



**DEPARTMENTAL STANDARD OPERATING PROCEDURE (DSOP)**

**DSOP No. 08-01**

**Last Amended: December 10, 2013**

**Effective:** 9-21-2021

**SUBJECT: Accidents Involving County Vehicles, County Property, and Persons**

**PURPOSE and SCOPE:** To establish a Departmental policy and procedures for reporting, investigating, and the initiating disciplinary action relating to accidents/incidents involving County-owned vehicles, property, and persons. Note that accidents/incidents involving the Miami-Dade Aviation Department (MDAD) Automated People Mover (APM) Systems and its associated Operations and Maintenance (O&M) Contractors are not covered under this policy. Those accidents/incidents are reported and investigated in accordance with the procedures outlined in the Miami International Airport APM System Safety Program Plan.

**I. AUTHORITY**

- A. Chapter 25 – Code of Miami-Dade County, Aviation Department Rules and Regulations
- B. Administrative Order No. 7-14 – Safety and Loss Prevention
- C. Administrative Order No. 7-29 – Alcohol and Drug Screening for County Employees Based Upon Reasonable Suspicion
- D. Miami-Dade County Procedure Number 701 – Traffic Crashes Involving a County Owned/Leased/Contract Vehicle or On-Duty County Employee

**II. DEFINITIONS**

- A. Authorized Care Centers – County approved medical centers that are to be used for the initial assessment/treatment of an employee injury.
- B. APM – Automated People Mover.
- C. County – Miami-Dade County.
- D. Designated Testing Site – A site selected by the County to administer drug and alcohol tests following an accident/incident.
- F. Employee – Any person engaged in employment with the Miami-Dade County Aviation Department.
- G. ISD – Miami-Dade County Internal Services Department.

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- H. Aviation Risk Management – The Miami-Dade Aviation Department (Aviation), Human Resources Division, Risk Management Unit.
- I. MDFR – Miami-Dade Fire Rescue.
- J. MDPD – Miami-Dade Police Department.
- K. Non-Serious Accident – An accident that does not involve injury to any person, or damage to a County-owned motor vehicle, and other County property at the scene of the accident.
- L. Serious Accident – An accident that involves death or bodily injury to any person requiring medical treatment away from the scene of the accident or disabling damage to a County vehicle or other County property at the scene of the accident.
- M. Aviation Human Resources Administrator – Person that shall be notified when an employee is being accompanied to the Designated Testing Site for drug and alcohol testing after an accident.
- N. Post-Accident Testing – Drug and Alcohol testing that is required after a County employee, who is required to have a CDL to perform their duties, is involved in a Non-Serious or Serious Accident. This testing is to occur as expeditiously as possible.
- O. Reasonable Suspicion Testing – Drug and Alcohol testing required after a County employee is involved in a Non-Serious or Serious Accident.
- P. MDAD Safety Sensitive Position – Any position, including a supervisory or management position, in which drug and/or alcohol impairment would constitute an immediate and direct threat to public health or safety; or a position in which a momentary lapse in attention could result in injury or death of another person.

### **III. POLICY**

Any Aviation employee that is involved in, or aware of, an accident/incident where County property is damaged (structures or equipment) and/or results in bodily injury to a person is required to notify their supervisor immediately. Testing for prohibited drugs and alcohol will be conducted in the case of both serious and non-serious accidents, as defined above. The employee's supervisor may determine that Post-Accident Testing is not required if the following criteria are met:

- A. The employee was not at fault, as determined by a law enforcement officer.
- B. Damage was discovered by an employee, but that employee was not the driver of the vehicle at the time of the damage.

Failure to adhere to the procedures outlined in this DSOP may result in disciplinary action, up to and including dismissal, and may expose the County to otherwise preventable financial liability.



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For reporting of accidents/incidents involving the APM System, please refer to the procedures outlined in the Miami International Airport APM System Safety Program Plan.

