

## RUTHERFORD COUNTY ON THE JOB INJURY (OJI) PROGRAM

*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 or part-time Rutherford County employees. For questions regarding a work-related injury or details about the OJI Plan please contact:

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**Susan Thompson, Safety Coordinator/Jayne Corbin, Safety Specialist**

Name of employer representative to notify in event of a work-related incident.

**Office: 615-898-7715 Fax: 615-713-3441**

Telephone number of employer representative to notify in event of a work-related incident.

**303 N. CHURCH STREET, SUITE 100, MURFREESBORO, TN 37130**

Address of employer representative to notify in event of a work-related incident.

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

- 1. Report the injury to your supervisor immediately. Employer notification is required.**
2. Select a treating physician from the panel provided by the employer on the OJI Claim Report Form.
3. Contact the Rutherford County Insurance & Risk Management office:

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**Susan Thompson, Safety Coordinator/Jayne Corbin, Safety Specialist**

Name of employer representative to notify in event of a work-related incident.

**Office: 615-898-7715 Fax: 615-713-3441 Email: [safety.oji@rutherfordcountyttn.gov](mailto:safety.oji@rutherfordcountyttn.gov)**

**After hours or emergency call 615-405-5656**

Telephone number of employer representative to notify in event of a work-related incident.

**303 N. CHURCH STREET, SUITE 100, MURFREESBORO, TN 37130**

Address of employer representative to notify in event of a work-related incident.

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

Ensure the following forms are completed and sent to Insurance & Risk Management on all work-related injuries and/or illnesses whether medical treatment is necessary or not.

**OJI Claim Report  
Employee Injury Statement**

**OJI Supervisor's Report  
OJI Witness Report**

Forms are available at: [https://rm.rutherfordcountyttn.gov/oji\\_about](https://rm.rutherfordcountyttn.gov/oji_about)

RUTHERFORD COUNTY INSURANCE & RISK MANAGEMENT DEPARTMENT  
303 N. CHURCH ST. STE.100 MURFREESBORO, TN 37130  
OFFICE: 615-898-7715 FAX: 615-713-3441 EMAIL: [safety.oji@rutherfordcountyttn.gov](mailto:safety.oji@rutherfordcountyttn.gov)  
<https://rm.rutherfordcountyttn.gov>