CHAFFEY COMMUNITY COLLEGE DISTRICT
Workers’ Compensation Benefit Program

SUPERVISOR’S REPORT OF EMPLOYEE ACCIDENT/INJURY/ILLNESS

Name of employee:______________________________________________________________

Department:__________________________  Job Title:________________________________

Date of Accident/Injury:______________  Hour:_____________ a.m.  __________ p.m.

Date Reported to Supervisor:__________  Hour:_____________ a.m.  __________ p.m.

Accident/Injury Location:________________________________________________________

Nature of Injury:________________________________________________________________

Was employee referred to Health Services?  ____Yes  ____No  Date:_______  Time:_______

Did employee leave work same day of injury?  ____Yes  ____No  Date:_______  Time:_______

When did employee return to work?  Date:_________________________  Time:________

Describe how accident/injury occurred:________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Names of witnesses:____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What steps have been taken to prevent similar accident(s)/injury(ies):____________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date: ________________  Supervisor’s Signature:____________________________________

Please return completed form to Administrative Services within 24 hours of injury.

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