

# IN CASE OF WORKPLACE INJURY:

*ACCION a seguir en caso de un accidente en el trabajo*



# 1-888-375-9779

▶ **AVAILABLE 24 HOURS A DAY**

- 1▶ Injured worker notifies supervisor.**  
*Empleado lesionado notifica a su supervisor.*
- 2▶ Supervisor / Injured worker immediately calls injury hotline.**  
*Supervisor / Empleado lesionado llama inmediatamente a la línea de enfermeras/las.*
- 3▶ Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**  
*Profesional Médico obtiene información por teléfono y asiste al empleado lesionado en localizar el tratamiento médico adecuado.*

EMPLOYER NAME  
(NOMBRE DE COMPANIA)

SEARCH CODE  
(CÓDIGO DEL BÚSQUEDA)

Contra Costa County Schools Ins. Group	CSIG
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### Notice to Employer/Supervisor:

Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site when possible.

Visit us online: [www.CompanyNurse.com](http://www.CompanyNurse.com)



Print Form

Email Form

Clear Form

### Accident Investigation Form (for Managers/Supervisors)

**Purpose of this form:** To assist managers/supervisors in determining root cause of employee incidents, as well as identifying and correcting any hazards that may exist to prevent similar incidents from occurring. Accident/incident investigation and documentation is a Cal OSHA requirement and is stated in the District's Injury and Illness Prevention Program.

<b>Employee Name:</b>	<input type="text"/>	<b>Position Title:</b>	<input type="text"/>
<b>District Name:</b>	<input type="text"/>	<b>School Site:</b>	<input type="text"/>
<b>Date of Accident:</b>	<input type="text"/>	<b>Location of Incident:</b> (e.g., parking lot)	<input type="text"/>

**Incident Description (What Happened):**

**Injury Sustained/Body Part(s) Affected:**

**Possible Causes of Incident** (i.e. cleaning, rain, unsafe practice, sidewalk, attempting to restrain student, etc.):

**Corrective Action(s) Taken** (i.e. standard or emergency work order, review of safety practices, CCCSIG ergonomic evaluation/training/job safety analysis, discipline, site inspections, etc):

**Date Corrective Action(s) Completed or Scheduled to be Completed:**

**Name & Title of Supervisor Completing this Form:**

**Supervisor Signature:**  **Date:**

**What to do with this Form:**

**Email:** Click "Email Form"; send to Denise Schreiner of CCCSIG at [dschreiner@cccsig.org](mailto:dschreiner@cccsig.org)

**Fax:** Click on "Print Form"; fax to 1-925-692-1137, ATTN: Denise Schreiner