

# RUTHERFORD COUNTY ON THE JOB INJURY (OJI) PROGRAM

*County employers: The law requires this notice to be conspicuously posted at the employer's place of business so all employees have access to it.*

*To provide uniform procedures for the reporting, treatment, and compensation of qualified individuals who are injured while performing their duties. As provided for in Tennessee Code 50-6-106(6), Rutherford County (hereinafter "the County") has elected to not participate in the Tennessee Workers Compensation Law and the County has elected to implement and administrate an On the Job Injury Program (hereinafter OJI).*

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## WHO IS REQUIRED TO UTILIZE THE OJI PROGRAM?

All full-time, part-time, temporary and seasonal Rutherford County employees, full-time Elected and Appointed Officials. For questions regarding a work related injury or details subject to OJI contact:

\_\_\_\_\_  
Name of employer representative authorized to provide information on a work related injury

\_\_\_\_\_  
Telephone number of employer representative to provide information on a work related injury

\_\_\_\_\_  
Address of employer representative to provide information on a work related injury

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## WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1. Report the injury to the employer immediately. Employer notification is required.
2. Select a treating physician from a panel provided by the employer.
3. Contact the county Safety Coordinator:

\_\_\_\_\_  
Name of employer representative to notify in event of a work related injury

Dan Goode Safety Coordinator

\_\_\_\_\_  
Telephone number of employer representative to notify in event of a work related injury

Office: 898-7715 Fax: (615) 713-3441

\_\_\_\_\_  
Address of employer representative to notify in event of a work related injury

303 N. CHURCH ST. STE. 100 MURFREESBORO, TN 37130

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## WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

- Call the Safety Coordinator immediately within (1) working day from the date of occurrence.
- Insure the following forms are completed on all injuries, accidents and/or illnesses whether medical treatment is necessary or not, within two (2) working days from the date of the event. The Safety Coordinator or designee (OJI Representative) will complete and sign off on all reports of injuries, accidents and/or illnesses.

**1. OJI Claim Report**

**3. OJI Supervisor's Report**

**2. OJI Employee Injury Statement**

**4. OJI Witness Report**

Forms are available at: <http://rm.rutherfordcountyttn.gov/forms.htm>

The Rutherford County Risk Management Department safety office has staff available to help both employees and employers. For more information contact:

RUTHERFORD COUNTY RISK MANAGEMENT DEPARTMENT  
SAFETY AND OJI COORDINATOR  
303 N. CHURCH ST. STE. 100 MURFREESBORO, TN 37130  
OFFICE: 615-898-7715 FAX: (615) 713-3441  
[safety.oji@rutherfordcountyttn.gov](mailto:safety.oji@rutherfordcountyttn.gov)