**IV. PROCEDURES**

**A. Accidents Involving County Vehicles:**

1. The employee must immediately notify his/her supervisor of any accident involving a County vehicle. The supervisor will report to the accident scene as soon as reasonably possible or send a designee.
2. The employee must immediately notify the nearest law enforcement agency by dialing 911 and wait until an officer arrives at the scene. An accident report number must be obtained from the reporting law enforcement agency.
3. The employee or his/her supervisor must photograph the damaged vehicle and surrounding area.
4. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
5. The employee must complete the ISD Notice of County Motor Vehicle Collision (Form 162.05-45, Annex A) and submit with any photos to the Aviation Risk Management Unit within 48 hours of the accident.
6. County Vehicles involved in accidents must be taken to the Facilities Maintenance Division Mobile Garage immediately located in Building 3040, for inspection and evaluation.
7. All County-owned vehicles used within the Department shall have a copy of these procedures in the vehicle at all times.
8. The Aviation Human Resources Administrator must be notified when an employee will be taken to the Designated Testing Site for Post-Accident Testing.
9. An employee requiring drug and alcohol testing must be accompanied by their supervisor or designee to the Designated Testing Site.
10. Until clearance is given by the Aviation Human Resources Administrator, an employee who has been tested for drug and/or alcohol may not continue to work in any Safety Sensitive Position, as defined in this policy.
11. All accidents shall go before the Accident Review Committee. The committee will objectively review reports and evidence of employee accidents and/or incidents and provide a disposition to determine if the occurrence was preventable or non-preventable. If ruled preventable, appropriate administrative action will be administered.

**B. Accidents, other than County Vehicles:**

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1. The employee must immediately notify his/her supervisor of any accident/incident involving bodily injury to other persons or damage to County property (structure or equipment). The supervisor or designee will report to the scene of the reported accident.
2. The employee or his/her supervisor must notify MDPD and/or MDFR and obtain a case number (accident report number).
3. The employee or his/her supervisor must photograph the damaged property and surrounding area.
4. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
5. The employee must complete the ISD Notice of Accident or Property Damage (Form 162.05-44, Annex B) and submit it, along with any photos, to Aviation Risk Management within 48 hours.
6. The employee or his/her supervisor must call the Work Order Center at (305) 876-7311 to report damage to County property and complete an MDAD Damage Recovery Control Form (Form 64.01-5, Annex C). A Work Order number will be given, and it must be recorded on the form.

**C. Construction Accidents:**

1. The employee must report all construction related accidents/incidents that involve County property under construction and/or persons that may sustain bodily injury from a construction incident to Aviation Risk Management within 48 hours.
2. The employee must notify his/her supervisor of any accident immediately, and the supervisor or designee must report to the accident scene as soon as reasonably possible.
3. The employee must notify MDPD and/or MDFR and obtain a case number when persons have sustained bodily injury at the time of the incident.
4. The employee must photograph any damaged property in the surrounding area.
5. The employee or his/her supervisor must collect the names and phone numbers of any witnesses.
6. The employee must attempt to obtain the name of the contractor doing the work on MDAD property, including the contractor's contact information, project name, project number, and the MDAD project manager's name.
7. The employee must complete the ISD Notice of Accident or Property Damage (Form 162.05-44, Annex B), and forward the report and all photos to Aviation Risk Management within 48 hours.



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## **V. RESPONSIBILITIES**

### **A. Employees:**

1. An employee involved in an accident/incident must do the following:
  - a) Request medical attention, if necessary.
    - (1) For loss of time from work, report to an Authorized Care Center (see Annex D) as soon as possible within 24 hours of the occurrence.
  - b) Report and describe the accident/incident according to procedures defined above.
2. In the case of death or serious injury to a County employee or a member of the public or serious damage to County property, the following steps must be taken:
  - a) Notify Aviation Risk Management immediately at 305-876-7777 during regular business hours or at 786-402-0562 after business hours; and
  - b) Notify ISD Risk Management immediately at Office of Safety, at 305-876-8000 during regular business hours or after hours at 305-546-1419.
3. Immediately notify the nearest law enforcement agency by dialing 911 to report the accident.
4. Immediately notify your supervisor of any accident/incident involving a County-owned vehicle, County property and/or persons.
5. Complete the necessary forms (referenced in the Annexes to this DSOP) and submit to the proper authorities within the indicated time frames.
6. Do not discuss the accident/incident with a third party without the representation or authority of your supervisor, Senior Management, Aviation Risk Management, and/or an Assistant County Attorney.

