



## ACCIDENT / INJURY INVESTIGATION REPORT INSTRUCTIONS

The attached form must be completed for injuries to employees, students, visitors or volunteers that occur on the job or during USI activities/events on or off campus.

Form should be completed within 24 hours of an incident.

or program director

### SUPERVISOR OR PROGRAM DIRECTOR OF CLAIMANT/INJURED

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## WORKER'S COMP MEDICAL CARE INSTRUCTIONS

AN EMPLOYEE OR STUDENT WORKER WHO IS INJURED WHILE PERFORMING THEIR DAILY WORK ROUTINE SHOULD SEEK:

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TO BE COMPLETED BY