COLLEGE OF THE CANYONS

# EMPLOYEE INCIDENT REPORT

## *EMPLOYEE INFORMATION*

Employee Name: _____ Job Title: _____

Home Address/City/Zip Code: _____

Phone Number: __(_____ __)_____ Date of Birth:_____

Gender: ☐ Male ☐ Female Date of Hire:_____ Social Security #_____

Start Time:_____ End Time:_____ Work Site:_____

# of Hours Worked Daily:_____ # of Days Weekly:_____ # of Hours Weekly:_____

## *INJURY/ILLNESS INFORMATION*

Type of Incident: ☐ Injury ☐ First Aid ☐ Near Miss

Date of Injury/Incident: _____ Time: _____ Date Reported: _____

How did you report the injury/incident? ☐ In person ☐ Phone ☐ Other: _____

Did anyone witness the injury? ☐ Yes ☐ No If so, Who:_____

Was anyone else injured? ☐ Yes ☐ No If so, Who:_____

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

_____

What were you doing when the injury/incident occurred? (state equipment, materials and/or chemicals)

_____

Describe how the injury occurred: (Example: I was walking down the stairs, tripped & fell injuring right knee on the cement; I was lifting a box, felt sharp pain in lower back.)

_____

What body part(s) were injured?_____

Have you ever had previous trouble with this part of your body?_____

Was there anything that could have been done to prevent the injury?_____

## *MEDICAL TREAMENT*

Are you seeking medical treatment at this time? ☐ No ☐ Yes (if no fill out refusal of treatment)

If yes please indicate where you are being referred to:_____

## *EMPLOYEE SIGNATURE*

I acknowledge that my employer has provided me with a DWC-1. If I wish to file a workers' compensation claim for this incident, I will need to complete the form and return it to my supervisor. I also acknowledge that I have received the complete employee rights notification for the Medical Provider Network

**This is an accurate statement, in my own words, which describes my accident and/or injuries.**

**Warning: Any person who makes a false or fraudulent written or oral statement for the purpose of obtaining workers' compensation benefits or payments is guilty of a felony. Penalties include fines, imprisonment or both.**

_____ _____

(Signature) (Please Print Name)

Date_____