Peralta.edu
333 East 8th Street
Oakland, CA 94606
(510) 466-7200

SUPERVISOR STATEMENT OF OCCUPATIONAL INJURY OR ILLNESS

Name of Injured Employee: _____

Department / Location Name: _____

Position: _____ Employee Hours: _____

Date of Injury or Illness: _____ Time: _____ ☐ AM ☐ PM

Was medical treatment offered? ☐ Yes ☐ No Was treatment refused? ☐ Yes ☐ No

Was employee given a DWC-1 claim form? ☐ Yes ☐ No

What type of medical treatment was given on site?

Did the injured employee leave work due to this injury or illness? ☐ No ☐ Yes, left at: _____

Has employee returned to work? ☐ Yes, date returned: _____ ☐ No, still off work

Name of person to whom the injury or illness was reported: _____

Timeliness of reporting: If the accident was not reported immediately, why not?

Location where accident or exposure occurred:

Was the injury or exposure witnessed? ☐ Yes ☐ No

If yes, please see Witness Information on next page.

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WITNESS INFORMATION

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

Body part injured (check all that apply and indicate left and/or right):

- ☐ Head
- ☐ Face
- ☐ Eye ☐ LT ☐ RT
- ☐ Neck
- ☐ Upper Back
- ☐ Lower Back
- ☐ Arm ☐ LT ☐ RT
- ☐ Wrist ☐ LT ☐ RT
- ☐ Finger ☐ LT ☐ RT, Which: _____
- ☐ Upper leg ☐ LT ☐ RT
- ☐ Lower leg ☐ LT ☐ RT
- ☐ Foot ☐ LT ☐ RT
- ☐ Knee ☐ LT ☐ RT
- ☐ Ankle ☐ LT ☐ RT
- ☐ Toe ☐ LT ☐ RT, Which: _____
- ☐ Other: _____

Nature of injury or illness:

- ☐ Scrape
- ☐ Cut
- ☐ Puncture
- ☐ Bruise
- ☐ Burn
- ☐ Strain/Sprain
- ☐ Foreign Body
- ☐ Poisoning
- ☐ Fracture
- ☐ Skin Disorder
- ☐ Chemical-Related
- ☐ Heat-Related
- ☐ Cold-Related
- ☐ Loss of Consciousness
- ☐ Respiratory
- ☐ Other: _____

What was employee doing at the time of injury or exposure?

Person, object or substance that directly injured employee: _____

Check any of the following unsafe actions which you feel may apply:

- ☐ Haste/Unsafe Speed
- ☐ Not Authorized
- ☐ Disregard of Instructions
- ☐ Lack of Knowledge/Skill/Training
- ☐ Failure to use Proper Equipment
- ☐ Inadequate Protective Gear
- ☐ Carelessness
- ☐ Improper Procedure
- ☐ Unsafe Equipment Usage
- ☐ Defective Equipment/Tools
- ☐ Inattention
- ☐ Assault
- ☐ Horseplay
- ☐ Alcohol/Drugs
- ☐ Unsafe Lifting
- ☐ Unsafe Position
- ☐ Running/Jumping
- ☐ Poor Housekeeping
- ☐ Act of Others
- ☐ Physical Handicap
- ☐ Other: _____

☐ I know the injury occurred on duty.

☐ I have no specific knowledge that the injury occurred on duty.

What steps have been taken or recommended to prevent a recurrence?

Comments:

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Supervisor's signature:_____Date: _____