

**S.C. WORKERS' COMPENSATION COMMISSION – FIRST REPORT OF INJURY OR ILLNESS**

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG NUMBER	REPORT PURPOSE CODE	
		JURISDICTION	JURISDICTION CLAIM NUMBER		
		INSURED REPORT NUMBER			
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)			LOCATION #
INDUSTRY CODE	EMPLOYER FEIN			PHONE #	

**CARRIER/CLAIMS ADMINISTRATOR**

CARRIER (NAME, ADDRESS, & PHONE #)	POLICY PERIOD  <p align="center">TO</p>	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)
	CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE	
CARRIER FEIN	POLICY/SELF-INSURED NUMBER	ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER		

**EMPLOYEE/WAGE**

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	MARITAL STATUS <input type="checkbox"/> Unmarried/Single/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	OCCUPATION/JOB TITLE	
			EMPLOYMENT STATUS	
PHONE	# OF DEPENDENTS	NCCI CLASS CODE		
RATE PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER:	DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID SALARY CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**OCCURRENCE/TREATMENT**

TIME EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE ( <input type="checkbox"/> ) CANNOT BE DETERMINED <input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED DATE DISABILITY BEGAN
CONTACT NAME/PHONE NUMBER	TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED	
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED	WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL			CAUSE OF INJURY CODE	

DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT
				0 <input type="checkbox"/> No Medical Treatment
				1 <input type="checkbox"/> MINOR: BY EMPLOYER
				2 <input type="checkbox"/> MINOR CLINIC/HOSP
				3 <input type="checkbox"/> EMERGENCY CARE
4 <input type="checkbox"/> HOSPITALIZED > 24 HOURS				
5 <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED				

**OTHER**

WITNESSES (NAME & PHONE #)			
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE	PHONE NUMBER



**South Carolina Workers' Compensation Commission**

1333 Main Street, Suite 500

P.O. BOX 1715

Columbia, SC 29202-1715

803-737-5722

**EMPLOYER'S INSTRUCTIONS**

**DO NOT ENTER DATA IN SHADED FIELDS**

**DATES:**

Enter all dates in MM/DD/YYYY format.

**INDUSTRY CODE:**

This is the code which represents the nature of the employer's business, which is contained in the Standard Industrial Classification Manual or the North American Industry Classification System, published by the Federal Office of Management and Budget.

**CARRIER:**

The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant.

**CLAIMS ADMINISTRATOR:**

Enter the name of the carrier, third party administrator, state fund, or self-insured responsible for administering the claim.

**AGENT NAME & CODE NUMBER:**

Enter the name of your insurance agent and his/her code number if known. This information can be found on your insurance policy.

**OCCUPATION/JOB TITLE:**

This is the primary occupation of the claimant at the time of the accident or exposure.

**EMPLOYMENT STATUS:**

Indicate the employee's work status. The valid choices are:

Full-Time On Strike Unknown Volunteer

Part-Time Disabled Apprenticeship Full-Time Seasonal

Not Employed Retired Apprenticeship Part-Time Piece Worker

**DATE DISABILITY BEGAN:**

The first day on which the claimant originally lost time from work due to the occupation injury or disease or as otherwise designated by statute.

**CONTACT NAME/PHONE NUMBER:**

Enter the name of the individual at the employer's premises to be contacted for additional information.

**TYPE OF INJURY/ILLNESS:**

Briefly describe the nature of the injury or illness, (e.g. Lacerations to the forearm).

**PART OF BODY AFFECTED:**

Indicate the part of body affected by the injury/illness, (e.g. Right forearm, lower back).

**DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

(e.g. Maintenance Department or Client's office at 452 Monroe St., Washington, DC 26210)

If the accident or illness exposure did not occur on the employer's premises, enter address or location. Be specific.



