

# SUPERVISOR'S ACCIDENT/ILLNESS INVESTIGATION FORM

**INSTRUCTIONS:**

1. Supervisor to complete this form whenever an employee is involved in an accident that results in an injury (including minor injuries).
2. In addition to completing this form, Supervisor must contact EH&S (x-2401, Fax 5853) to report accident as soon as possible, but no later than 8 hours.
3. Copies of completed form should be sent to EH&S (MC 8284) and Human Resources Services (MC 8229). Retain original in department files.

**GENERAL INFORMATION**

Name of Employee: (print clearly) Last, First, MI		Employer: <input type="checkbox"/> CSUN ID# _____ <input type="checkbox"/> USU <input type="checkbox"/> AS
Work Department:	Job Title:	Status of Employee: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Student <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**ACCIDENT DATA**

Type of Injury/Illness:	Date and Time of Injury	Date Reported
Job/Activity Being Performed at Time of Accident:	Part of Body Affected	Location of Accident

**INVESTIGATION**

Description of Accident (please be specific; identify tasks being performed, tools, equipment or materials the employee was using):

  
  
  
  
  

Cause of Accident (describe the root cause of accident. Consider factors such as unsafe acts, tool or equipment malfunction, or improper training):

  
  
  
  
  
  
  

Corrective Action Taken or Recommended: (list on separate page if necessary):

  
  
  
  
  
  
  

Do you feel this is an industrial injury as reported by the employee?    Yes       No (Explain)

**TREATMENT DATA**

Treatment Provider: <input type="checkbox"/> Given First Aid <input type="checkbox"/> Student Health Services <input type="checkbox"/> Outside Clinic <input type="checkbox"/> Hospital Emergency Room	Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diagnosis and Treatment (if known):	If yes, date:

Printed Name of Supervisor:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Reviewed by Environmental Health, Safety & Risk:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

