

Office of John G. Mendiburu
Kern County Superintendent of Schools
Advocates for Children

Employee Report of Injury

(To be filled out and given to supervisor within 24 hours of accident/injury)

Employee Name: _____ Employee ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Occupation: _____ Work Schedule: _____
(Hours from when to when: i.e.: 7:30 am – 4:30 pm)

Work Site: _____ Work Site Address: _____

Site of Accident/Injury: _____

Date of Accident: _____ Time of Accident: _____ am/pm

Immediate Supervisor: _____ Supervisor's Phone Number: _____

Describe what you were doing when injured *(specify any tools, equipment being used, etc.)*:

Describe where the accident happened *(sidewalk, classroom, gym, etc.)*:

Describe how the accident occurred *(be specific)*:

Describe injury *(cut on right hand, sprained left ankle, etc.)*:

Witnesses or other persons involved: _____

How might the injury been prevented? _____

Date of this Report: _____

Employee's Signature: _____