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**EMPLOYER'S INSTRUCTIONS – cont'd**

**ALL EQUIPMENT, MATERIAL OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

(e.g. Acetylene cutting torch, metal plate)

List all of the equipment, materials, and/or chemicals the employee was using, applying, handling or operating when the injury or illness occurred. Be specific, for example: decorator's scaffolding, electric sander, paintbrush, and paint.

Enter "NA" for not applicable if no equipment, materials, or chemicals were being used. NOTE: The items listed do not have to be directly involved in the employee's injury or illness.

**SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

(e.g. Cutting metal plate for flooring)

Describe the specific activity the employee was engaged in when the accident or illness exposure occurred, such as sanding ceiling woodwork in preparation for painting.

**WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance. Enter "NA" for not applicable if employee was not engaged in a work process (e.g. walking along a hallway).

**HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL:**

(Worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

Describe how the injury or illness/abnormal health condition occurred. Include the sequence of events and name any objects or substance that directly injured the employee or made the employee ill. For example: Worker stepped to the edge of the scaffolding to inspect work, lost balance and fell six feet to the floor. The worker's right wrist was broken in the fall.

**DATE RETURN(ED) TO WORK:**

Enter the date following to most recent disability period on which the employee returned to work.

# South Carolina Workplace Laws: Notice to Employees

## Safety and Health Protection on the Job

**THE STATE:** Under the South Carolina Occupational Safety and Health Act, the state is responsible for the enforcement of occupational safety and health standards in all workplaces, both public and private, within South Carolina. However, longshoring, shipbuilding, ship repairing and shipbreaking operations covered by the Longshoremen and Harbor Workers' Compensation Act, as amended, remain under federal jurisdiction.

**EMPLOYER:** Each employer shall furnish to employees employment and a place of employment which are free from recognized hazards that are causing, or likely to cause, death or physical harm. The employer shall comply with occupational safety and health standards promulgated by the Director.

**EMPLOYEES:** Each employee shall comply with occupational safety and health standards and all rules, regulations and orders issued by the director of Labor, Licensing and Regulation which are applicable to his own actions and conduct.

Any employee or representative may request an inspection of place or site of employment. Any employee may file a complaint, either verbally or in writing. Complaint forms and filing information may be found on our website or will be provided, upon request, by the South Carolina Department of Labor, Licensing and Regulation.

Employers and employees have the right to participate in inspections by means of bringing to the attention of the inspecting officer possible violations which exist in their area of work and the right to participate in the walk-around inspection. The inspecting officer shall have the right to determine the number of persons participating in the walk-around inspection.

Under state law, when the authorized representative of the employees accompanies the inspecting officer during a walk-around inspection, he shall not suffer any loss of wages or other benefits which would normally accrue to him.

Where there is no authorized representative, the inspecting officer will consult with a reasonable number of employees concerning matters of safety and health in the workplace.

**DISCRIMINATION:** State and federal laws prohibit discrimination against any employee if he files a complaint or causes any proceeding under or related to this Act or is about to testify in any such proceedings or because of the exercise by any employee on behalf of himself or others of any right afforded under state and federal law. The director of Labor, Licensing and Regulation or the nearest federal OSHA offices must be notified within thirty (30) days after such discriminatory act occurs. State and local government employees should file such complaints with the director of SC Department of Labor, Licensing and Regulation. A pub-

## Employment Discrimination

South Carolina and federal laws prohibit discrimination on the basis of race, sex, age, religion, color, national origin and disability.

If you feel that you have been discriminated against because of these, contact the:  
South Carolina Human Affairs Commission  
1026 Sumter Street, Suite 101, Columbia, SC 29201 / PO Box 4490, Columbia, SC 29240-4490  
Phone: 803-737-7800 or 1-800-521-0725, TDD: 803-253-4125  
[www.state.sc.us/schac](http://www.state.sc.us/schac) OR US Equal Employment Opportunity Commission (EEOC), Phone: 1-800-669-4000

lic sector employee believing that he has been discharged or otherwise discriminated against by any person in violation of Section 41-15-510 may proceed with a civil action pursuant to the provisions contained in Chapter 27, Title 8.

