IN CASE OF WORKPLACE INJURY:

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 enfermeros/ás.

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

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
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.

Employee Name: 
Position Title: 
District Name: 
School Site: 
Date of Accident: 
Location of Incident: (e.g., parking lot)

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
Fax: Click on “Print Form”; fax to 1-925-692-1137. ATTN: Denise Schreiner