

Volunteer State Community College

SUPERVISOR ACCIDENT / ILLNESS REPORT

Supervisor must complete this report following all work-related injuries sustained by their employees. All sections must be completed as this information will be used to call in the First Notice of Loss (FNOL). Supervisor must call in a FNOL for each incident that requires medical treatment. Instructions for call on next page.

IMPORTANT: Remind Employee that medical treatment for work-related injuries must be authorized by the Workers' Comp. Third Party Administrator (TPA) in order for medical expenses and/or lost time to be paid.

Return Completed Report to The Manager Of Environmental, Health & Safety - Wood Campus Office 106J

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|--|--|---|-------------------|---------------------------|-----------|
| Name of Injured Employee: | | Date of Report: | | Time of Report: | |
| Employee Address: | | | City: | State: | Zip Code: |
| Employee Home Phone: | | Employee Work Phone: | | DOB: | Gender: |
| Department/Job Title: | | Hire Date: | Date of Injury: | Time of Injury: | |
| Time Employee Began Work on Date of Incident: | | Marital Status: | Employee V-Number | | |
| Employment Status (full time, part time, etc.): | | If Part Time, Number of Days Worked Per Week: | | | |
| Supervisor's Name & Title: | | | | Supervisor's Work Number: | |
| Were Medical Services Provided? | | Medical Services Provided by: | | | |
| Exact location of Incident: | | | | | |
| Witness: | | Address: | | Phone: | |
| In the box Below, Describe What The Employee Was Doing Right Before The Incident Occurred: | | | | | |
| | | | | | |
| Please Describe, In Detail, How the Incident Occurred (Continue on Supplementary Report If Necessary): | | | | | |
| | | | | | |
| Describe The Injury/Illness - Be Specific and Include All Body Parts Affected: | | | | | |
| | | | | | |
| What Object or Substance Directly Harmed The Employee? | | | | | |
| | | | | | |

SUPERVISOR ACCIDENT / ILLNESS REPORT CONTINUED

Describe unsafe actions/conditions that may have contributed to the incident:

Describe actions that will be taken to prevent future accidents/incidents:

Additional Comments:

First Notice of Loss (FNOL) Reporting Instructions:

FOR LIFE THREATENING EMERGENCIES CALL CAMPUS POLICE AT 3595 OR 911 IMMEDIATELY. For non-life-threatening injuries, call Campus Police to report injury and instruct the **employee to call 866-245-8588 and select option 1 to speak with a Corvel triage nurse.** The nurse, available 24/7, will assess the situation and provide treatment recommendations. If medical treatment is recommended the nurse will assist the employee in obtaining an appointment with an authorized WC physician.

If medical treatment is not necessary, no further action is required. Complete Supervisor Accident/Illness Report and advise employee to contact you if condition worsens and/or treatment is requested at a later date.

If medical treatment is necessary, the supervisor must call 866-245-8588 and select option 2 to initiate the FNOL. The supervisor will be connected to a representative from Corvel who will gather information regarding the employee and the incident. The requested information can be taken directly from the Supervisor Accident/Illness Report, so it is important to complete it prior to calling. Medical treatment for a work-related injury/illness must be authorized by Corvel to ensure payment of medical expenses and/or lost time. All non-emergency appointments must be scheduled through, and approved by, Corvel. Questions regarding WC benefits should be directed to Michelle Boyd, Manager of EH&S at ext. 3617. **NOTE: When treatment is necessary, please advise the employee that he/she must obtain written work status instructions prior to returning to work.** The work status form must state that the employee can either return to work without restrictions or, if restrictions are recommended, it must contain detailed information regarding all limitations. Restrictions must be evaluated by the Manager of EH&S and the Supervisor to determine appropriate work assignments.

Employee Signature:

Date:

Supervisor Signature:

Date:

Manager of Environmental, Health & Safety Signature:

Date:

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