

CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

SCHOOL DISTRICT \_\_\_\_\_

EMPLOYEE/SUPERVISOR'S REPORT OF OCCUPATIONAL INJURY/ILLNESS REPORT FORM

BACKGROUND INFORMATION (Employee's Statement)

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F Home Phone: \_\_\_\_\_
Position Title: \_\_\_\_\_ Work Location: \_\_\_\_\_
Date of Injury/Illness: \_\_\_\_\_ Time of Injury/Illness: \_\_\_\_\_ AM \_\_\_\_\_ PM

Specifically describe in your own words what you were doing when the injury/illness occurred: \_\_\_\_\_

What do you believe caused the injury/illness: \_\_\_\_\_

Specifically describe the nature of the injury/illness clearly indicating which part of the body was affected, ( i.e. right hand, lower back, left ankle, etc.) \_\_\_\_\_

Were there witnesses? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name: \_\_\_\_\_

To whom did you report the injury/illness? \_\_\_\_\_

What suggestions do you have to prevent recurrence of this accident? \_\_\_\_\_

Employee Statement: The facts as I have stated them are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date Reported)

SUPERVISOR'S ACCIDENT/ILLNESS DESCRIPTION:

Date of employee injury/illness \_\_\_\_\_ Any time lost after date of injury? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, last day of work: \_\_\_\_\_ Date employee returned to work: \_\_\_\_\_
Doctor or medical facility attending injured employee \_\_\_\_\_

Describe in specific detail what the employee was doing at the time of injury/illness. \_\_\_\_\_

Based upon your investigation of the injury/illness and considering the factors outlined below, specifically describe in detail the factors you believe contributed to the injury/illness.

Structural Factors — Building defects, sidewalks, steps, lighting, inappropriate clean-up, lack of handrails, other (Be specific)

Custodial Factors — Cleaning, waxing, mopping, lobby equipment, warning signs not displayed, other (Be specific)

Weather Factors — Rain, ice, snow, any other uncontrollable element if contributory to injury/illness (Be specific)

Human Factors — Attempting restraint, uncontrollable behavior of student, illness, medication, if contributory to injury/illness (Be specific)

Performance Factors — Tried to gain or save time, tried to avoid discomfort, failed to pre-plan job, was not aware of hazard, was fatigued, was not wearing personal protective equipment, other underlying causes (Be specific)

ACTIONS TO PREVENT RECURRENCE OF INJURY/ILLNESS

- Work Habits Need To Be Observed
Further Training To Be Provided
Review of Departmental Policies & Procedures
Change Or Improvement in Equipment
Improved Clean-up Procedures
Job Safety Analysis Requested
Safety Rules Not Observed
Provision of Safety Equipment
Safety Guards/Devices Installed

Correction Other Than Above
Describe Corrective Action: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

MANAGEMENT/SAFETY COMMITTEE CLAIM REVIEW (Comments & Alternative Suggestions/Recommendations:)

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