



CLAFLIN UNIVERSITY  
ORANGEBURG, SOUTH CAROLINA

ACCIDENT REPORT

To be completed by the supervisor

**Personnel Information**

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Middle

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: \_\_\_\_\_ Employee 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: \$ \_\_\_\_\_ Earnings per week: \$ \_\_\_\_\_

**Record of Accident or Illness**

City/County where accident occurred: \_\_\_\_\_ Date and time of injury/illness: \_\_\_\_\_

Date injury/illness reported: \_\_\_\_\_ Person to whom reported \_\_\_\_\_

Name of other witnesses: \_\_\_\_\_

**Nature and Cause of Accident or Illness**

Describe fully how injury or illness occurred: \_\_\_\_\_

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 were -- Provided: \_\_\_\_\_ Yes \_\_\_\_\_ No Utilized: \_\_\_\_\_ Yes \_\_\_\_\_ No

Physician \_\_\_\_\_ Hospital \_\_\_\_\_  
name telephone number name 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.**



