

## Employee's Injury/Illness Report

### INSTRUCTIONS

1. Report your injury/illness to your Supervisor within 8 (eight) hours.
2. Complete and return this form to the Workers' Compensation Coordinator within 8 hours of date of injury.

### I. INJURED/ILLNESS EMPLOYEE

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Working Title: \_\_\_\_\_ Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Date and Time of Injury or Onset of Illness: \_\_\_\_\_ Did injury/illness result in First Aid? Yes No

Time Employee Began Work: \_\_\_\_\_ Last Day Worked (Day of Week and Month/Day): \_\_\_\_\_

Work days: Mon Tues Wed Thu Fri Sat Sun [Work schedule: \_\_\_\_\_ am / pm TO: \_\_\_\_\_ am / pm]

Do you have other employment? \_\_\_ Yes \_\_\_ No If Yes please explain: \_\_\_\_\_

\_\_\_\_\_

### II. FACTS RELATED TO INJURY/ILLNESS

Location of Injury/Illness : \_\_\_\_\_  
Address Building/Room Number City

Injury or Illness reported to: \_\_\_\_\_ Date & Time Accident Reported to Supervisor: \_\_\_\_\_

Part(s) of the Body Injured/Affected: \_\_\_\_\_

Was an outside agency/person responsible? Yes No If so, who? \_\_\_\_\_

Were other employees injured? Yes No If yes, who? \_\_\_\_\_

Name(s) of Witness (es): \_\_\_\_\_

Describe how the accident/injury/illness occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

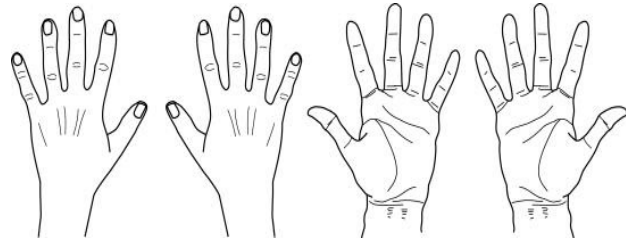
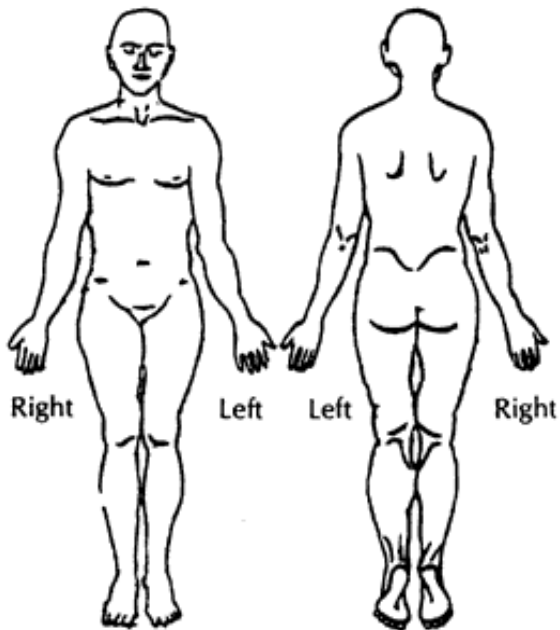
Equipment Used: (i.e. office/work equipment, tools, machinery, etc.): \_\_\_\_\_  
\_\_\_\_\_

What action can be taken, if any, to prevent this type of injury/illness/accident? \_\_\_\_\_  
\_\_\_\_\_

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: It is a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining Workers' Compensation benefits. Anyone caught performing these illegal acts will be prosecuted to the full extent of the law. If convicted, the person could face up to 5 years in prison and/or a fine up to \$50,000.

Please circle body part(s) affected:



#### **Report the Injury/Illness to your Manager/Supervisor**

You must report any injury or illness to your manager/supervisor within **8 (eight) hours**, no matter how trivial the injury may seem. You will need to provide him/her when and where the injury/illness occurred, what happened, and if anyone witnessed the injury. The manager/supervisor will need to complete a ***Supervisor's Report of Employee Injury/Illness*** form from the information you provide. **The Supervisor's Report of Employee Injury/Illness must be completed by your Supervisor not by you, the injured employee.**

#### **Medical Treatment**

The following applies if the injury/illness requires medical assistance:

- **Call 911 immediately** from any campus phone or call dispatch at (510) 885-3791. You will be connected to a campus police dispatcher who will send the needed emergency medical personnel.
- **First Aid:** If the injury or illness requires medical attention and it is **not** an emergency, your manager/supervisor will direct you to Student Health Services and contact Risk Management and Internal Control. Our campus medical facility is designated to treat FIRST AID injuries and illnesses that require **no more than one visit.**
- **Beyond First Aid:** Risk Management and Internal Control may provide you with an ***Authorization for Treatment*** form referring you to a Designated Occupational Medical Facility.
- **After Normal Business Hours and Weekends:** Please go to the nearest Hospital Emergency Room. Contact the University Police Department to report the injury dial 911 from a campus phone or call dispatch at (510) 885-3791. Contact your supervisor and Risk Management and Internal Control on the next business day.

#### **Contact Risk Management and Internal Control at (510) 885-7668 or (510) 885-4227 within 8 hours (eight) hours.**

Prompt reporting of an injury/illness will help prevent problems and delays in receiving benefits, including medical care you may need to avoid further injury.

Note: It is a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining Workers' Compensation benefits. Anyone caught performing these illegal acts will be prosecuted to the full extent of the law. If convicted, the person could face up to 5 years in prison and/or a fine up to \$50,000.