SIPE Form 6-588-1 11/00

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 _____

Santa Barbara County Schools - Self Insured Program For Employees (SIPE)

Employee's and Supervisor's Industrial Incident Report - Page 2 of 2

(If handwritten, please print clearly)

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 reoccurence)

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 reoccurence? _____

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 _____