### **B. Supervisors:**

1. Must make appropriate arrangements for medical attention, if requested.
  - a) If loss of time from work occurs at any time afterwards due to the accident/incident, direct employee to report to Authorized Care Center (see Annex D) as soon as possible within twenty-four hours of the occurrence.
2. Must document the time of notification by an employee reporting an accident involving death or serious injury to an employee or another person or damage to County property and go to the scene of the accident as soon as possible to investigate and document any evidence (including photos and sketches) or send a designee who will perform these responsibilities in their stead.
  - a) After reviewing the accident/incident, and depending on the nature and severity, convey the impact to the appropriate persons for response to the scene.
3. Must interview employee(s) (if available) and obtain their statements of the incident in writing on the appropriate forms (referenced in the Annexes to this DSOP).

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4. Must interview any witnesses to the incident and obtain their names and phone numbers.
5. Must immediately accompany employee to a Designated Testing Site for Post-Accident or Reasonable Suspicion drug and alcohol testing, if necessary. See Policy (Section III) for details.
6. Must immediately notify the Human Resources Administrator when an employee will be taken to the Designated Testing Site for Post-Accident or Reasonable Suspicion drug and alcohol testing.
7. Must suspend the employee's activities, including but not limited to driving, and operating machinery, until the results of the Post-Accident or Reasonable Suspicion drug and alcohol testing has been cleared by the Human Resources Administrator.
8. Must complete Miami-Dade ISD Notice of County Motor Vehicle Collision (Form 162.05-45, Annex A) and forward to the Aviation Risk Management Office within 48 hours of accident, along with supporting documentation.
9. Must make the vehicle available for inspection by the Aviation Mobile Garage immediately following the accident.
10. Must ensure that conditions which could cause a similar accident/incident are reported for remedial and/or corrective action.
11. Must prepare and distribute the appropriate forms (Annexes A, B, or C) as soon as possible, but no more than twenty-four hours after notification of the accident/incident.

**VI. ENFORCEMENT:**

- A. MDAD does not accept any liability when actions are in violation of this policy.
- B. Employees who violate this policy may be subject to appropriate administrative action as defined and deemed appropriate by the MDAD Human Resources Division and Department Management.

**VII. AMENDMENTS:**

The Department reserves the right to amend this operating policy at any time based on current law, Miami-Dade County policies and operating needs.

**VIII. REVOCATION:**

Revocations and removal of established Department policies requires written justification by requesting division management for review and concurrence by the Department's Professional Compliance Division. Upon written concurrence, the revocation request will be submitted, by Professional Compliance, for approval by the Aviation Director. Should the written directive be an Operational Directive, the authorized revocation justification will



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be sent to the Clerk of the Board for filing with the original Operational Directive under revocation. All approved revocation justification memoranda shall be posted to the Department's Written Directives Log to identify why the directive has been revoked to maintain ongoing operational accountability.

**IX. SEVERABILITY:**

If any court of competent jurisdiction determines that any provision in this policy is illegal or void, that provision shall be nullified and the remainder of this policy shall continue in full force and effect. If such court rules that any charge, fee, or security deposit requirement is illegal or void, the Aviation Director is authorized and directed to impose a charge, fee, or security deposit requirement that complies with the court order or applicable provisions of law, which shall become effective on the date of imposition and shall continue until modified by the Miami-Dade County Board of County Commissioners.

**X. CROSS-REFERENCES:**

**Approved By:**



Ralph Cutié, Aviation Director

**Date:** 9/21/21

**Attachments:**

- Annex A – ISD Notice of County Motor Vehicle Collision
- Annex B – ISD Notice of Accident or Property Damage
- Annex C – MDAD Damage Recovery Control Form
- Annex D – Authorized Care Centers

**Internal Services Department**

Risk Management Division – 111 N.W. 1st Street – Suite 2340  
Miami, Florida 33128-1926 – Telephone: 305-375-4280

**NOTICE OF COUNTY MOTOR VEHICLE COLLISION****(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)**

**Promptly Report All Motor Vehicle Collisions to the Police. In Case of Serious Injury, Call 911.  
For Instructions on Reporting Collisions Refer to the Miami-Dade County Safety Manual.**

