

<b>OSHA Inspection No.</b>
<b>OSHA Case No.</b>

<b>Incident No.</b> (From Sheriff)
<b>TPA Case No.</b> (From TPA Files)

**LOS ANGELES COMMUNITY COLLEGE DISTRICT  
SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS**  
Page 1 of 2

**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**

<b>COLLEGE/LOCATION</b>		<b>DEPT. / DIV.</b>	
<b>EMPLOYEE NAME</b>		<b>POSITION CLASSIFICATION</b>	
<b>DATE AND TIME OF</b>		<b>DATE AND TIME</b>	
<b>INCIDENT LOCATION</b>		<b>Body Part(s)</b>	

**SECTION II: EMERGENCY TREATMENT**

<b>TYPE OF TREATMENT RENDERED ( ✓ )</b>	<b>NAME(S) OF FIRST AID RESPONDERS, MEDICAL PROFESSIONALS, OR</b>	<b>BLOODBORNE PATHOGENS EXPOSURE INCIDENT? ( ✓ ) <input type="checkbox"/> NO <input type="checkbox"/> YES <u>IF YES, SPECIFY ROUTE OF ENTRY BELOW</u></b>	<b>NAME(S) OF WITNESSES TO THE OCCUPATIONAL INJURY</b>
<input type="checkbox"/> <b>FIRST AID (SELF ADMIN)</b>		<input type="checkbox"/> <b>INGESTION</b>	
<input type="checkbox"/> <b>FIRST AID by EMPLOYEES or MEDICAL PROFESSIONAL</b>		<input type="checkbox"/> <b>INHALATION</b>	
<input type="checkbox"/> <b>TREATMENT by MEDICAL PROFESSIONAL</b>		<input type="checkbox"/> <b>PARENTERAL (Injection)</b>	
<input type="checkbox"/> <b>EMERGENCY TREATMENT by MEDICAL PROFESSIONAL</b>		<input type="checkbox"/> <b>ABSORPTION</b>	

REFERENCE: 8CCR13203

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**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: 8CCRJ3203**

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


**SECTION VII: Closure & Approval**

<b>Supervisor (Print Name)</b>			<b>Supervisor (Signature/Date)</b>		
<b>Supervisor (Telephone Number)</b>		EXT.	<b>Administrator (Signature/Date)</b>		

**REFERENCE: 8CCRJ3203**

**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	