

Colorado State University Incident Report or Workers' Compensation Report Form Instructions

This section is completed by the employee:

Mark if this record will be an incident report or a workers' compensation claim.

Incident Report – The employee is reporting an incident but may not intend to see a physician or seek medical attention. The form will be filed with Environmental Health Services and can be used as a workers' compensation claim at a later date.

Workers' Comp. claim – The employee is submitting the record to be reported as a workers' compensation claim and will be seeing a physician or seeking medical attention.

- 1-3) Provide name, social security number and gender.
- 4-8) Provide current home phone, address, city, state and zip code.
- 9) Provide Job title as shown on personnel records.
- 10) Provide birth date.
- 11) Marital status must show single, married, divorced, or widowed, as the case may be. A divorced or widowed person should not be shown as single.
- 12) Check the primary language spoken. If other, write language spoken under primary language in box 12.
- 13) Check if you have no CSU insurance (None), or if you have CSU insurance and you are the primary insured (Your Policy) or if you have CSU insurance through your spouse (Spouse Policy).
- 14) Provide hourly wages if paid hourly or weekly wages if salaried. To determine weekly wage, for this purpose, multiply monthly wage by twelve(12) and divide by fifty-two(52).
- 15) Provide course name and number if you are a student intern.
- 16) Check your classification or other and specify if other classification.
- 17) Provide the injury date and time.
- 18) Describe what happened, details of how incident occurred. Include your activities, other individuals involved, tools, machinery, objects, vapors, chemicals, radiation, unnatural motions, unsafe/hazardous conditions, etc. Provide specific items which directly injured you.
- 19) Provide a description of the injury. Include part(s) of the body affected and the nature of the injury or disease.
- 20) Provide the names of any witnesses.
- 21) Provide CSU representative you notified of the incident.
- 22) Provide place of incident. Include building name, room number, city, county, state and zip code.
- 23) Check the treatment received. Check all that apply.
- 24) Provide name and address of treating doctor and/or the hospital.
- 25-26) Sign and provide the date Part I and Part II were completed, not the date of injury.

This section is completed by the supervisor:

- 27) Provide the normal schedule of employees work in hours per day, days per week, shift start and end time. Check "Y" if the employee was working this schedule when injured or "N" otherwise.
- 28-29) Provide the last day worked and either the date returned to work or the estimated date of return.
- 30) Check if modified work is available and provide a reason why if no modified work is available.
- 31) Check if incident caused death and provide the date of death. If the incident resulted in death, the death must be reported immediately to EHS.
- 32) Provide the name, relationship and address of closest dependent.
- 33) Check if the incident was related to an auto accident, possible drug/alcohol violation, safety violation or if you question liability. If any of these questions are answered yes, please attach a concise explanation of the circumstances so that the case can be properly evaluated. If failure to obey safety rules is reported, the explanation should show an actual written rule known to the employee and enforced by CSU or the department was violated.
- 34) If employee is State Classified, provide the sick leave balance and annual leave balance at time of incident.
- 35) Provide employees current work phone, work unit and employee's primary department to which assigned.
- 36-37) Print your name and provide your telephone number.
- 38) Signature of employee's supervisor. Supervisor, by signature, indicates concurrence with information as contained in the report form unless an addendum is attached.
- 39) Provide the date when the supervisor reviewed the report and completed Part III.