-- Accident Report Form Flowchart --
Forms to Complete for Occupational Incidents

**EMERGENCY ➔ Dial 911**

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Did the employee go to a medical provider?

**NO**

**Minor Incident:** First-Aid or Near-Miss Incident

- **Supervisor’s First Report of Injury**
- **Employee Statement Form**
  (Workers’ Compensation Employee Statement form)
- **Leave Options Form**
  (Workers Compensation Use of Leave Options Form)

Send all original forms to:
EHS – Occupational Safety, Campus Box 8007

**YES**

**Medical Treatment Incident:** Injury or Illness

- **Supervisor’s First Report of Injury**
- **Employee Statement Form**
  (Workers’ Compensation Employee Statement form)
- **Leave Options Form**
  (Workers Compensation Use of Leave Options Form)
- **Workers Compensation Form 19**
  (Employer’s Report of Employee’s Injury…form)
- **WC Authorization | Physician’s Report | Pharmacy Guide Form**
  (CORVEL Workers Compensation Form)

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Hyperlink to EHS Accident Report Forms Page: [http://www.ncsu.edu/ehs/accident.htm](http://www.ncsu.edu/ehs/accident.htm)

*EH&S – Occupational Safety  919-513-0988 or 919-515-8658*

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