Accident Report Form Flowchart

Forms to Complete for Occupational Incidents

EMERGENCY  ➔  Dial 911

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:
HR – Workers Comp, Campus Box 7215

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)

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

HR – Workers Compensation  919-515-2151

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