

San Diego Community College District Injury and Illness Incident and Investigation Report

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 14300.29(b)(6)-(10)

THIS FORM IS NOT TO BE FILLED OUT BY THE INJURED EMPLOYEE!

CALL RISK MANAGEMENT IMMEDIATELY.

WITHIN 24 HOURS OF THE INJURY, SEND A COMPLETED COPY OF BOTH PAGES OF THIS FORM TO RISK MANAGEMENT, ROOM 385, DISTRICT OFFICE.
PLEASE EMAIL TO SDCCDRISKMANAGEMENT@SDCCD.EDU
OR FAX A COPY TO (619) 388-6898. THEN SEND THE ORIGINAL.

INFORMATION ABOUT THE EMPLOYEE:

Full Name: _____ Date of Birth: _____
Street Address: _____ Date of Hire: _____
City: _____ State: _____ Zip: _____ Social Security #: _____
 Male Female Home Telephone #: _____ Cell phone #: _____
Prefer to be reached at: Home Telephone # Cell Phone # Email: _____
Campus and Department: _____
Occupation/Position Title: _____
Employment Status: Regular, Full-time Part-time Open Enrollee
Regular work hours: Start _____ AM PM End _____ AM PM
Work Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL:

Name of the physician or other health care professional: _____
Name of facility: _____ Street address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Was the employee treated in an emergency room? Yes No
If Yes, where: _____
Was the employee taken by ambulance? Yes No
Was the employee hospitalized overnight as an in-patient? Yes No
If Yes, where: _____
If hospitalized, was Risk Management immediately notified? Yes No
Date notified: _____ Time notified: _____ AM PM

INFORMATION ABOUT THE ACCIDENT OR ILLNESS:

Injury / Illness Date: _____ Injury / Illness Time: _____ AM PM Time Unknown
Date Injury / Illness Reported by the employee: _____ Time employee began work: _____
Specific Dept/Location of where incident happened. (i.e. Biology Room G): _____
If incident happened off site, provide name of location/facility: _____
Address: _____ City: _____ State: _____ Zip: _____
Did employee leave work? Yes No Date returned to work? _____
If employee died, what date did death occur: _____ Not Applicable
Date DWC-1 Claim Form was given to employee: _____

What was the employee doing just before the incident occurred? (Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. *Examples:* "Climbing a ladder while carrying roofing materials"; "Spraying chlorine from a hand sprayer"; "Daily computer key-entry".)

Were the tools, equipment or materials used by the employee at the time of the incident in good condition?

Yes No If No, describe the specific deficiencies: _____

What happened? (Explain how the injury occurred. *Examples:* "When the ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time".)

What was the injury or illness? (Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain" or "sore". *Examples:* "strained back", "chemical burn, hand"; "carpal tunnel syndrome".)

What object or substance directly harmed the employee? (*Examples:* "concrete floor"; chlorine gas"; "computer".)

Were there any workplace conditions, practices or lack of protective equipment that contributed to the accident? Yes No If yes, describe the deficiencies: _____

Will a new workplace Safety Rule be required? Yes No If yes, please explain: _____

Was the unsafe condition, practice or equipment problem corrected immediately? Yes No N/A

What corrective actions have been taken to prevent another occurrence? _____

Witnesses if available:

Name: _____ Phone Number: _____

Supervisor / Manager (Primary Investigator):

Print Name: _____ Date: _____

Signature: _____

Safety Officer

Print Name: _____ Date: _____

Signature: _____