



# Injury/Illness Report

Must be completed and submitted to the Human Resources Department within 24 hours of injury/illness

Employee Name:		Date of Birth:
Home Address (number and street, city, zip):		Phone Number: ( ) -
Sex:	Occupation (Regular job title – NO initials, abbreviations, or numbers):	Date of Hire:
Employee Usually Works (complete all sections): ____ Hours per day ____ Days per week ____ Total weekly hours		Employment Status (full-time, student, intermittent):

Date of Injury or Onset of Illness:	Time Injury/Illness Occurred: ____AM ____PM	Time Employee Began Work: ____AM ____PM
Date of Employer's Knowledge/Notice of Injury/Illness:		Date Employee was Provided Employee Claim Form:
Specific Injury/Illness and Part of Body Affected, Medical Diagnosis, if available, e.g., second degree burns on right arm, tendonitis of left elbow, lead poisoning		
Location Where Event or Exposure Occurred (Number, Street, City):	County:	On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department Where Event or Exposure Occurred, e.g., Craft Center, Chumash Auditorium, etc.		Other Workers Injured/III in this Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment, Materials and Chemicals the Employee was Using when Event or Exposure Occurred, e.g. acetylene, welding torch		
Specific Activity the Employee was Performing when Event or Exposure Occurred, e.g. welding seams of metal forms, loading boxes onto truck		
How Injury/Illness Occurred, Describe Sequence of Events, Specify Object or Exposure which Directly Produced the Injury/Illness, e.g. worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.		
Name of Physician/Hospital/Medical Facility Where Treatment was Sought:		Phone Number: ( ) -

Completed By:	Signature:	Title:	Date:
Signature of Injured:			Date:
Witness:	Signature:	Date:	

Treatment Facilities:

1. Family and Industrial Medical Center      47 Santa Rosa      546-7000
2. Sierra Vista Regional Medical Center      1010 Murray      546-7600