

WORKERS COMP ACCIDENT REPORT
Report claim to: ST PAUL/TRAVELERS AT 1-800-832-7839
GILES CHEMICAL CORPORATION POLICY # P-UB-982K1910-05

All Workers Comp Accidents must be reported immediately to the Safety Manager and Human Resources Manager

DATE AND TIME OF INJURY: _____/_____/_____

NAME OF EMPLOYEE: _____

WITNESS NAME (actually saw the accident occur): _____

WITNESS PHONE NUMBER: _____

WITNESS ADDRESS: _____

DESCRIBE FULLY HOW THE ACCIDENT OCCURRED:

Signature of injured employee: _____ Date _____

NATURE AND LOCATION OF INJURY (BE AS SPECIFIC AS POSSIBLE, i.e... AMPUTATION, FRACTURE, LACERATION, RIGHT, LEFT, ETC.)

Information needed to file the claim: "REPORT ONLY" (employee will require no more than 1 medical office visit) REPORT ONLY STATUS? Yes () or No ()

EMPLOYEE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

Rate of pay \$ _____ per hour \$ _____ total per day

Claim Submitted to: _____ Claim number assigned: _____

Office claim was assigned to: _____

Address _____

Claim Office Phone # _____ Fax # _____

Submitted by: _____ date _____

Prescription Drugs: Employee must report in person to CVS pharmacy on Russ Avenue in Waynesville with the prescription
Inform the Pharmacist: This prescription results from a Workers Comp claim with Giles Chemical
Give the Pharmacist the last four digits of our main phone number: 4784
Complete all applicable forms required by the pharmacy, including date of injury, description of injury, etc.
Pharmacy will process the prescription and bill our Workers Comp carrier: St. Paul/Travelers

*****Any single death or in-patient hospitalization of three or more workers must be reported to the OSHA WITHIN EIGHT HOURS!! 1-800-522-6762**