OSHA Inspection No.
OSHA Case No.

Incident No. *(From Sheriff)*
TPA Case No. *(From TPA Files)*

LOS ANGELES COMMUNITY COLLEGE DISTRICT
SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS

NOTE: *This form should be completed and sent to the District Workers' Compensation Office within two- (2) days of the reported injury.*

SECTION I: ADMINISTRATIVE

COLLEGE/LOCATION		DEPT. / DIV.	
EMPLOYEE NAME		POSITION CLASSIFICATION	
DATE AND TIME OF INJURY OR ILLNESS		DATE AND TIME SUPERVISOR KNEW OF EMPLOYEE INJURY OR ILLNESS	
INCIDENT LOCATION		Body Part(s)	

SECTION II: EMERGENCY TREATMENT

TYPE OF TREATMENT RENDERED (✓)	NAME(S) OF FIRST AID RESPONDERS, MEDICAL PROFESSIONALS, OR EMERGENCY TREATMENT PROVIDERS	BLOODBORNE PATHOGENS EXPOSURE INCIDENT? (✓) ☐ NO ☐ YES *IF YES, SPECIFY ROUTE OF ENTRY BELOW*	NAME(S) OF WITNESSES TO THE OCCUPATIONAL INJURY OR ILLNESS
☐ FIRST AID (SELF ADMIN)		☐ INGESTION	
☐ FIRST AID by EMPLOYEES or MEDICAL PROFESSIONAL		☐ INHALATION	
☐ TREATMENT by MEDICAL PROFESSIONAL		☐ PARENTERAL (Injection)	
☐ EMERGENCY TREATMENT by MEDICAL PROFESSIONAL		☐ ABSORPTION	

REFERENCE: 8CCR§3203

LOS ANGELES COMMUNITY COLLEGE DISTRICT
SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS

SECTION III: Type of Incident (check all that apply)

- □ Illness
- □ Injury
- □ Off Campus/Work Location
- □ Other: ___________________________________

Specify Other Type of Incident

SECTION IV: Cause of Injury or Illness

- □ Horseplay
- □ Unsafe work practice
- □ Machine or Equipment
- □ Housekeeping
- □ Ergonomics
- □ Lack of Training
- □ Ventilation Systems (Indoor Air Quality)
- □ Other: ___________________________________

Specify Other Cause

SECTION V: Corrective Action Taken to Prevent Recurrence

- □ Maintenance Service Request (Facilities Doc. Number)
- □ Procedure Revision
- □ Signage
- □ Remove Faulty Equipment/Furniture
- □ Ergonomic Assessment
- □ Employee/Staff Training
- □ Other: ___________________________________

Specify Other Corrective Actions

Notes / Description
Notes/Description
Notes/Description

REFERENCE: 8CCR§3203

SECTION VI: Additional Investigation Information *(Attach additional sheets as necessary)*

SECTION VII: Closure & Approval

Supervisor (Print Name)			**Supervisor (Signature/Date)**		
Supervisor (Telephone Number)		**EXT.**	**Administrator (Signature/Date)**		

REFERENCE: 8CCR§3203

LOS ANGELES COMMUNITY COLLEGE DISTRICT
SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS
CONTINUATION SHEET
(Optional)

Section Number	Notes/Description
I	
II	
III	
IV	
V	
VI	