SANTA PAULA UNIFIED SCHOOL DISTRICT

SUPERVISOR'S REPORT OF INJURY, ILLNESS, OR ACCIDENT

Name of injured Employee		Job Title
Department Name		Supervisor
Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure	Date Reported
Names of witnesses		

Type of injury, illness, or incident and <u>all</u> parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals employee was using when the injury, illness, or incident occurred.

Specific activity employee was performing when the injury, illness, or incident occurred.

Was the employee(s) performing regular job duties at the time of the injury, illness, or incident occurred?
(If not, please explain)

How did the injury, illness, or incident occur?
(Please describe fully the events that resulted in the injury, illness, or incident. Use **Continuation Sheet** if necessary)

Had the employee been previously notified of the hazards associated with the incident? (Please explain)

Was a safety rule violated? _____ yes _____ no If yes, which one?

What corrective action will prevent recurrence?

Status of corrective action:

Do you question this claim? (If so, please explain)

How is the employee's performance		How is the employee's attendance
Supervisor Signature	Manager Signature	Human Resources Signature
Date	Date	Date

Due in District Office within 24 hours of knowledge of injury, illness, or incident

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SUPERVISOR REPORT

Continuation Sheet