

# Volunteer State Community College

## SUPERVISOR INCIDENT / INJURY REPORT

Supervisors 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 initiate a Workers' Comp. claim.

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

**Return Completed Report to The Director of Plant Operations - Wood Campus Office 106J**

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 Name:		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 Incident/Injury - Be Specific and Include All Body Parts Affected:					
What Object or Substance Directly Harmed The Employee?					

**SUPERVISOR INCIDENT / INJURY 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:**

**Additional Workers' Comp. Reporting Instructions**

**FOR LIFE THREATENING EMERGENCIES CALL CAMPUS POLICE (3595) AND/OR 911 IMMEDIATELY**

For non-life-threatening work-related injuries: Employee or Supervisor must report injury to Campus Police. Employee must call 866-245-8588 to speak with a Corvel triage nurse. **When calling, employee must report location of employment exactly as follows: STATE TN- VOLUNTEER STATE COMMUNITY COLLEGE and the call must be made within 24 hours of incident.**

If the nurse does NOT recommend medical treatment at this time: Complete the Supervisor Incident/Injury Report and advise employee to contact the Director of Plant Operations, Michelle Boyd, at ext. 3617 if his/her condition worsens or treatment is requested at a later date.

**If medical treatment IS necessary:** Complete the Supervisor Incident/Injury Report and notify the Director of Plant Operations (3617). The triage nurse will assist the employee in obtaining an appointment with an authorized workers' comp. physician.

**All workers comp. appointments must be authorized by Corvel to ensure payment of medical expenses and/or lost time.**

Please **advise employee to obtain written work status instructions from the treating physician prior to leaving appointment.**

The work status form must provide clear instructions regarding any limitations. Work status information must be evaluated by the Director of Plant Operations and the employee's supervisor to determine appropriate work assignments.

**NOTE:** In all instances, a Supervisor Incident/Injury Report must be completed and forwarded to Director of Plant Operations. For workers' comp questions or questions regarding these procedures email Michelle.Boyd@volstate.edu or call ext. 3617.

**Employee Signature:**

**Date:**

**Supervisor Signature:**

**Date:**

**Director of Plant Operations Signature:**

**Date:**