Accident Flowchart Risk Management Services, Inc. **Accident Occurs** Injury No Injury Call KLA Nurse **Online Claim** 866-646-6712 **Form** Complete Manager's / Supervisor's Incident Report Complete Manager's / Supervisor's Accident Report Retain Internally for Provide employee form K-WC 27-A future reference (Spanish version K-WC 27-A) If accident is OSHA Recordable, list it on the OSHA 300 form (refer to OSHA 300 form instructions to determine if it is recordable). Click Here **Email Brytton Morton KLA Claim Representatives**

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