**CITATIONS:** Citations listing the alleged violations during an inspection will be mailed to the employer with reasonable promptness. State law requires such citations be promptly posted at appropriate places for employee information for three days, or until the violations are corrected, whichever is later, to warn employees of dangers that may exist.

**PENALTIES:** An employer may be assessed a penalty up to \$7,000 dollars for a non-serious violation.

An employer who receives a citation for a serious violation may be assessed a penalty up to \$7,000 dollars for each such violation.

Any employer who willfully violates an occupational safety and health rule or regulation may be assessed a penalty not more than \$70,000 for each violation.

Any employer who willfully violates an occupational safety and health rule or regulation and the violation causes death to an employee shall be deemed guilty of a misdemeanor and, upon conviction, be punished by fine, imprisonment or both.

For more information, contact:  
South Carolina Department of  
Labor, Licensing and Regulation  
Office of OSHA Compliance  
PO Box 11329, Columbia, SC 29211  
803-896-7665, [www.llronline.com](http://www.llronline.com)

Under a plan approved November 30, 1972 by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), South Carolina is providing job safety and health protection for workers throughout the State. Federal OSHA will monitor the operation of this plan to assure that continued approval is merited. Any person may make a complaint regarding the state administration of this plan directly to the Regional Office of OSHA, U.S. Department of Labor, 61 Forsyth Street SW, Room 6T50, Atlanta, Georgia 30303.

## Workers' Compensation

**If you are injured on the job, you should:**

1. Notify your employer at once. You can't receive benefits unless your employer knows you're injured.
2. Tell the doctor your employer sends you to that you're covered by Workers' Comp.
3. Notify the Workers' Comp. provider in the box below or the Worker's Comp. Commission at 803-737-5700 if you experience undue delays or problems with your claim.

**Workers' Compensation:**

1. Pays 100% of your medical bills and some other expenses.
2. Compensates you for 66 2/3% of your salary, limited to the maximum wage set by law, if you are unable to work for more than seven calendar days.

**We are operating under and subject to the SC Workers' Compensation Act.** In case of accidental injury or death to an employee, the injured employee, or someone acting in his or her behalf, must give immediate notice to the employer or general authorized agent. Failure to give such immediate notice may be the cause of serious delay in the payment of compensation to the injured employee or his or her dependents and may result in failure to receive any compensation benefits under the law.

SC Workers' Compensation Commission  
PO Box 1715, Columbia, SC 29202-1715  
803-737-5700, [www.wcc.sc.gov](http://www.wcc.sc.gov)

**For more information, contact:**

- ♦ SC Dept. of Labor, Licensing and Regulations, 803-896-4380, [www.llronline.com](http://www.llronline.com)
- ♦ SC Department of Employment and Workforce, 803-737-2400, [www.dew.sc.gov](http://www.dew.sc.gov)
- ♦ SC Human Affairs Commission, 803-737-7800, 1-800-521-0725, [www.state.sc.us/schac](http://www.state.sc.us/schac)
- ♦ SC Workers Compensation Commission, 803-737-5700, [www.wcc.sc.gov](http://www.wcc.sc.gov)

**THIS NOTICE MUST BE POSTED  
CONSPICUOUSLY.**

This poster is free of charge to all SC employers by contacting one of the agencies above.

July 2014

## Payment of Wages, Child Labor and Right-to-Work Laws

**Payment of Wages Act**

When an employee is hired, the employer must notify the employee in writing of:

- the wages agreed upon
- the normal hours the employee will work
- the time and place wages will be paid
- the deductions an employer may make from wages, including insurance

Changes to these terms must be in writing at least seven calendar days before they become effective.

Employers must pay employees all wages due each pay period.

Employers must also give employees an itemized statement showing gross pay and all deductions made each pay period and maintain records of wages paid for three years.

