



DISTRICT RISK MANAGEMENT EMPLOYEE REPORT OF WORK ACCIDENT/INCIDENT

Instructions: This form should be completed by the employee who witnessed or was involved in a work-related incident. Submit completed form to your direct supervisor **within 24 hours** of incident. Take immediate corrective action to prevent recurrence of incident (i.e. remove hazard, post wet floor or caution signs). If an employee sustained a work-related injury/illness and wishes to seek medical attention, then s/he must also complete a Workers' Compensation packet & notify District Risk Management (refer to packet for detailed instructions, available on District SharePoint [here](#)).

EMPLOYEE INFORMATION (ALL FIELDS REQUIRED)					
Employee Name (Full Legal)				Employee ID#	
Work Site (Check One)	<input type="checkbox"/> ATEP <input type="checkbox"/> District <input type="checkbox"/> IVC <input type="checkbox"/> SC			Office Location (Bldg./Rm.)	
Division / Department				Job Title	
E-mail				Phone	
INCIDENT INFORMATION (ALL FIELDS REQUIRED)					
Date of Incident		Time of Incident	<input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident	<input type="checkbox"/> ATEP <input type="checkbox"/> District <input type="checkbox"/> IVC <input type="checkbox"/> SC <input type="checkbox"/> Other:
Specific Location (Bldg./Rm., Area)					
Equipment, materials & chemicals in use when the incident occurred (e.g. welding torch, scaffold, file cabinets, sodium hydroxide):					
Specify Personal Protective Equipment in use at time of incident (e.g. goggles, gloves, hard hat, lab coat):					
Specific activity the employee was performing when the incident occurred (e.g. loading boxes onto truck, mixing chemicals):					
How did the incident occur? Describe the sequence of events and specify the object or exposure which directly produced the incident (e.g. I stepped back to inspect work and slipped on scrap material. As I fell, I brushed against a fresh weld and burned my hand.):					
What do you recommend for preventing this type of incident? (Give specific preventive measures that can be taken by employer or employees. E.g. wear safety gloves whenever performing this task.):					
WITNESSES (IF APPLICABLE. IF NEEDED, ATTACH A LIST OF ADDITIONAL WITNESSES)					
Witness Name (Full Legal)				Email/Phone	
Witness Name (Full Legal)				Email/Phone	

INJURY/ILLNESS REPORTING (ALL FIELDS REQUIRED)			
Did the incident result in an injury or illness to the reporting employee?	<input type="checkbox"/> No <input type="checkbox"/> Yes – List affected body part(s) and specify injury/illness (e.g. Right wrist strain):		
Do you seek immediate medical attention at the time of injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes, give name of medical facility and/or treating physician, and address:		
Do you require or desire medical attention at this time?	<input type="checkbox"/> Yes (If so, obtain a signed Authorization for Treatment form from your Supervisor) <input type="checkbox"/> No, I decline medical attention. Sign here: _____ <i>*Declination at this time does not waive your right to file a Workers' Compensation claim.</i>		
Were any other employees injured in this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give injured employee(s) name & contact info:			
Employee Name		Email/Phone	
Employee Name		Email/Phone	
EMPLOYEE SIGNATURE			
By signing below, I declare under penalty of perjury that the foregoing is true and correct.			
Employee's Signature		Date	
THIS SECTION TO BE COMPLETED BY EMPLOYEE'S DIRECT SUPERVISOR			
Supervisor will review this incident form and ensure any exposures or hazards are addressed ASAP and any injured employee is provided a Workers' Compensation Packet. Supervisor must also complete a <i>Supervisor's Accident/Incident Investigation Report</i> form (FS#39). Copies of completed forms must be sent to District Risk Management riskmanagement@socccd.edu within 24 hours of incident or knowledge of incident.			
Administrator/Manager (Name & Title)		Ext.	
Administrator/Manager Signature		Date	

* Need Help? Contact Risk Management at riskmanagement@socccd.edu or (949)348-6043, (949)348-6065 or (949)348-6068.