Person Making Report: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone # (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

Address of Person Making Report: \_\_\_\_\_

Department: \_\_\_\_\_ Div.: \_\_\_\_\_ Loc.: \_\_\_\_\_

**If employee is injured, notify Teleclaim (1-877-632-7475) or report on Minor Injury Log** Has Supervisor's Report been completed? ☐ Yes ☐ No

<b>TIME AND PLACE OF COLLISION</b>	Date of Collision: _____ Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Collision Occurred at (Address or location): _____ City: _____ State: _____ Zip: _____ Was Report Made to Police <input type="checkbox"/> Yes <input type="checkbox"/> No Agency/Municipality: _____ Case #: _____ Officer Name: _____ Badge or I.D. #: _____ Phone #: _____
<b>COUNTY MOTOR VEHICLE INVOLVED</b>	Year: _____ Make: _____ Model: _____ VIN: _____ Lic. #: _____ Vehicle #: _____ Name of Driver: _____ Driver License #: _____ Employee ID #: _____ Department: _____ Division: _____ Phone # (W): _____ (H): _____ (C): _____ Where may vehicle be seen (Address): _____ Est. Cost of Repairs: _____ Specify Damage: _____ Name of County Employee that vehicle is assigned to: _____
<b>DAMAGE TO OTHER VEHICLE OR OTHER PROPERTY</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone # (W): _____ (H): _____ (C): _____ Name of Other Driver (if applicable): _____ Driver License #: _____ Address: _____ Phone # (H): _____ (W): _____ (C): _____ List Damaged Property: _____ Where may auto or damaged property be seen (Address): _____ If Auto, Make & Year: _____ Lic. #: _____ State: _____ Name of Ins. Co.: _____ Ins. Policy #: _____ Ins. Co. Phone #: _____
<b>SECURE THE NAMES, ADDRESSES AND PHONE NUMBERS OF WITNESSES OR OTHER PERSONS INVOLVED IN COLLISION</b>	
Please check one <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone # (H): _____ (W): _____ (C): _____ List Injuries (if any): _____ _____	
Please check one <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone # (H): _____ (W): _____ (C): _____ List Injuries (if any): _____ _____	
Please check one <input type="checkbox"/> Witness <input type="checkbox"/> Passenger in county vehicle <input type="checkbox"/> Passenger in other vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other: _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone # (H): _____ (W): _____ (C): _____ List Injuries (if any): _____ _____	
<b>DATE OF REPORT</b>	Date of this report: _____ Photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No # of photos taken: _____ By whom?: _____ If this collision was not reported promptly, explain delay: _____

**Attach Additional Pages If Necessary. Indicate # of Attachments: \_\_\_\_\_.**

*Prepared in anticipation of litigation. For the use of the County Attorney's Office and ISD Risk Management.*  
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## STATEMENT OF DRIVER OF COUNTY VEHICLE

Weather Conditions at Time of Collision: \_\_\_\_\_ Condition of Road at Place of Collision: \_\_\_\_\_

