NORTH ORANGE COUNTY COMMUNITY COLLEGE DIST

MANAGER'S INJURY/ILLNESS/ INCIDENT REPORT

This form must be completed within 24 hours of any incident, accident or injury / illness. If injury or illness requires more than minor first aid, the employee must be given a Workers Compensation claim form. All accidents and incidents should be investigated, no matter how minor. The same conditions that cause a minor incident could lead to a major accident.

Confidential

Injured Employee Name:_____ Sex: _____ Campus/site: _____

Job Title:_____ Department: _____ Length of Employment: _____

Date of Injury or onset of illness: _____ Exact Location of Injury/Incident:_____

Date Employer first knew of the injury: _____ Date claim form was provided to the employee: _____

Medical attention employee required as a result of injury/illness: ☐First Aid, (if so, administered by whom:_____)

☐ Occupational Health Service ☐ Emergency ☐Other (specify) _____

Describe nature of injury/illness and part of the body affected: (i.e., sprained left knee; strained lower back, etc.):

Full circumstances of the incident (if injury, please describe the work being performed at the time of the injury and include as much details as possible):

_____

_____

_____

_____

Were the actions of the employee part of his/her normal job duties? _____ If no, please explain below:

_____

Names and work phone numbers of witnesses, if any: a) _____

b) _____

What symptoms were reported to you as industrial accident/illness? _____

Do you agree that the injury occurred as reported? _____
Did the injury occur during the course and scope of his/her duty? _____

What unsafe acts were performed? (Include rules violated, if any) _____

Fundamental Cause of Incident: _____

What has been done or is recommended to prevent recurrence of a similar incident? _____

_____

Date Completed: _____ **Phone Number of Manager** _____

Manager's Name _____ **Manager's Signature**_____

Date Reviewed by Department Head _____ **Name of Department Head** _____

Distribution: Original – District Risk Manager
Copy – Manager

Revised: 10/5/2005