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CHAPTER 19

Records and Reports

**SECTION 42‑19‑10.** Employers’ records and reports of injuries.

 Every employer shall keep a record of all injuries, fatal or otherwise, received by his employees in the course of their employment on forms approved by the commission.

 If the injury requires minimal medical attention at a cost not to exceed an amount specified by regulation of the Workers’ Compensation Commission, and does not cause more than one lost workday or permanency, the employer is not required to make a written report to the commission or the employer’s insurance carrier, provided the employer maintains a record as prescribed by the commission and pays directly the incurred cost of the resulting medical attention.

 All other injuries must be reported in writing to the commission according to the following guidelines:

 (1) An injury for which there is no compensable lost time or permanency and the medical treatment does not exceed an amount specified by regulation of the Workers’ Compensation Commission must be reported annually on a form and at a time prescribed by the commission.

 (2) An injury involving compensable lost time, medical attention in excess of the limit established by commission regulation in item (1), or the possibility of permanency must be reported within ten business days after the occurrence and knowledge of it, as provided in Section 42‑15‑20, on a form or in an electronic format prescribed by the commission.

 However, for the injury of a South Carolina National Guard member as provided for in Section 42‑7‑67, the reporting periods must be counted from the date the employer, the South Carolina National Guard, has knowledge that the federal government has denied benefits to the injured guard member or that benefits or additional benefits may be due under the provisions of Title 42.

HISTORY: 1962 Code Section 72‑501; 1952 Code Section 72‑501; 1942 Code Section 7035‑69; 1936 (39) 1231; 1955 (49) 459; 1980 Act No. 318, Section 7; 1989 Act No. 197, Section 1, eff June 20, 1989; 1990 Act No. 612, Part II, Section 15D, eff June 13, 1990 (became law without the Governor’s signature); 1996 Act No. 424, Section 8, eff June 18, 1996.

**SECTION 42‑19‑20.** Employers’ reports of termination or extension beyond sixty days of disability.

 Upon the termination of the disability of an injured employee, or if the disability extends beyond a period of sixty days then also at the expiration of such period, the employer shall make a supplementary report to the commission on blanks approved by the commission for this purpose.

HISTORY: 1962 Code Section 72‑502; 1952 Code Section 72‑502; 1942 Code Section 7035‑69; 1936 (39) 1231; 1980 Act No. 318, Section 8.

**SECTION 42‑19‑30.** Penalty for failure to make required reports.

 Any employer or insurance carrier who refuses or neglects to submit required forms, records, and reports as may be necessary for the proper handling or adjudication of a claim is liable for a penalty of not less than ten dollars nor more than one hundred dollars for each refusal or neglect. The fine provided in this section may be assessed by the commission with the right of review and appeal as in other cases.

HISTORY: 1962 Code Section 72‑503; 1952 Code Section 72‑503; 1942 Code Section 7035‑69; 1936 (39) 1231; 1980 Act No. 318, Section 9; 1981 Act No. 27, Section 1; 1986 Act No. 366, eff April 11, 1986.

**SECTION 42‑19‑40.** Records shall not be public.

 The records of the commission, in so far as they refer to accidents, injuries and settlements, shall not be open to the public, but only to parties satisfying the commission of their interest in such records and of the right to inspect them.

HISTORY: 1962 Code Section 72‑504; 1952 Code Section 72‑504; 1942 Code Section 7035‑69; 1936 (39) 1231.

**SECTION 42‑19‑50.** Penalty for failing to file report of insurance coverage.

 Every insurance carrier providing coverage under the Workers’ Compensation law shall file a report of coverage with the Workers’ Compensation Commission within thirty days from the inception date of the policy on forms prescribed by the commission.

 Any insurance company who refuses or neglects to properly submit the required forms is liable for a penalty of not less than one hundred dollars and not more than two hundred fifty dollars for each day’s refusal to so file. The fine provided for in this section may be assessed by the commission with the right to review and appeal as in other cases.

HISTORY: 1985 Act No. 180, Section 1, eff June 21, 1985.