Did Collision Occur in ☐ Daytime ☐ Nighttime

Direction your vehicle was going: \_\_\_\_\_ What side of street?: \_\_\_\_\_

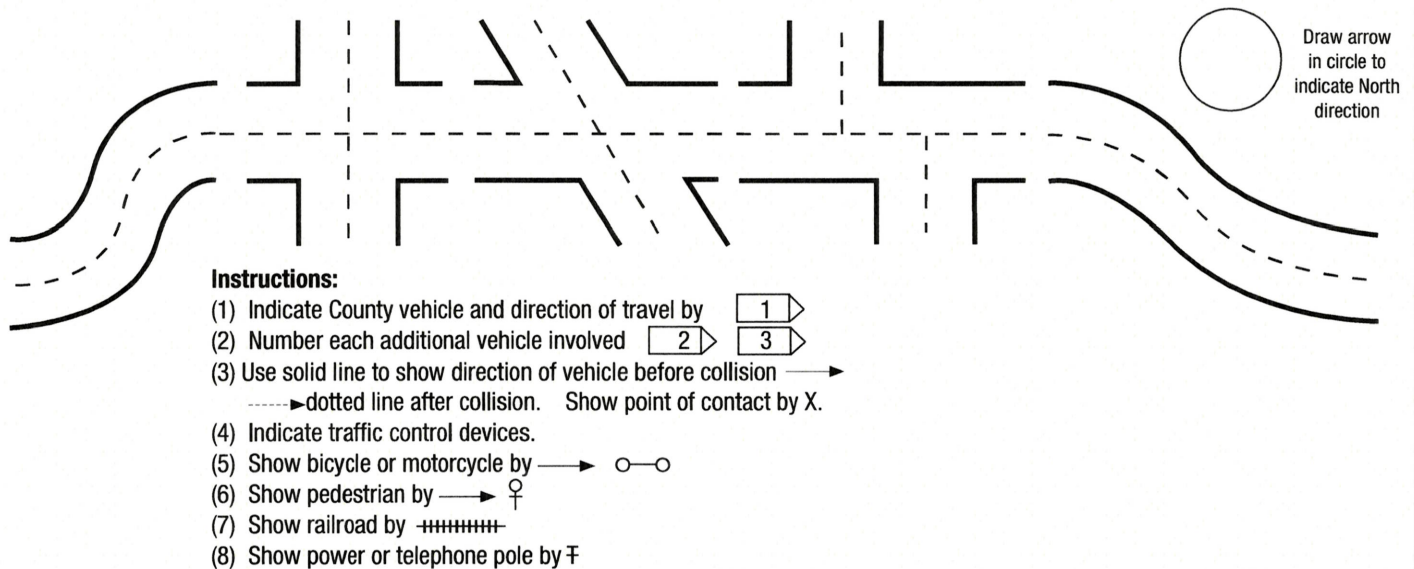
Estimated Speed of County Vehicle at Time of Collision: \_\_\_\_\_

### DRIVER'S DETAILED ACCOUNT OF COLLISION

Name of Driver: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach Additional Pages If Necessary. Indicate # of Attachments: \_\_\_\_\_

**Complete the following diagram showing direction & positions of automobiles involved, clearly designating point of contact.**



Name of Person Making Diagram: (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to:**

- ISD Risk Management Liability Unit, Phone: 305-375-4280, 111 N.W. 1st St., 23rd Floor
- Office of Safety, Phone: 305-876-8000, 111 N.W. 1st St., 23rd Floor
- Department and Departmental Safety Representative

Website: <http://intra.miamidade.gov/internal-services/safety-web.gsp>

**Internal Services Department**

Risk Management Division – 111 N.W. 1st Street – Suite 2340  
Miami, Florida 33128-1926 – Telephone: 305-375-4280

**NOTICE OF ACCIDENT OR PROPERTY DAMAGE**  
(PLEASE COMPLETE BOTH PAGES OF THIS FORM IN DETAIL)

**In Case of Serious Injury, Notify 911**

*(Do not use this form to report a County motor vehicle collision. Use form #162.05-45 Notice of County Motor Vehicle Collision.)*

Person Making Report: \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone# (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Address of Person Making Report: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Department: \_\_\_\_\_ Div.: \_\_\_\_\_ Loc.: \_\_\_\_\_

**If employee is involved, list the following:**

Employee Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Equipment #: \_\_\_\_\_

*If employee is injured, notify Teleclaim at: 1-877-632-7475 (or Report on Minor Injury Log) and complete Supervisor's Investigation Report.*

Phone # (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_ (D L #): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ A.M. ☐ P.M.

