

Supervisor's Report of Injury/Illness/Exposure

Instructions: This form is to be completed by the employee's department supervisor within 24 hours of receiving notification of a work related injury/illness/exposure. Filing this form is not an admission of liability. Please fax completed form to your district's workers' compensation contact

If injury results in a death, serious disfigurement, dismemberment, bone fractures/breaks or hospitalization for more than observation, contact Cal-OSHA within 8 hours of knowledge: phone: 707.576-2388 or fax 707.576.2598

Employee Name _____ Date of Birth _____

Home Address _____

School District _____ School Site _____

Job Title _____ Male or Female _____

Home Phone _____ Cell Phone _____

Date and Time of Injury/Illness ____/____/____ :____ AM or PM

Date and Time Reported to You ____/____/____ :____ AM or PM

Describe the injury or illness as reported to you (describe specific body part(s) affected): _____

Where did the injury or illness take place: _____

Equipment, materials or chemicals employee was using when injured _____

Name of Witness _____

Was an unsafe condition the cause of the incident? _____ If yes, describe the unsafe condition _____

Was the unsafe condition corrected? _____ If not, what interim actions have been taken to prevent similar occurrence _____

Was the employee advised to call the RESIG Early Intervention Nurse? _____

Supervisor's Name (print) _____ Signature _____

Date _____ Phone number _____

If this is related to a Bloodborne Pathogen exposure please complete page two