

Clemson University Incident/Accident Form

Please complete this form for incidents involving injury or potential injury to visitors or students.

- To report an employee's injury that needs Professional Medical Attention, the supervisor or another designated person must call CorVel 866-282-2674.
- To report an employee's injury that DOES NOT need Profession Medical Attention, please fill out the First Report of Injury at:
http://www.clemson.edu/administration/risk/documents/workers_first_report_injury.pdf
and forward to the office risk management.

Visitor/Student Information

Name _____ Date of Birth _____
Last First Middle

Home Address _____

Home Phone _____ Work Phone _____

Details of Incident/Accident

Incident Date _____ Time _____ am/pm Location _____

Description of what happened _____

Report what you think contributed to the incident/accident _____

Was injured party taken to hospital or doctor? Yes/No If yes, name of facility _____

How injured party was transported _____

Type of injury (cut, puncture, burn, slip & fall) _____

State body part injured _____ Right _____ Left _____

Please attach photo of property/equipment that contributed to the accident.

Witness to incident/accident - Name _____ Phone _____

Reported to University police department: Yes/No Officer's Name _____

Forward form to: Risk Services & Insurance, 391 College Ave. Ste 202, Clemson, S. C. 29634

Fax (864) 656-4558, Phone (864) 656-3354

riskmanagement@clemson.edu