



WORKPLACE INJURY/INCIDENT REPORT

(To be completed by Supervisor)

Check Correct Boxes

- Medical Treatment
- Lost Time Injury
- First Aid Case
- Near Miss

Date of Injury:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Place where accident occurred:		Notification Date:	
Name of Employee:	DEPT	Job Title:	Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/>
<i>Note: Please complete every space carefully. If necessary, use reverse side for additional comments.</i>			
1. Nature of the injury or illness. Be specific list the type of injury (contusion, sprain, etc) and location (lower left calf, right index finger, etc) <div style="text-align: right;">Indicate what side: <input type="checkbox"/> Left <input type="checkbox"/> Right</div>			
2. Describe task employee was performing at time of injury or illness? Give clear description of tool, equipment, etc. Example: employee was replacing a 5/8" Fluorescent tube light in the Administration building. Employee was standing on a 6 foot stepladder.			
3. How was employee injured? Example: Employee fell off the top step of ladder when employee was attempting to step down the ladder after replacing the light bulb. Employee fell 6 feet landing on his/her back and right arm. She/he fell on carpet flooring.			
4. Why did incident happen? (list any circumstances, unsafe acts, and/or unsafe conditions). Example: Employee should never step on the top step of ladder. Employee did not use three points of contact when stepping down the ladder.			
5. What has been done to correct unsafe act or unsafe condition? Example: Employee was warned for failure to follow proper guidelines on ladder usage. Reviewed the ladder guidelines with employee, again.			
6. What safeguard should be used in the future? Example: Employees should always use three points of contact when climbing up and down ladders. Will be conducting fall protection training and proper use of ladder training to all employees this month.			
7. Had the employee been properly instructed in safe procedures related to this accident? Example: Yes, employee received training on proper ladder usage on January 25, 2011.			

8. What measures are being taken to stop unsafe practices? Example: Our department has weekly safety meetings with our employees. We conduct annual safety training.
9. Was medical treatment provided at the scene? If "yes" describe what treatment was provided and by whom?: Example: Yes, EMS arrived, bandaged my right arm, and took me to Christus Santa Rosa Hospital for x-ray's.
10. Was employee sent elsewhere for further medical treatment? If "yes" where:
11. Did the injury cause the employee to lose work time? (give dates and hours)
12. Any Witnesses:
Supervisor's Signature:

<i>Print and sign name</i>

<i>Date</i>
Supervisor's direct work number:

Send Original: Human Resources Department, CPO 320 **Send Copy:** Risk and Safety Manager, CPO 315 **Send 2nd Copy:** Comptroller's Office, CPO 315