Incident Occurred at (Address & location, be specific): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Was Report Made to Police/Fire? ☐ Yes ☐ No Agency/Municipality: \_\_\_\_\_ Case #: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Badge or I.D.#: \_\_\_\_\_

<b>INJURY TO NON-COUNTY PERSONNEL</b>	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
	Phone (H): _____ (W): _____ (C): _____
	Occupation: _____ DOB: _____ Gender: _____
	Address: _____ Was 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No
	911 Case/Alarm/Run Report #: _____ Transported to: _____
	By whom: _____ Description of the injury: _____

<b>PROPERTY DAMAGED</b>	Name of Owner: _____ Address: _____ City: _____ State: _____ Zip: _____
	Phone (H): _____ (W): _____ (C): _____
	Description of Property Damaged: _____
	Name of Owner's Insurance Co.: _____ Policy #: _____ Ins. Co. Phone #: _____
	Nature and Extent of Damages: _____
	Estimate of Repairs: _____
Person Responsible for Maintaining Property: _____	

<b>WITNESSES</b>	(Secure the names and addresses of witnesses to the accident. Add attachment if necessary)				
	1) Name: _____	Address: _____	City: _____	State: _____	Zip: _____
	Telephone # (H): _____	(W): _____	(C): _____		
	2) Name: _____	Address: _____	City: _____	State: _____	Zip: _____
	Telephone # (H): _____	(W): _____	(C): _____		
	3) Name: _____	Address: _____	City: _____	State: _____	Zip: _____
	Telephone # (H): _____	(W): _____	(C): _____		

*Prepared in anticipation of litigation. For the use of the County Attorney's Office and ISD Risk Management.*



**NOTICE OF ACCIDENT OR PROPERTY DAMAGE (continued)**  
**DESCRIPTION OF ACCIDENT - PROVIDE DIAGRAM OR PHOTOS OF THE INCIDENT**

Inspect the scene. State cause and describe facts surrounding accident i.e. foreign matter or equipment involved. Attach additional pages, if necessary. Indicate # of attachments:\_\_\_\_\_.

[illegible]

**INJURED PARTY STATEMENT (add attachment if necessary)**


### Additional Information

Was any emergency first aid rendered: ☐ Yes ☐ No. If yes, by whom?: \_\_\_\_\_ Time: \_\_\_\_\_

What was the injured party wearing?: \_\_\_\_\_

If applicable, were contractors notified: ☐ Yes ☐ No. If yes, by whom?: \_\_\_\_\_

What was the purpose of the injured party on the premises?: \_\_\_\_\_

Was the injured wearing the following? Shoes ☐ Yes ☐ No Heels: spike ☐ medium ☐ low ☐ Eyeglasses ☐ Yes ☐ No

Please describe the weather conditions: \_\_\_\_\_ Type surface: \_\_\_\_\_

Photos taken? ☐ Yes ☐ No, By Whom?: \_\_\_\_\_ Date: \_\_\_\_\_ # of photos attached: \_\_\_\_\_

If this was not reported promptly, explain delay: \_\_\_\_\_

Name of Person Making Report (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date of This Report: \_\_\_\_\_

**Submit to:**

- ISD Risk Management Liability Unit, Phone: 305-375-4280, 111 N.W. 1st St., 23rd Floor
  - Office of Safety, Phone: 305-876-8000, 111 N.W. 1st St., 23rd Floor
  - Department and Departmental Safety Representative (Copy)
- Website: [http://intra.miamidade.gov/internal\\_services/safety-web.gsp](http://intra.miamidade.gov/internal_services/safety-web.gsp)

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**MIAMI-DADE COUNTY AVIATION DEPARTMENT  
Damage Recovery Control Form**Division \_\_\_\_\_  
Work Order/  
Request No. \_\_\_\_\_Prepared by: \_\_\_\_\_  
Name DateP1 phoned/radioed \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
date/time name nameDescription \_\_\_\_\_  
of Damage \_\_\_\_\_ time/date  
(Brief) \_\_\_\_\_

Location: \_\_\_\_\_

Location damaged property moved to: \_\_\_\_\_

Party known to be responsible: \_\_\_\_\_

Contact information: \_\_\_\_\_

Other reports filed: No. Date

Police Report \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_

DISTRIBUTION: White – Work Order Center Yellow – MDAD Risk Mgt. Pink – Collection Gold – Division



The following Authorized Care Centers are to be used for the initial assessment of an injury. Prior authorization is **NOT** required. Injured workers are to select a center from this list. Emergency treatment should be directed to the closest emergency facility. For more info please contact Risk Management Division at 305-375-4280



