



Accident Reporting Forms

UT Department of Theatre • 206 McClung Tower • Knoxville, TN 37996

APPLICATION

Follow these procedures whenever an incident occurs resulting in property damage or personal injury/illness.

PURPOSE

The timely and accurate filing of Accident and Occurrence Reports is mandated by the University's Office of Risk Management and by Actor's Equity Association, the Union under which many of the Clarence Brown Theatre performers are contracted, regardless of the extent of the damage or injury. The purpose of this mandate is not to assign blame or accept liability, but rather to provide documentation of the time, date, and circumstances of the event.

It is critical that the appropriate documentation be completed and filed both promptly and correctly for a number of reasons, some of which are detailed below:

1. Reports are used in aggregate to develop information on potential risks. Multiple reports indicating falls on a particular stairway may result in installation of improved flooring, lighting, or handrails to help reduce the risk. Failure to file reports for minor incidents undermines this effort to use minor problems to head off major incidents.
2. In instances of Worker's Compensation, there are laws and state regulations which dictate how treatment can be given and the time window within which a claim or report must be filed in order to receive Worker's Compensation. It is critical therefore that the paperwork be done on this timeline.
3. In cases of liability (spilling coffee on a patron for example), it is often months and sometimes years before a claim from the injured works its way through the legal system. Filing a complete and accurate report of an occurrence for even a mild incident helps protect both you as the employee and the University as the report can provide critical information when memory of an incident fades.

WHICH REPORTS TO FILE?

Except where noted, all linked forms below are also available from: <http://riskmanagement.tennessee.edu>

1. In ALL instances, regardless of the person(s) involved, complete a [Report of Occurrence](#)
2. If the accident or occurrence involves any UT employee - including student workers, graduate students, and faculty (Company Designations: FAC, GRD, STF, or TRM) - complete the following:
 - [State of Tennessee Accident Report](#)
 - [Supervisor's Report of Employee Accident](#)
 - [Initial Medical Information Checklist](#)
3. If the accident or occurrence involves a member of Actor's Equity Association - including graduate students and faculty (Company Designation XXX-EQ)- fill out the following:
 - Deputy Accident Report (http://www.actorsequity.org/docs/production/aea_deputy_packet.pdf)
 - Weekly SM Injury/Illness Report (http://www.actorsequity.org/docs/production/Injury_Report_Cover_Letter.pdf)
4. If a Deputy Accident Report is filed (step 3) and no UT Worker's Comp was filed (step 2), fill out:
 - ACCORD Worker's Compensation—First Report of Injury or Illness (available from SM).

NOTE: The TN Claims Commission Act of 1984 recognized the need to protect volunteers from legal actions while performing their service on behalf of the University. Under the Act, Volunteers who are registered with the University receive the same civil immunity from liability as does an employee of the University. However, Volunteers under the Claims Commission Act are not covered for Worker's Compensation.

 UT ACCIDENT / INCIDENT REPORTING POLICY

In the event of an accident or occurrence involving general liability, professional liability, or automobile liability, employees are instructed to do the following:

General Liability: Complete a Report of Occurrence and report to the campus Risk Management liaison or designated campus/unit "claims" office.

Professional Liability: Report any potential claim to Risk Management and/or the General Counsel's Office. Also complete a Report of an Occurrence Form, except for medical claims.

Automobile Liability: Refer to the Driver's Reference Manual provided by Transportation Service and the instruction packet located in the glove box of the University vehicle.

Any accident or occurrence that may produce a claim in any area above must be reported immediately, and no admission of fault or responsibility should be made.

Any questions about reporting claims, accidents, or occurrences may be directed to the campus/unit business office or the Office of Risk Management, 112 Conference Center Building, Knoxville, TN 37996, o.865.974.5409; f.865.974.0936

 FILING PROCEDURES

When completing any of these forms, it is more critical that they be filed in a timely fashion than that they be 100% complete. All information should be diligently sought out and accurately recorded immediately after the occurrence. All forms **MUST** be submitted within one business day of the start of the occurrence. In some cases—such as a serious on-the-job injury (i.e. one that requires Emergency Room care) it is critical that the form be submitted as soon as possible

1. [Report of Occurrence:](#)

—completed and signed by Supervisor

Deliver to the PSM Mailbox & Notify the PSM via email or phone.

PSM will Fax to Office of Risk Management within 1 business day: 865.974.0936

A copy of the Report of Occurrence for persons with a Company Designation of “OOT” or “LOC” will be given to the Company Manager.

2. University Employee Worker's Comp:

Contact the Department Emergency Contact immediately:

Keith Kirkland, General Manager

c.865.742.3218 o.865.974.5659

Deliver all 3 completed and signed forms to the PM Mailbox AFTER contacting the PM.

• [State of Tennessee Accident Report](#)

—completed and signed by employee (if employee is able to do so)

—completed and signed by Supervisor (if employee is incapacitated)

PM sends copies to Workers' Comp Office (original); Safety Officer (copy or fax);

Department Business Manager (copy); Production Stage Manager (copy)

• [Supervisor's Report of Employee Accident](#)

—completed and signed by Supervisor

PM sends copies to Workers' Comp Office (original); Safety Officer (copy or fax);

Department Business Manager (copy); Production Stage Manager (copy)

• [Initial Medical Information Checklist](#)

—completed by Supervisor or designee

PM sends copies to Workers' Comp Office (original); Department Business Manager (copy); Production Stage Manager (copy)

3. Deputy Accident Report:

—Completed by Deputy and Actor together.

Delivered by Deputy to SM (place copy in Production Book)

Delivered by SM to PSM.

PSM should mail the original with the weekly report to Equity—Attn: Beverly Sloan—and places a copy in the Department's files.

4. ACCORD Worker's Compensation—First Report of Injury or Illness.

—Completed by Company Manager

The PSM will copy the Company Manager on all Reports of Occurrence that involve persons with a Company Designation of "OOT" or "LOC". The Company Manager will complete the Accord Form from this as needed.

Company Manager will fax to CB Theatrical within 1 business day: 423.586.7260