



MUST BE COMPLETED FOR EVERY INJURY OR ELEMENT

# SANTA CLARA COUNTY SCHOOLS' INSURANCE GROUP REPORT OF EMPLOYEE INCIDENT/INJURY

DISTRICT

SCHOOL NAME/SITE

## PART I: TO BE COMPLETED BY THE EMPLOYEE

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Home address: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: F / M Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

To whom did you report this incident? \_\_\_\_\_ Date of injury: \_\_\_\_\_ Time of incident: \_\_\_\_\_ AM / PM

Time you begin work: \_\_\_\_\_ AM / PM Were you unable to work at least one full day after the injury? Y / N

If yes, date last worked \_\_\_\_\_ Have you returned to work? Y / N If yes, date returned \_\_\_\_\_

Body part injured (Be Specific) \_\_\_\_\_ Have you gone or are you planning to go to a doctor? Y / N

If yes, state name and address of doctor: \_\_\_\_\_

Date you reported incident: \_\_\_\_\_ Location of incident: \_\_\_\_\_

**How did incident occur?** Be specific and detailed \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II: TO BE COMPLETED BY SUPERVISOR/PRINCIPAL

TYPE OF INCIDENT: (Check one)  Injury  Illness  Near Miss

Incident Date: \_\_\_\_\_ Where did the incident occur? \_\_\_\_\_

Did incident occur on school premises? Y / N Under school jurisdiction? Y / N Safety Rule(s) violated? Y / N

Was employee working within his/her job description? Y / N Date employee reported incident: \_\_\_\_\_

Describe the incident (How, why and what happened. Include task being performed, step by step detail of incident, and tool or object involved)

What caused the incident? \_\_\_\_\_

Name(s) of witness(es) & phone #'s \_\_\_\_\_

**Describe immediate corrective action:** \_\_\_\_\_

Date immediate corrective action was complete: \_\_\_\_\_ By whom: \_\_\_\_\_

Describe long term corrective action: \_\_\_\_\_

Estimated date long term corrective action will be completed: \_\_\_\_\_ By whom: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Supervisor's/Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

White Copy - District Claims Administrator Yellow Copy - Employee Pink Copy - Safety Director/Committee

Revised 8/00