

CSUMB SUPERVISOR'S REPORT OF INCIDENT / ILLNESS / INJURY

Under no circumstances is the Injured / Ill Person to complete this form; only the Supervisor

Employee, Volunteer and Student Assistant Information

Name: _____ Work Ext: _____ Department: Dept. Ext: _____

Supervisor: _____ Supervisor's Work Ext: _____

Supervisor Title: _____

Work Schedule (Please complete all information): Days per week: _____ Hrs. per week: _____

Work Hrs: 8:00-5:00 7:30-4:30 Other: _____ Work Days: M-F Other: _____

Incident / Illness / Injury Information

Date of incident / illness / injury: _____ Time: _____ AM _____ PM

Your date of knowledge of incident / illness / injury: _____

Employee report submitted? Yes No

If employee/volunteer/student assistant died, date of death: _____

Was another person responsible for injury / illness / incident? Yes No

Were other workers injured? Yes No

Did incident / illness / injury occur at CSUMB? Yes No:

Location/Department where incident/illness/injury occurred: _____

Was injured/ill person acting in the line of duty? Yes No I don't know

Incident resulted in compensation loss after the date of incident / illness / injury? Yes* No

*Last day worked prior to incident / illness / injury _____ Still off work? Yes No

Date returned to work: _____ Date claim form provided: _____

Specific incident / illness and part(s) of body affected: (i.e., broken finger on right hand, tendonitis in left elbow, etc.): _____

What was employee doing when he/she was injured or became ill? Attach separate sheet of paper if necessary. (i.e., loading boxes on truck; slipped and fell while descending a ladder and sprained his right ankle; lifting equipment, etc.): _____

What chemicals or equipment was employee using when this incident occurred? _____

What steps should be taken to prevent a similar Incident/Illness _____

Verification - Please check one of the following:

I verify that the illness / injury reported. I am unable to determine if this illness / injury is caused by current employment/volunteer service or volunteer-related. A Physician's report will be necessary to verify if the incident / illness / injury is related to employee's current employment at CSUMB or CSUMB-sponsored community service.

The facts do not indicate that this claim of illness / injury is work or volunteer-related. Please investigate. Provide reasons why you believe this claim may not be work or volunteer-related: _____

Comments: _____

Please Note: **COMPLETING THIS FORM IS NOT AN ADMISSION OF LIABILITY**

Supervisor completes the following:

Medical Information

Check appropriate box(s):

- No Medical Treatment - Incident/Injury/Illness Report Only
- Medical Treatment Received at:
 - Doctors on Duty Campus Health Center Monterey Bay Urgent Care
 - Natividad Medical Center Emergency Salinas Memorial Hospital Emergency Room
 - CHOMP Emergency Room

Other - Please complete the following information:

Physician Name: _____ Address: _____
City/State/Zip: _____ Phone: _____ Date of Visit: _____

Hospital Location (If transported to hospital or hospitalized)

Facility Name: _____
Address: _____ Zip code: _____
Phone: _____ Date Hospitalized: _____

Modified Work

If the injured Employee/Volunteer is unable to perform full duties but may return to Work on temporary limited duties, is modified work available or can an alternate work assignment be provided? Please check appropriate box:

- Temporary modified duties are available OR
- Alternate work assignment available (work other than regular assigned job/volunteer duties).
- No return-to-work plan: **Request assistance from Human Resources**

If unable to provide modified duties or alternative work assignment, please list reasons: _____

Witnesses: (To be completed only if there were witnesses)

List Name(s) of Witnesses: _____
Completed by: _____

Supervisor Signature: _____ Date: _____

HEALTH & SAFETY REVIEW

Findings: _____

Corrective Action: Yes No Specifics: _____

Corrective Action Verified as Completed: Yes No

Please return this immediately to Human Resources, Tide Hall, Bldg. 23; leaves@CSUMB.EDU, 831-582-3539 / FAX 831-582-3572

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