Employers who violate the Payment of Wages Act are subject to a civil penalty of \$100 for each violation. Employees can recover up to three times the full amount of unpaid wages, costs, and attorney's fees in a civil action.

To report a suspected violation, or for recordkeeping or other questions involving the Payment of Wages Act, or to order a copy of the Payment of Wages Act, please contact the Office of Wages and Child Labor at the address and number listed below.

**Child Labor**

No employer in this state shall engage in any oppressive child labor practices. Oppressive child labor includes employment of any minor in any occupation declared by the director of Labor, Licensing and Regulation to be particularly hazardous or detrimental to the health or well being of minors. Oppressive child labor also includes employment of minors who are 14 or 15 years old under the following conditions:

- During school hours
- Before 7 a.m. or after 7 p.m. (9 p.m. during the period of summer break of the school district in which the minor resides)
- More than 18 hours during school weeks

- More than 3 hours on school days
- More than 40 hours in non-school weeks
- More than 8 hours on non-school days

For details involving child labor provisions, please contact the Office of Wages and Child Labor at: SC Department of Labor, Licensing and Regulation Office of Wages and Child Labor PO Box 11329, Columbia, SC 29211-1329 Phone: 803-896-4470, [www.llronline.com](http://www.llronline.com)

**Right-to-Work**

The right to work of a person in South Carolina cannot be denied, interfered with, or abridged because the person belongs - or does not belong - to a labor union. An employer, labor organization, or other person who violates a worker's rights under these provisions is guilty of a misdemeanor, and, upon conviction, must be punished by imprisonment for not less than 10 days nor more than 30 days, a fine of not less than \$1,000 but not more than \$10,000, or both. In addition, the employer, labor organization, or other person is subject to a lawsuit by the aggrieved worker. For more information call (803) 896-4470.

**Immigrant Worker**

The South Carolina Illegal Immigration and Reform Act requires all employers to verify the legal status of new employees and prohibits employment of any worker who is not legally in this country and authorized to work.

After July 1, 2009, all businesses in South Carolina are imputed a South Carolina employment license which permits an employer to hire employees. The imputed employment license remains in effect as long as the business abides by the law.

Effective January 1, 2012, all South Carolina employers are required to enroll in the U.S. Department of Homeland Security's E-Verify program and verify the status of new employees within three business days, using E-Verify. Failure to use E-Verify to verify new hires will result in probation for the employer or suspension/revocation of the employer's business license.

## Unemployment Insurance

**This establishment may be covered by the S.C. Unemployment Compensation Law.**

If you become unemployed, contact your local SC Works center for assistance with employment opportunities. If no job is immediately available, you may be eligible for unemployment insurance. Apply online anytime, anywhere at [mybenefits.dew.sc.gov](http://mybenefits.dew.sc.gov).

If only part time work is available, you may be eligible for partial benefits. For questions concerning unemployment insurance benefits, contact:

**SC Department of Employment and Workforce  
UI Policy and Procedure Unit at 1-866-231-1724**

**Workers Pay No Part of the Cost for Unemployment Insurance.**

**Unemployment Insurance Tax:**

Often unemployed workers tell us that unemployment insurance is due them "because they have paid for it." In South Carolina, employees do not fund unemployment insurance through deductions from pay. Employers fund unemployment insurance through tax contributions.

**Social Security Tax**

Don't confuse unemployment insurance with old age, survivors and disability insurance. The amount deducted from your wages as Social Security is your contribution to old-age, survivors and disability insurance. The employer contributes an equal amount, in addition to his payment of the full unemployment insurance tax. For questions concerning unemployment insurance tax, contact:

Employer Status Section: (803) 737-3075  
SC Department of Employment and Workforce  
1550 Gadsden Street  
Columbia, SC 29202  
[www.dew.sc.gov](http://www.dew.sc.gov) | email to [ui@dew.sc.gov](mailto:ui@dew.sc.gov)