CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Supervisor's Injury Investigation Report

Please use this form for reporting all injuries to employees including student assistants, volunteers, and part-time workers. When an OHSA defined "serious" injury occurs please notify the EHS department immediately, a serious injury has to be reported to Cal OSHA within eight hours. A serious injury is defined by Cal OSHA as one which requires impatient hospitalization of 24-hours or more, an injury that causes a loss of any part of the body or an injury that causes permanent disfigurement.

To Contact EH&S after business hours, call 909-208-3990

Please complete this form in its entirety and fax to EHS x77049 and RM x77032 and send original to Risk Management, SH-129

Date of this report: _____ Date and time of injury: _____ Date of investigation _____
Name of Supervisor: _____ Department: _____ Ext: _____

Part I: Employee Information

Employee Name: _____ Sex: Male ___ Female ___ Phone Number:_____
Home Address: _____
Department: _____ Ext: _____ Date of hire: _____
Job title: _____ Length of time in this position: years: _____ months: _____
Employee's normal work schedule: _____
Time employee began work on the day of the incident: _____

Part II: Medical Treatment

Did the employee receive medical treatment? Yes ___ No___
If Yes, Please identify the location treatment was given:
Student Health Center ___ Worker's Comp Clinic ___ Emergency Room of Hospital ___
Pre-authorized Personal Physician ___ other (identify) _____
Did employee leave work early due to injury? Yes ___ No___, If yes, what time? _____
Was the employee hospitalized? Yes ___ No ___ Provide hospital name: _____
How was the employee transported to the hospital / medical facility? _____

Part III: Supervisor's Investigation

Witness Information

Please provide the full name and contact telephone for all witnesses to the incident:

_____ _____
_____ _____
_____ _____

Part III: Supervisor Investigation continued

Employee Injuries

Were other employees injured in this event? Yes ___ No ___ (if yes, complete a separate report for each employee).

Were non-employees injured in this incident? Yes ___ No ___ (if yes, University Police should be contacted to prepare a report).

Describe the injury and identify specific body part(s) affected:

I have identified location of injury on the employee's body by marking the approximate area on the body diagram on page 3. ☑

Other Information

Was there any property damage during this incident? Yes ___ No___

If yes, describe the property damage. _____

Specific on or off campus location where injury occurred:

Did this employee injury occur during the course of the employee's normally assigned duties? Yes ___ No ___

What was the employee doing that caused or contributed to the incident?

Describe what happened to cause the incident (step by step, describe the actions, conditions, and decision that led to the incident).

Were proper procedures being followed when the incident occurred? Yes ___ No ___ if no, please explain.

Does a Job Safety Analysis (written safe work practice) for the task that was underway at the time of the incident exist? Yes ___ No ___

Was current, documented employee training provided for the task the employee performing prior to the incident?

Yes ___ No ___

What has been done to control the cause(s) of this incident, or recommended to prevent a similar incident?

_____

Have the recommendations or control measures identified above been implemented? Yes ___ No ___ if not, give the reason. _____

Is there anything else that can be done to prevent this type of event from occurring again? Yes ___ No ___ if so, what can be done?

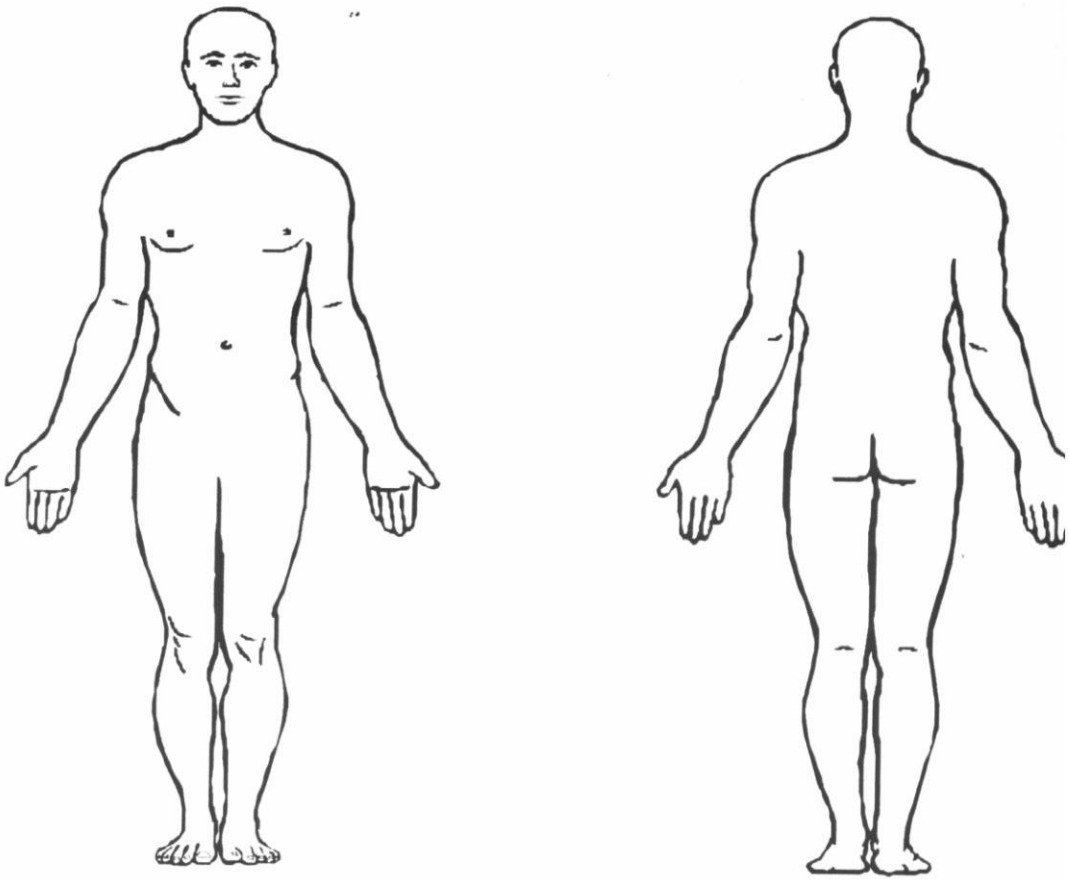

Figure 1: Circle the area or areas that were injured.

As the supervising Management Personnel Plan (MPP) employee, I have investigated this matter and will initiate the necessary corrective measure to prevent future incidents.

_____ _____

Print Name Date

_____

Signature