<b>PHYSICIANS HEALTH CENTER</b> <b>Florida City</b> 1448 N. Krome Ave Suite #101 Florida City, FL 33034 Ph: (305) 245-0222 Fax: (305) 246-3700 <b>Mon-Fri 8:00am-5:00pm</b>	<b>PHYSICIANS HEALTH CENTER</b> <b>Hialeah</b> 6990 NW 37 Ave Miami, FL 33147 Ph: (305) 691-5050 Fax: (305) 691-0006 <b>Mon-Fri 8:00am-5:00pm</b>	<b>UM OCCUPATIONAL HEALTH CLINIC</b> <b>(University of Miami)</b> <b>EXPOSURES</b> 1321 NW 14 Street West Building, Suite 502 Miami, FL 33125 Ph: (305) 689-2667 Fax: (305) 689-5471 <b>Mon-Fri</b>	<b>NORLAND MEDICAL CENTER</b> <b>Miami Gardens</b> 7 NW 183rd Street Miami, FL 33169 Ph: (305) 652-3614 Fax: (305) 652-3616 <b>Mon-Fri 9am -5pm</b>
<b>PHYSICIANS HEALTH CENTER</b> <b>Kendall</b> 7887 No Kendall Drive Suite #102 Miami, FL 33156 Ph: (305) 279-7722 Fax: (305) 279-2090 <b>Mon-Fri 8:00am-5:00pm</b>	<b>MIAMI-HIALEAH MEDICAL GROUP</b> <b>Hialeah</b> 1025 East 25th Street Hialeah, FL 33013 Ph: (305) 696-0842 Fax: (305) 696-2150 <b>Mon-Fri 9:00am -5pm</b>	<b>PHYSICIANS HEALTH CENTER</b> <b>Airport/Doral</b> 6221 NW 36 Street Miami, FL 33166 Ph: (305) 871-3627 Fax: (305) 871-7569 <b>Mon-Fri 8:00 – 5:00pm</b> <b>Saturday 8:30-12:30</b>	<b>OCCUPATIONAL MED CENTERS OF AMERICA (Miramar)</b> 12014 Miramar Parkway Miramar, FL 33025 Ph: (954) 438-6228 Fax: (954) 437-1079 and (954) 438-1596 <b>Mon-Fri 8:30am-5:00pm</b>
<b>PORT OF MIAMI CLINIC</b> <b>Miami</b> 1015 N American Way #150 Miami, FL 33132 Ph: (305) 358-4265 Fax: (305) 358-5440 <b>Mon-Fri 9:00am-4:00pm</b>	<b>ORTHONOW</b> Doral 3650 NW 82 Avenue #201 Miami, FL 33166 Ph: (305) 537-7272 Fax: (305) 537-7274 <b>Telemedicine</b> <b>Mon-Fri 9:00am – 6:00pm</b> <b>Sat 9am – 3pm</b> Please contact Jessica directly at <a href="mailto:Jessica@OrthonowMiami.com">Jessica@OrthonowMiami.com</a> if you need to schedule an appointment for Injured Workers	<b>AIRPORT MEDICAL CLINIC</b> <b>Airport/Doral</b> 3588 NW 72 Avenue Miami, FL 33122 Ph: (305) 592-5205 Fax: (305) 597-8362 <b>Mon-Fri 9:00am-4:00 pm</b>	<b>OCCUPATIONAL MED CENTERS OF AMERICA (Dania Beach)</b> 140 South Federal Highway Dania Beach, FL 33004 Ph: (954) 265-3406 Fax: (954) 922-1854 <b>TEMPORARILY CLOSED</b>

<b>FAST CARE MIAMI BEACH</b> Miami Beach 825 Arthur Godfrey Road #100 Miami Beach, FL 33140 Ph: (786) 923-4000 Fax: (786) 472-3035 <b>Mon-Fri 9:00am-6:00pm</b> <b>Sat-Sun 9:00am-5:00pm</b>		<b>PHYSICANS HEALTH CENTER</b> North Dade 20535 NW 2nd Ave #150 Miami, FL 33169 Ph: (305) 653-7720 Fax:(305) 653-2099 <b>Mon-Fri 8:00am-5:00pm</b>	
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Covid-19                      Revised 05/2020