Supervisor's Report of Work Related Injury and Illness

General Information:

Name of injured employee:		Today's date:
Date of incident/injury:	Date reported:	Time of incident/injury:
School Site/Department:		
Location of injury/incident:		
Employee #	Sex: Male ☐ Female ☐	
Home address:	Phone number where employee can be reached:	
	Job title:	
	Occupation at time of incident:	
	Months/years in occupation:	
	Pre-placement medical evaluation? Yes ☐ No ☐ N/A ☐	

Phase of employee's workday at time of injury or incident

Break ☐ Entering or Leaving Facility ☐ Meal ☐ Performing Work ☐ Other________________

Severity of injury/illness/incident

Report Only – no treatment ☐ Physician Treatment ☐ Light Duty-Temporary Assignment ☐

Lost Workdays-Days Away from Work ☐ Damage to Equipment, Facility, Etc. over $500 ☐

Other____

Other workers involved or witness to incident (attach eye-witness statements):

Injury Information (check all that applies):

Accident Type: (what caused physical harm or discomfort)	☐ Contact with ○ Electricity ○ Heat ○ Chemicals ○ Cold ☐ Caught between ☐ Caught in	☐ Caught on ☐ Cumulative ☐ Exposure ☐ Fall from height ☐ Slip/Trip/Fall ☐ Stress ☐ Struck against	☐ Struck by ☐ Student caused ☐ Over exertion (strain) ☐ Other__________________
Nature of Injury:	☐ Amputation ☐ Bruise or contusion ☐ Burn ☐ Cut or laceration ☐ Dermatitis ☐ Foreign particle in eye	☐ Fracture ☐ Human bite ☐ Illness ☐ Insect bite ☐ Multiple injuries	☐ Puncture ☐ Repeated trauma ☐ Scratch ☐ Strain or sprain ☐ Other__________________
Part of Body Affected:	☐ Abdomen ☐ Arms: R____ L____ ☐ Ankle: R____ L____ ☐ Back ☐ Chest ☐ Elbow: R____ L____	☐ Eyes: R____ L____ ☐ Face ☐ Feet: R____ L____ ☐ Finger: R____ L____ ☐ Hand: R____ L____ ☐ Head	☐ Knee: R____ L____ ☐ Legs: R____ L____ ☐ Shoulder: R____ L____ ☐ Wrist: R____ L____ ☐ Other__________________

Description of how incident/injury occurred: What happened (if digital pictures are taken list picture reference numbers)?

(Attach additional pages as necessary.)

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Contributing Factors

Workplace conditions that may have contributed to the accident	☐ Defective tools or equipment ☐ Excessive noise ☐ Failure to warn or secure ☐ Inadequate guard or protection ☐ Inadequate lighting	☐ Indoor air quality ☐ Substandard housekeeping ☐ Trip hazard ☐ Vapor/Fume exposure ☐ Other_______________________________
Unsafe work practices that contributed to the accident	☐ Failure to use personal-protective equip. ☐ Horseplay ☐ Improper body mechanics ☐ Improper lifting ☐ Improper loading or placement ☐ Inattention ☐ Making safety devices inoperable	☐ Operating at improper speed ☐ Operating equipment without authority ☐ Rushing ☐ Servicing equipment in motion ☐ Was a code of safe practices violated? If so, which one ☐ Other_______________________________

Incidence Sequence:

List tasks being performed that led to accident. Who was involved in these tasks?	

Findings / Root Causes (Knowledge, ability, motivation, design, maintenance, environment)

List possible causes or actions that may have contributed to the accident or incident:	

Corrective Actions Necessary:

What corrective actions need to be taken to prevent another accident (Indicate all that apply)	☐ Disciplinary actions ☐ Improve warning & posting ☐ Loading or placement training ☐ Lockout and tagout of energy sources ☐ Operating procedures posted ☐ Operator training needed ☐ Provide better warning ☐ Replacement or supply safety equipment	☐ Safe lifting training ☐ Specific equipment or task instruction ☐ Use of necessary personal protective equipment ☐ Other_______________________________ ☐ Do these corrective actions need to be made at other sites also?

Corrective Actions Taken:

Clarify the specific corrective actions taken, who is responsible and when will they be accomplished:	

Supervisor's Signature: ____ Date: _________________

Administrator's Signature: ____ Date: _________________

SUPERVISOR'S REPORT OF INJURY

INSTRUCTIONS FOR USE

The form is comprehensive enough to serve as both the Supervisor's Report and the template for an accident investigation. Accident/Incident investigation is a required element for all employers under the Injury and Illness Prevention Program (IIPP). Cal/OSHA notes an employer's investigation procedures, or lack thereof, when following up on complaints or audits. The form has been specifically designed to be able to serve both purposes. It also provides supervisors with a streamlined approach to incident analysis. It is only through thorough incident analysis that effective prevention measures can be implemented.

- The Supervisor's Report of Injury form should be completed whenever an employee reports a work-related incident. Whether the employee requires medical attention is not a prerequisite to completing the form. Even if an employee does not need medical attention, the form should still be completed. The form is designed to capture all relevant elements of an incident, whether comprehensive or simple.

- If the employee does not require medical treatment, the Supervisor's Report is kept on file by the designated person; usually Human Resources (do not send the form to SISC). <u>No further action is required. If an employee does not believe the incident caused an injury that requires medical attention, do not force the employee to seek such treatment.</u>

  There is no reason to send an employee to see a physician if not necessary.

  There is a common misconception that sending an employee to a physician is required to avoid "liability." There is no such liability being avoided by sending an employee to seek medical treatment when not medically necessary. The Supervisor's Report is the official documentation and is legally sufficient.

- If the incident caused an injury that requires medical attention, provide the employee with the workers' compensation claim form, DWC-1, and follow the claims procedures outlined by SISC I.

  In the event an employee reported an incident and originally did not believe medical treatment was necessary, and later believes medical treatment is necessary, the claims process is started at that point. There is no problem, or liability, if this occurs.

If you have any questions about completing the form, or would like assistance in implementing the new form, please contact the SISC Risk Management Services department. Staff are available for in-service, as well as hands-on incident investigation, with district staff.