



# Supervisor's Report of Injury or Illness

**Company Nurse Injury Hotline- 1-855-339-1895**

El Centro Code: QF00

Call Confirmation # : \_\_\_\_\_

1. Name of employer: <b>CITY OF EL CENTRO</b>		2. Name of supervisor:		3. Department:	
4. Employee's name:			5. Job title or position :		6. Time Employee began work:
7. Date and time of event:		8. Location or address where event occurred:		8a. On employer property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Date of knowledge of the event:		10. Name and title of person to whom the event was reported:			
11. If the event was not reported immediately, why not?					
12 Was employee given a claim form (DWC-1)? <input type="checkbox"/> Yes (date: _____) <input type="checkbox"/> No		13. Did employee sign and return the claim form (DWC-1)? <input type="checkbox"/> Yes (date: _____) <input type="checkbox"/> No			
14. Type of medical treatment required: <input type="checkbox"/> No treatment needed <input type="checkbox"/> Paramedics or EMT <input type="checkbox"/> Emergency room <input type="checkbox"/> Hospitalized overnight			<input type="checkbox"/> Medical treatment refused <input type="checkbox"/> First aid <input type="checkbox"/> Clinic		15. Medical treatment provider: (include name and address of facility)  <input type="checkbox"/> Check if this is pre-designated provider
16. What was the employee doing at the time of the event? (Attach separate sheet if necessary) _____ _____ _____					
17. Describe how the event occurred and what object/substance directly harmed the employee: (Attach separate sheet if necessary) _____ _____ _____					
18. Type of Injury: <b><i>(HR to complete)</i></b> <input type="checkbox"/> Bite, sting <input type="checkbox"/> Burn <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular, internal <input type="checkbox"/> Contusion, bruise <input type="checkbox"/> Cumulative trauma <input type="checkbox"/> Dermatitis, rash <input type="checkbox"/> Disease, blood-borne pathogen <input type="checkbox"/> Foreign body <input type="checkbox"/> Fracture <input type="checkbox"/> Hernia <input type="checkbox"/> Infection <input type="checkbox"/> Inflammation <input type="checkbox"/> Laceration <input type="checkbox"/> Mental disorder <input type="checkbox"/> Puncture <input type="checkbox"/> Strain/sprain <input type="checkbox"/> Other: _____		19. Cause of Injury: <b><i>(HR to complete)</i></b> <input type="checkbox"/> Absorption, inhalation, ingestion <input type="checkbox"/> Animal, insect, plant <input type="checkbox"/> Assault, pursuit, criminal act <input type="checkbox"/> Burn, scald, temperature extreme <input type="checkbox"/> Caught in, between, under <input type="checkbox"/> Cut, puncture or scrape <input type="checkbox"/> Electrical current <input type="checkbox"/> Equipment, tools, machinery <input type="checkbox"/> Flying or falling object <input type="checkbox"/> Foreign body <input type="checkbox"/> Lifting <input type="checkbox"/> Object being lifted, handled, carried <input type="checkbox"/> Pushing, pulling, twisting, reaching <input type="checkbox"/> Repetitive motion, cumulative trauma <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Struck by, against <input type="checkbox"/> Vehicle use, collision, upset <input type="checkbox"/> Other: _____		20. Body part injured <b><i>(check all that apply and indicate left and/or right):</i></b> _____ Head      _____ Face _____ Neck      _____ Eye (R/L) _____ Upper Back      _____ Lower Back _____ Arm (R/L)      _____ Wrist (R/L) _____ Finger (which?) _____ _____ Ankle (R/L)      _____ Foot (R/L) _____ Toe (which?) _____ _____ Upper Leg (R/L)      _____ Knee (R/L) _____ Lower Leg (R/L)      _____ Abdomen _____ Other _____	
21. Did employee lose time from work? <input type="checkbox"/> No <input type="checkbox"/> Yes – First day of lost time: _____					



# Definitions

Root Cause Definitions	
Equipment	
Malfunction	Includes any power and non-power equipment that failed to operate properly, broke during use, or malfunctioned.
Safety guard(s) modified	Employee used a tool with proper safety guards in place, but modified to prevent proper operation.
Safety guard(s) missing	Employee utilized a tool without the proper safety features.
Improper use of equipment or material	Employee failed to use the equipment or material properly.
Defective tool(s) used	Employee utilized a tool/equipment that was defective.
Improper protective equipment or clothing	Employee utilized protective clothing or equipment not specific to the operation.
Defective protective equipment or clothing	Employee had proper protective clothing or equipment, but was defective.
Inadequate protective equipment or clothing	Employee lacked the proper protective clothing or equipment for the operation.
Work Environment	
Arrangement of equipment, work flow, tools	Area in which employee was operating was not orderly and contained noticeable hazards.
Poor housekeeping – cleanliness and organization	Walking surface, water on floor, loose electrical cords, rugs not tacked down, improper or poor lighting, improper or poor ventilation, and signage.
Policy/Procedure	
Unsafe procedures or work practice	Employee failed to follow procedures or training.
Policy and/or procedures missing	Agency does not have policy or training in place to address action/mechanism performed when injury occurred.
Policy and/or procedures inadequate	Agency has inadequate policy or training to address action/mechanism performed when injury occurred.
Training	
Employee was not trained for this task or assignment	Employee has not or did not receive training for the use, operation, or safe work practices.
Supervision	
Policy and/or procedures not enforced	Employee failed to follow policy/procedure.
Worker	
Horseplay, unsafe behavior	Injury caused while engaging in horseplay or inappropriate behavior.
Short cuts, carelessness	Employee showed lack of concern about the consequences of the action.
Distracted, inattentive	Includes injuries caused by lack of attention to detail, surroundings, etc.
Non-Preventable	Injury or Illness that could not have been prevented by training, policy or attention to detail. Example caused by third party.
Presumption	Injuries or Illness specific to certain classes of employees presumed to be compensable under state law. Example – skin cancer for lifeguards.