

Santa Barbara County Schools - Self Insured Program For Employees (SIPE)
Employee's and Supervisor's Industrial Incident Report - Page 1 of 2

(If handwritten, please print clearly. Forward page 2 to employee's supervisor)

District Today's Date

Employee's Report

(to be completed by employee, employee's designee or by district claims representative)

Employee Name Social Security Number Date of Birth

Home Address Home Phone

Sex Male Female Job Title Date of Hire

Usual Work Hours hrs/day days/wk Total hrs/wk

Employment Status Regular Full-Time Part-Time Temporary Seasonal

Gross Wages/Salary \$ per

Other payments not reported as wage/salary (e.g. tips, meals, lodging, overtime, bonuses) Yes \$ per

Worksite/Program Employee's Supervisor

Date of Illness/Injury Time of Day Time Started Work Shift

Description of Injury or Exposure (sprain, fracture, skin rash, etc.)

Where did incident occur? (include address if other than primary worksite)

On Employer's premises? Yes No

What were you doing at time of incident?

How did the incident occur? (please describe fully the events that resulted in injury or exposure; specify object or exposure that directly produced injury or illness)

Was another person responsible? Yes No Name

Name(s) of witnesses, if any

If seen by a doctor, give name, address, phone and fax number of doctor

If hospitalized, give name, address, phone and fax number of hospital

Have you missed a shift or day of work due to this condition? Yes No

Have you received care beyond first aid for this conditions? Yes No

Have you been provided with a claim form? Yes No

Have you been provided a "Facts for Injured Workers" brochure since this incident? Yes No

Completed by Relationship to Employee Date

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Employee Name District
Date of Injury/Illness Job Title
Brief Description of injury or exposure (sprain, fracture, skin rash, etc.)

Supervisor's Review

(Please investigate casual factors to prevent reoccurrence)

What was the employee doing when injured or exposed?
Object or substance that directly injured or exposed employee?
Was Employee able to work after injury or exposure? Yes No Time and Date last worked
Has Employee returned to work? Yes No Date Returned
Have you obtained information regarding the injury or exposure from witnesses? Yes No
Was there a safety hazard involved in this incident? Yes No
Has the safety hazard or unsafe condition been corrected? Yes No
If Yes, explain action taken:
How could injury or exposure have been prevented?
What action have you taken to prevent reoccurrence?

Supervisor's Name Phone Number
Supervisor's Signature _____ Date _____

Safety Commitee Review

Factors causing or contributing to this injury or exposure? _____
This Injury or exposure was Preventable Non-Preventable
Rationale/Comments _____

Safety Director _____ Date _____
District Safety Committee Review _____ Date _____