

Supervisor's Report of Injury for Workers' Compensation

CALIFORNIA STATE UNIVERSITY HUMBOLDT
Academic Personnel Services & Human Resources

1 Harpst Street
Arcata, CA 95521
707-826-3626
FAX: 707-826-3625

ATTENTION: This form contains information related to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

SUPERVISOR INSTRUCTIONS

1. REPORT THE ILLNESS/INJURY IMMEDIATELY TO BENEFITS & WORKERS' COMPENSATION UNIT, 707-826-3626

2. Within 24 hours of the injury or illness:

- The employee's direct lead or manager must complete ALL sections of this form. (Under no circumstances is the injured/ill employee to complete this form)
- Provide Employee Claim Form to injured/ill employee.
- Fax forms to APS & HR at 707-826-3625

Lead/Manager: _____ Signature: _____ Phone: _____ Date: _____

I. INJURED/ILL EMPLOYEE

Name: _____ Department: _____

HSU ID #: _____ Birth Date: _____ Job Title: _____

Street Address: _____ Gender Male Female

City: _____ State: _____ Zip: _____ State Employee Volunteer Student Assistant

Home Phone: _____ Work Extension: _____ ***If Student, complete the following:*** Paid _____ /Hour Usually Works # _____ days/wk & # _____ hrs/wk Hire Date: _____

II. FACTS RELATED TO WORK-RELATED INJURY/ILLNESS

Date of injury or onset of illness: _____ Time: _____ AM PM Witness Name _____

Time Employee Began Work: _____ AM PM Witness Name _____

Were other HSU Employees Injured? No Yes Witness Name _____

Medical Treatment Necessary? If yes, indicate below. No Yes Witness Name _____

HSU Student Health Center Mad River Occupational Health Mad River Emergency Room Other

If other, list name, address and phone: _____

Type of Injury (Check):

- Reaction to foreign substance/object
- Puncture
- Laceration
- Contusion
- Burn
- Fracture
- Sprain/Strain
- Other

Part of Body (Check):

- Head
- Face
- Eye
- Ear
- Mouth
- Heart
- Back
- Trunk
- Arm
- Wrist
- Hand
- Finger
- Knee
- Leg
- Ankle
- Foot
- Toe
- Hip
- Neck
- Shoulder
- Groin

Indicate Right or Left

- Right
- Left

Describe **Other** where applicable.

Describe specific activity the employee was performing when event occurred (e.g., Welding seams of metal forms, loading boxes onto truck, class instruction).

Describe how the injury/illness occurred (e.g., Employee stepped back to inspect work and slipped on scrap metal. As he fell, he brushed against fresh weld and burned right hand).

Describe work place and conditions which contributed to the accident - also what safety devices were in use?

Please indicate specific place of accident (e.g. northeast corner of SBS roof, south facing staircase of Siemens Hall).

III. Lost Work Time

Did injury result in disability beyond day of accident? No Yes If yes, give date last worked:

Has employee returned to work? No Yes Date Returned:

IV. Departmental Review

- The facts available lead me to believe this work injury was caused by and happened during State work.
- I am unable to determine if this injury is caused by current employment. A physician's report will be necessary to verify if the injury/illness is related to employee's current employment at Humboldt State University.
- The facts do not indicate this claim of injury was work related.

If necessary, give the facts that justify the items checked above.

What steps are necessary to prevent reoccurrence of a similar injury?

Have you taken these steps? No Yes

If no, explain:

It is the lead/manager's responsibility to ensure that the injured/ill employee submits a DWC-1, Employee Claim Form. Both this form and the DWC-1 should be faxed or walked to Human Resources within 24 hours. For more information, including links to forms, you may refer to the Workers' Compensation [website](#). If there are further questions, or specific circumstances to discuss, please contact APSHR at 707-826-3626.

Our Workers' Compensation Carrier is Sedgwick CMS.

Please be sure to include details such as address and phone number on this form, as it ensures that HR and Sedgwick have access to the most up to date information on the employee.