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

Supervisor's Report of Work Related Injury or Illness

GENERAL INFORMATION

Name of injured employee: Today's date:
Date of incident/injury: Date reported: Time of incident/injury:
School Site/Department: Site Address:
Location of injury/incident:
Employee #: Sex: ❑ Male ❑ Female Date of Birth:
Home address:
Home phone number: Cell phone number:
Job title: Occupation at time of incident:
Months/years in occupation: Pre-placement medical evaluation? ❑ Yes ❑ No ❑ N/A

Phase of employee's workday at time of injury or incident

❑ Break ❑ Entering or Leaving Facility ❑ Meal ❑ Performing Work ❑ Other:

Severity of injury/illness/incident

❑ Report Only – no treatment ❑ First Aid ❑ Medical Treatment ❑ Light Duty-Temporary Assignment
❑ Lost Workdays-Days Away from Work ❑ Damage to Equipment, Facility, Etc. over $500
❑ Other:

Other workers involved or witness to incident (attach eye-witness statements):

INJURY INFORMATION ***(check all that applies)***

Accident Type: *(what caused physical harm or discomfort)*

❑ Contact with: ❍Electricity ❍Heat ❍Chemicals ❍Cold		❑ Caught between	❑ Caught in
❑ Caught on	❑ Cumulative	❑ Exposure	❑ Fall from height
❑ Slip/Trip/Fall	❑ Stress	❑ Struck against	❑ Struck by
❑ Student caused	❑ Over exertion (strain)	❑ Other:	

Nature of Injury:

❑ Amputation	❑ Bruise or contusion	❑ Burn	❑ Cut or laceration
❑ Dermatitis	❑ Foreign particle in eye	❑ Fracture	❑ Human bite
❑ Illness	❑ Insect bite	❑ Multiple injuries	❑ Puncture
❑ Repeated trauma	❑ Scratch	❑ Strain or sprain	❑ Other:

Part of Body Affected:

❑ Abdomen	❑ Arms: ❍R ❍L	❑ Ankle: ❍R ❍L	❑ Back
❑ Chest	❑ Elbow: ❍R ❍L	❑ Eyes: ❍R ❍L	❑ Face
❑ Feet: ❍R ❍L	❑ Finger: ❍R ❍L	❑ Hand: ❍R ❍L	❑ Head
❑ Knee: ❍R ❍L	❑ Legs: ❍R ❍L	❑ Shoulder: ❍R ❍L	❑ Wrist: ❍R ❍L
❑ Other:			

Description of how incident/injury occurred: What happened? *(If digital pictures are taken list picture reference numbers.)*

(Attach additional pages as necessary)

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CONTRIBUTING FACTORS

Workplace conditions that may have contributed to the accident

- ❑ Defective tools or equipment
- ❑ Excessive noise
- ❑ Failure to warn or secure
- ❑ Inadequate guard or protection
- ❑ Inadequate lighting
- ❑ Indoor air quality
- ❑ Substandard housekeeping
- ❑ Trip hazard
- ❑ Vapor/Fume exposure
- ❑ Other

Unsafe work practices that contributed to the accident

- ❑ Failure to use personal-protective equip.
- ❑ Horseplay
- ❑ Improper body mechanics
- ❑ Improper lifting
- ❑ Improper loading or placement
- ❑ Inattention
- ❑ Making safety devices inoperable
- ❑ Operating at improper speed
- ❑ Operating equip. without authority
- ❑ Rushing
- ❑ Servicing equipment in motion
- ❑ Other
- ❑ Was a code of safe practices violated? If so, which one?

INCIDENCE SEQUENCE

List tasks being performed that led to accident. Who was involved in these tasks?

FINDINGS / ROOT CAUSES *(Knowledge, ability, motivation, design, maintenance, environment)*

List possible causes or actions that may have contributed to the accident or incident:

CORRECTIVE ACTIONS NECESSARY

What corrective actions need to be taken to prevent another accident *(Indicate all that apply)*

- ❑ Disciplinary actions
- ❑ Improve warning & posting
- ❑ Loading or placement training
- ❑ Lockout and tagout of energy sources
- ❑ Operating procedures posted
- ❑ Operator training needed
- ❑ Provide better warning
- ❑ Replacement or supply safety equip.
- ❑ Safe lifting training
- ❑ Specific equipment or task instruction
- ❑ Use of necessary personal protective equipment
- ❑ Other
- ❑ These corrective actions need to be made at other sites also.

CORRECTIVE ACTIONS TAKEN

Clarify the specific corrective actions taken, who is responsible and when will they be accomplished:

Supervisor's Signature:_____ Date:

Supervisor's Printed Name: Phone Number:

Administrator's Signature: _____ Date:

Administrator's Printed Name: Phone Number:

SRWRII.indd Rev. 5/24/17