North Carolina Judicial Branch Supervisor Notice of Employee Accident/Incident

This form is to be completed in full by the supervisor of the employee involved. All questions must be answered, and detail questions should be thoroughly answered. Once complete, forward to NCAOC Safety & COOP team via email at Judicial.SafetyCOOP@nccourts.org or fax at 919-890-1905 or 1906

Date of Incident: _____ Time of Incident: _____

Employee Name: _____

Home Address: _____

Personal Telephone: _____ Work Telephone: _____

Social Security Number: _____ Sex: ☐ M ☐ F

Date of Birth: _____

Employer's Name: _____

Employer's Address: _____

Location of Incident: _____ Employer Premises: _____

Specific Body Part(s) Involved/Affected: _____

_____

Describe How Employee Was Injured and What They Were Doing When Injured: _____

_____

_____

_____

_____

Date Supervisor Notified: _____ Supervisor: _____

Job Title During Incident: _____ Is this a Grant Position: _____

Nature of Employer's Business: _____

Number of Days Out of Work Due to Injury / Return to Work Date: _____

Work Restrictions: _____

_____

Treated by Physician: _____ Employee Wages: _____ Agency Date of Hire: _____

_____ _____

Supervisor's Signature Date