

INDUSTRIAL ACCIDENT DEPARTMENT
OF
INTERNATIONAL HARVESTER COMPANY
AND ASSOCIATED COMPANIES.

I. A. D. 19
10M-5-2-10

ADDRESS ALL CORRESPONDENCE TO
INDUSTRIAL ACCIDENT DEPARTMENT
HARVESTER BUILDING
(THIRTEENTH FLOOR)

April 28, 1910.
CHICAGO,

TO ALL WORKS' SUPERINTENDENTS:

GENTLEMEN:

INSTRUCTIONS IN RE INDUSTRIAL ACCIDENT DEPARTMENT FORMS, ETC..

Beginning with May 1st, 1910 the Compensation Plan of the Company goes into effect. Under this plan the INDUSTRIAL ACCIDENT DEPARTMENT will handle the claims for benefits that may become due to employes of the companies associated in the plan, or to the dependents of the employes who die as the result of injuries received in the course of their employment.

The general working plan of the INDUSTRIAL ACCIDENT DEPARTMENT will to a considerable extent be similar to that of the Employes' Benefit Association, except as to payment of disability claims, which will be covered hereafter. The forms to be used are modeled upon those of the Employes' Benefit Association, and it is felt that the Auditors, Time Keepers, Medical Examiners and other persons have to become so familiar with the forms that it will not be a difficult matter to become adapted to using the INDUSTRIAL ACCIDENT DEPARTMENT Forms.

Care must be taken to see that INDUSTRIAL ACCIDENT DEPARTMENT forms are used in in connection with cases resulting from accidents which occur to employes in the course of their employment.

We understand that the present practice of reporting all accidents to the Law Department will be continued as heretofore. The numbers on these reports are referred to hereafter as "Accident Number".

Every accident resulting in lost time means a payment under this plan, therefore a consecutive numbered claim record should be kept, preferably a book record, arranged per example:

Claim No.	Accident No.	Date.	Name of Employee.	Check No.
1	5	5-2-10	John Doe	2467
2	36	5-6-10	Peter J. Smith	368
3	19	5-7-10	Mary Brown	1427
4	42	5-10-10	John Zelinski	864

The arrangement, as outlined, will furnish a BRIEF index to all cases. It is not intended that a detail record of the accident shall be kept by the Medical Examiner at each Works, as the permanent statistical records at Chicago will supply all desired information.

I.A.D. #1- DISABILITY NOTICE. Timekeepers will issue this form immediately following an accident and send BOTH original and duplicate to the Medical Examiner without delay. Time keepers must see that every space is filled EXCEPT "Claim No.," "Accident No.," and "Nature of Injury". Medical Examiner will give the case a claim number which will govern until the case is finished. Medical Examiner will ascertain from proper person the number of the accident and insert number in space indicated. Medical Examiner will insert nature of injury on both original and duplicate. He will at once forward the DUPLICATE to the WORKS' AUDITOR, retaining the ORIGINAL for his own files for future reference.

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