



BOISE STATE UNIVERSITY

Supervisor Accident Report

Procedures:

In the event of an injury:

- Life Threatening, call 911. Employee should be transported by ambulance to the nearest emergency facility for immediate medical attention. Notify Public Safety at (208) 426-6911 to make them aware of the incident/accident.
- Non-life threatening and requires medical attention. Employee should be transported by university vehicle to University Health Services (UHS) or St. Luke's Occupational Health Clinic. If a university vehicle is not readily available, employee should be transported by personal vehicle to UHS or St. Luke's Occupational Health Clinic. If assistance is needed, please contact Public Safety at (208) 426-6911
 - o Employee or supervisor must notify injured employee's emergency contact. Contact Human Resources at (208) 426-1616 if assistance is needed.

After an Injury an employee should:

- Notify your supervisor immediately
- Seek medical treatment as necessary and as soon as possible from one of the following preferred providers:
 - o University Health Services:
 - 1529 Belmont Street Boise, ID 83706 (located behind the Rec Center)
 - 208-426-1459
 - o St. Luke's Occupational Health Clinics:
 - 703 Americana Blvd. Suite 130 Boise, ID 83702
 - 208-706-7500
- Abide by any work restrictions and avoid activities that will interfere with the recovery process
- Keep your supervisor informed of your progress and limitations

Supervisors should:

- Conduct investigation and take corrective action
- Report all on the job injuries within 24 hours and complete a Supervisor Accident Report (SAR).

After the SAR is complete, Risk Management will forward the claim to Idaho State Insurance Fund who will investigate, evaluate and make a final determination. Any questions regarding a specific claim should be directed to Risk Management or the assigned adjuster at the Idaho State Insurance Fund.

For more information or any questions about the University's worker's compensation coverage should be directed to Risk Management at (208) 426-3636 or rmi@boisestate.edu.

Employee Information

First Name:

Last Name:

Home Address:

City:

State:

Zip

Phone Number:

Date of Birth:

Department:

Occupation:

Employment Status:

Gender: Male
 Female

Accident Information

Injury Date:

Place of Accident or
Exposure:

Did injury/illness occur
on the employer's
premises?

Yes

No

Date of event:

Time of event:

Date employee began
work :

Time employee
began work:

Date last worked:

Date employer
was notified:

Date Disability began:

Expected return to work
date:

If employee died,
give date of death:

Select Injury of type of
illness:

What Body Part was
injured:

What side of the body:

Right

Left

Both

Has this part been
injured before:

Yes

No

Injury reported to:

Equipment, materials,
or chemicals employee
was using upon
occurrence:

How did the Injury or
illness occur:

Was accident caused
by the failure of a
machine or product?:

If the accident was caused by any other person or business other than the injured worker, co-worker or the employer, please identify:

Was safety equipment provided?:

Was it used?: Yes
 No

Were other workers injured?:

Name and address of physician or health care professional :

Treatment:

Did anyone witness the accident?:

Supervisor information

First Name:

Last Name:

Phone number:

Please e-mail completed report to rmi@boisestate.edu.
