

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
Please make sure the employee calls the injury line at 707. 836.7457

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: 707.649.3700 or fax 707.649.3712

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 at 707. 836.7457? _____

Supervisor's Name (print) _____ Signature _____

Date _____ Phone number _____

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



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Complete if Bloodborne Pathogens Exposure

If a Bloodborne Pathogens exposure, please answer the following questions.

Has employee completed the Hepatitis B vaccination series? Circle Yes No In Progress

If yes, date vaccination series completed: _____

Vaccination administered by: _____

If in progress, indicate most recent dosage and date 1st Date _____ 2nd Date _____

If no, has employee been notified that the vaccination series should be initiated within 24 hours of the exposure incident? Circle one Yes or No

Has the employee's blood been tested? Circle one Yes or No

If yes, date of testing: _____ Testing performed by: _____

If no, explain _____

What personal protective equipment was being used at the time of the exposure _____

Has the source individual been identified? Circle one Yes or No

If yes, individual's name _____

Has consent been obtained for blood testing of the source individual? Circle one Yes or No

Has the source individual's blood testing been completed? Circle one Yes or No

If yes, date of testing: _____ Testing performed by: _____

If no, explain _____

School nurses' name _____ Phone number _____

Supervisor's Name (print) _____ Signature _____

Date _____ Phone number _____

