

**MACALESTER COLLEGE
EMPLOYEE ACCIDENT REPORT
(Worker's Compensation Claim)**

Please print clearly. Thoroughly answer EVERY question. Return this to ES within 24 hours

General Information:

Employee Name: _____ Date of Birth: _____ Job Title: _____ Date of Hire: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Marital Status: (Married or Unmarried) _____ Sex: (Male/Female) _____

Home Phone Number (including area code): _____ Social Security Number: _____ Time Employee began work on date of injury _____

Exact location of Accident: _____ Date & Time of Accident AM/PM: _____ Date Injury Reported/and to Whom: _____

Employees scheduled number of hours per day: _____ Employees scheduled number of hours per week: _____

Description of Injury/Illness and Treatment:

Type of Accident: _____ Physician: _____

Type of Injury: _____ Clinic: _____

Part of Body: _____ Phone number of Clinic: _____

(Be specific - example right hand thumb)

Hospital: _____

Loss of Time? Yes or No First day of lost time: _____ Has employee returned to work? Yes or No Date: _____

Description of Incident:

To be completed by supervisor and employee. What happened and how did it happen? Was any equipment damaged? Specify what job was being performed.

Supervisor Name (print) _____ Supervisor Signature _____

Supervisor Phone Number _____ Date Completed: _____

I have read the above and the information on the reverse side and I agree to follow the checklist/instructions.

Employee Signature: _____ Date: _____

Supervisor Checklist for Work-Related Injuries

To help our injured employees get the support and assistance that they need, it is important that the Worker's Compensation Claim process and follow-up is as simple as possible. The following is a checklist for supervisors to use as a guide when dealing with a work-related injury:

The supervisor should:

- _____ Ensure that the injured employee receives necessary medical attention.
- _____ Complete an "Employee Accident Report" form and hand **deliver it to the Employment Services Office** immediately following the injury (See reverse side).
- _____ Become familiar with the circumstances surrounding the injury.
- _____ Maintain contact with the injured employee, and keep department head informed.
- _____ Work with the Employment Services Office to identify transitional job duties for the employee when appropriate.
- _____ Keep in contact with the Employment Services Office (Deb Wingfield x6053) to report any change in the status of the injured employee.
- _____ Provide analysis (see questions below)

**As a supervisor, you may be contacted by Liberty Mutual.
Please assist in answering any questions regarding this claim.**

Analysis:

Primary Cause of Incident _____

Why did it happen? _____

Contributing factors? _____

State what will be done to prevent future occurrence _____

Was the employee violating any safety regulations or specific instructions? If yes, please explain _____

PLEASE KEEP A COPY FOR YOUR RECORDS