligible for Medicare or Medicaid benefits?       Yes       No

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Information in this area to be provided by the  
employee's supervisor**

Type of incident:

- 0 - First aid or other non-recordable event
- 1 - Medical treatment but not lost time
- 5 - Medical treatment and lost time
- 9 - Fatality case

Enter number that best describes the incident.

Fatality date if applicable:

Supervisor - Did you witness the accident?       Yes       No

If yes, please describe:

Do you agree with the employee's description?       Yes       No

\_\_\_\_\_  
Supervisor Signature and Phone No.

\_\_\_\_\_  
Date

PRINT NAME

## Explanation for using unauthorized Physician

### Staff Physician's/Nurses's remarks (for agency medical staff use)

Diagnosis

 Is the injury related to the accident or work exposure?     Accident     Work Exposure

What further treatment is needed?

Date the employee is medically able to return to work (mm/dd/yyyy)

Are outside medical/pharmacy bills etc. anticipated?     Yes     No

Remarks

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Signature of Physician

### Witnesses to Accident

Name

Address

### Responsible Party Information

Name of person(s)

Identify object, machine, substance or premise

### If accident caused by a vehicle, complete the following or attach copy of the RM-1 or other vehicle accident report

|                                      | EMPLOYEE'S VEHICLE | OTHER VEHICLE |
|--------------------------------------|--------------------|---------------|
| Year and make of car                 |                    |               |
| License plate no.                    |                    |               |
| Owner's name                         |                    |               |
| Owner's address                      |                    |               |
| Name of Insurance co. and policy no. |                    |               |
| Driver's name                        |                    |               |
| Driver's address                     |                    |               |

Was a State Vehicle Accident Report RM-1 completed and filed?     Yes     NoSeat Belt     Yes     No

If no, explain \_\_\_\_\_

Cellphone     Yes     No