

CLAFLIN UNIVERSITY ORANGEBURG, SOUTH CAROLINA

ACCIDENT REPORT

To be completed by the supervisor					
Personnel Information					
Employee Name: Last	First				
Adress					
Address:Street		City	State	zip code	
Telephone number:	Sex: Female	_ Male	_Date of birth:_		
Social security #	_Marital Status: Single_	Married _	Divorced	_Widowed	
Date of hire: Empl	oyee Status: Faculty	Staff	Adm	Stud	
Department	Division				
Occupation at time of injury or illness:How long in current job?					
Number of hours worked per day:	Wages per hour: \$	E	Carnings per we	ek: \$	
Record of Accident or Illness					
City/County where accident occurred:	Date and time of injury/illness:				
	e injury/illness reported:Person to whom reported ne of other witnesses:				
Nature and Cause of Accident or Illness					
Describe fully how injury or illness oc	curred:				
Describe nature of injury or illness (include parts of body affected)					
Specify part of machine, tool, object, etc. causing injury or illness					
Safety equipment and/or safeguards we	ere Provided:Yes	sNo	Utilized:	YesNo	
Physician	H	Hospital			
name	telephone number	nam	e	address	
Employee Supervisor					
Signature	Date	Print	Signature	Date	
Processed by HR Office: Print Name _			Date		

INSTRUCTIONS

The University provides Workers' Compensation Insurance for all employees. All work related injuries and illnesses must be reported immediately to the supervisor, regardless of how minor the injury or illness may initially appear to be.

Supervisors are responsible for thoroughly completing the "Accident Report" form by providing all of the information requested. The accident report must be completed and submitted by the supervisor to the Office of Human Resources within 48 hours of the accident. The employee and the supervisor must sign the report.

The Office of Human Resources is responsible for investigating the accident and reporting it to the workers' compensation insurance carrier. In accordance with the provisions of the Workers' Compensation Act, the insurance company will be responsible for paying the hospital charges and other medical expenses.

• Please type or print in black ink.



