



SUPERVISOR'S INJURY / ILLNESS PREVENTION REPORT

Supervisor: Complete this form in its entirety and submit within 24 hours of notification that an injury occurred.

PART I: EMPLOYEE INFORMATION

1. Employee name:		2. Department and phone extension:	
3. Home address:			
4. Sex: Male _____ Female _____		5. Age:	6. Date of hire:
7. Time employee began work: AM / PM		8. Job Title:	

PART II: MEDICAL TREATMENT

9. Employee treated at: a) CSUSB Student Health Center _____ b) Southern California Occupational Health Services at St. Bernardine's _____ c) Other* _____ <i>*provide medical facility name / address / phone number / attending physician's name</i>	
10. Was employee treated in an emergency room? YES _____ NO _____	11. Was employee hospitalized overnight as an in-patient? YES _____ NO _____
12. If the employee died, when did death occur? Date of death:	

PART III: SUPERVISOR'S INVESTIGATION OF INJURY OR ILLNESS

13. Name of Supervisor, Department and Phone:	14. Date and time of injury or illness:
15. What was the employee doing just before the incident occurred?	
16. How did the injury or illness occur?	
17. Where did the injury or illness occur?	
18. Describe the injury or illness (<i>identify specific body part affected</i>):	
19. Identify the object or substance that directly injured the employee	
20. I have investigated this matter and taken necessary disciplinary action(s) or corrective measure(s) to prevent future incidents.	
Supervisor's signature:	Title:
	Date:
ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 1433.29(b)-(10)	

INSTRUCTIONS: 1. FAX TO EHS X77049 and HR X77019 2. MAIL ORIGINAL TO EHS 3. KEEP DEPT COPY ON FILE EHS-SIPR06/2008

EHS Use Only: WO# _____ Recordable or Non-recordable Case # _____
Identifier Number: _____ Copy forwarded / faxed to HRD on _____

INCIDENT REVIEW

INITIAL SUPERVISOR INVESTIGATION SUFFICIENT, NO FURTHER EHS FOLLOW UP ACTION REQUIRED.

REVIEWED BY: _____ **DATE:** _____

