The main portion of these files covers President Harper's Administration and the earlier part of President Judson's, 1906-12.

This blue sheet indicates that the letter to which it is attached belongs in the period 1912-1923 of President Judson's Administration, or in President Burton's Administration, 1923-1925.

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The University of Chicago

Department of Buildings and Grounds

OFFICE OF THE SUPERINTENDENT

March 12th, 1915.

Mr. David A. Robertson, Faculty Exchange.

Dear Mr. Robertson:

The enclosed schedule is to supersede any other which you may have received.

Very sincerely yours,

Superintendent.

De University of Chicago

Department of Buildings and Grounds

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March 18th, 1915.

Mr. David M. Robertagn, Faculty Exchange,

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The anclosed scheoule is to suparasde

any other which you may have received.

Very since only yours,

Superintendent

The University of Chicago

Office of the Counsel and Business Manager

ROOM 1204, 134 SOUTH LA SALLE ST. TELEPHONE FRANKLIN 214

March 10th, 1915.

To Officers of the University, having charge of employes engaged in the operation, maintenance and care of Buildings and Grounds, in the University Press, and in the Student Service in the Departments of Physiology, Physiological Chemistry and Chemistry:

Your attention is called to the routine to be followed in cases of injury to any of the above described employes of the University in your charge.

Each accident is to be reported immediately to the Office of the Superintendent of Buildings and Grounds. If the office cannot be reached and the case does not appear to require hospital attention, the injured employe should be referred to

Dr. Mortimer E. Emrick, 5700 Kimbark Avenue, Tel. Hyde Park 655.

In case Dr. Emrick cannot be reached, the patient should be referred to

Dr. C. R. G. Forrester, Lake Shore Hospital, 4147 Lake Park Ave., Tel. Kenwood 2874.

All serious cases and those requiring hospital attention are to be handled at the Lake Shore Hospital. The hospital will furnish an ambulance where one is required.

If unable to reach either of the above named physicians or until the ambulance arrives, necessary first aid and attention are to be obtained from the University nurse and physician or from any other physician who can be reached.

A detailed written statement covering each accident, no matter how apparently slight, is to be sent in promptly on the enclosed form to the Superintendent of Buildings and Grounds. Injured persons, witnesses to accidents and members of the University are requested not to impart any information concerning accidents, except to those identified as officers of the University or of the insurance company.

Yours very truly,

Wallace Heckman,

Business Manager.

London & Lancashire Guarantee & Accident Co. WESTERN DEPARTMENT, CHICAGO, ILL.

Report of Accident—Compensation

To be used in reporting accidents to employees under compensation

	Date of Accident	A. MP. M.
1.	Full name of injured person	ta BateCI
2.	Address	Name of Assured
3.	When and where born	Parents living
	How many children if anyWho is dependent upon injured for	support?
4.	Occupation Weekly Wages	How long engaged
5.6.	in said duties? (Years) (Months) (Weeks) Is injured a regular pay roll employee? How did accident happen?	
7.	Nature and extent of injury	
8.	Where was injured taken immediately after the accident?	
9.	When and where first treated for his injury and by whom?	***************************************
10.	Name and address of attending physician	
11. 12.	Probable length of disability	Days
13.		
14.		
15.	Has injured ever met with any previous accidents?	

16. Give names a	nd addresses of all w	itnesses	HBA 30 HUUHUA	
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London & Lancashire Guarantee & Accident Co.

WESTERN DEPARTMENT, CHICAGO, ILL.

Report of Accident—Compensation

To be used in reporting accidents to employees under compensation

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1.101	Full name of injured person	eldt	lo e	Stat		Dated at
	Address					
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	How many children if any					
4.	Occupation					
6.	in said duties? (Years) Is injured a regular pay roll employed How did accident happen?	oyee?	HA.			
7.	Nature and extent of injury					
8.	Where was injured taken immedia	tely after th	e accident?			
9.	When and where first treated for	his injury a	nd by whom?			
10.	Name and address of attending pl	nysician				
11.	Probable length of disability	Months		Weeks	Dı	ys
12.	Describe in detail just how accide					
13.	Where and on whose premises did	accident oc	cur?			
14.	Did injured violate any rule of em	ployment?				
15.	Has injured ever met with any pr					

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