



EMPLOYEE AND SUPERVISOR INCIDENT REPORT

Revised 08/12/2021

An Incident report is not designated to find fault or blame. It is an investigation to determine the contributing causes that led to the incident. Please complete this report for any employee on the job injury or illness and be as specific as possible. If you have any questions, please contact Lauren Carvalho at (707) 776-3781 in Human Resources.

EMPLOYEE REPORT

Employee Name: _____ Today's Date: _____

Job Title: _____ Specific Department Location: _____

Date of Injury or Illness: _____ Time of Injury or Illness: _____ Time Employee Began Work: _____

Hours Worked Daily: _____ Days Worked Weekly: _____ Hours Worked Weekly: _____

Did you lose anytime from work? Yes No If yes, when was your Last Day of Work? _____

Date Returned to Work: _____ If Still Off Work, Check This Box:

What is your injury? _____

Where did your injury or illness occur (location or address)? _____

Describe what happened or how your injury occurred? _____

Name of witness(es) to injury? _____

Did you receive first aid or medical treatment? If yes, from whom? _____

Were you treated in an Emergency Room? Yes No Were other workers injured in this event? Yes No

Name and address of Physician: _____

Is there anyway this injury could have been prevented? If so, how? _____

Employee Signature: _____ Date: _____

SUPERVISOR'S REPORT AND REVIEW OF INJURY

In your opinion, what was the cause of this injury? _____

What corrective action was taken or needs to be taken? _____

What follow-up is needed? _____

Any other comments: _____

Supervisors Signature: _____ Date: _____

INSTRUCTIONS FOR FILLING OUT INCIDENT REPORT

Employee:

1. Determine extent and nature of injury. Seek proper first aid or medical attention if necessary.
2. Report injury to immediate supervisor and fill out the Workers' Compensation Claim Form (DWC 1) form and the Employee and Supervisor Incident Report form. Be as specific as possible.
3. Advise your supervisor of any changes in your condition.

Supervisor:

1. Determine extent and nature of injury. Accompany injured employee to doctor if employee is not in condition to drive alone.
2. Offer workers' compensation claim forms to the injured employee as soon as possible.
3. Complete the supervisor's portion of the Workers' Compensation Claim Form (DWC 1) form and the Employee and Supervisor Incident Report form. Be as specific as possible.
4. Determine cause of accident and correct any hazards to prevent re-occurrence.
5. Advise Human Resources of any changes in the employee's condition or when employee returns to work.
6. Replenish any first aid supplies after use. To order more workers compensation injury reporting forms contact the Human Resources department.

If you have any questions or concerns, please contact either:

workcompclaims@cityofpetaluma.org or (707) 776-3781