



EMPLOYEE AND SUPERVISOR INCIDENT REPORT

An Incident report is not designated to find fault or blame. It is an investigation to determine the contributing causes that led to the incident. Please complete this report for any employee on the job injury or illness and be as specific as possible. If you have any questions, please contact Anna Santos at (707) 778-4551 or Pamala Stephens at (707) 778-4343 in Human Resources.

EMPLOYEE REPORT

Employee Name: _____ Today's Date: _____

Job Title: _____ Department: _____

Date of Injury or Illness: _____ Time of Injury or Illness: _____

What is your injury? _____

Where did your injury or illness occur (location or address)? _____

Describe what happened or how your injury occurred? _____

Name of witnesses to injury? _____

Did you receive first aid or medical treatment? If yes, from whom? _____

Name and address of Physician: _____

Did you lose anytime from work? If so, when was your last day of work? _____

Is there anyway this injury could have been prevented? If so, how? _____

Employee Signature: _____ Date: _____

SUPERVISOR'S REPORT AND REVIEW OF INJURY

In your opinion, what was the cause of this injury? _____

What corrective action was taken or needs to be taken? _____

What follow-up is needed? _____

Any other comments: _____

Supervisors Signature: _____ Date: _____

INSTRUCTIONS FOR FILLING OUT INCIDENT REPORT

Employee:

1. Determine extent and nature of injury. Seek proper first aid or medical attention if necessary.
2. Report injury to immediate supervisor and fill out the Employee's Claim for Workers' Compensation Benefits form and the Employee and Supervisor Incident Report form. Be as specific as possible.
3. Advise your supervisor of any changes in your condition.

Supervisor:

1. Determine extent and nature of injury. Accompany injured employee to doctor if employee is not in condition to drive alone.
2. Offer workers' compensation claim forms to the injured employee as soon as possible.
3. Complete the supervisor's portion of the Employee's Claim for Workers' Compensation Benefits form and the Employee and Supervisor Incident Report form. Be as specific as possible.
4. Determine cause of accident and correct any hazards to prevent re-occurrence.
5. Advise Human Resources of any changes in the employee's condition or when employee returns to work.
6. Replenish any first aid supplies after use. To order more workers compensation injury reporting forms contact the Human Resources department.

If you have any questions or concerns, you can reach Anna Santos at (707) 778-4551 or Pamala Stephens at (707) 778-4343 in the Human Resources Department.