

SUPERVISOR INCIDENT INVESTIGATION REPORT

Required per Inyo County IIPP and California Code of Regulations, Title 8, Section 3203(a)(5)

Inyo County requires the supervisor of an employee who sustained an injury or illness at work to do the following: (a) Direct employee to call Injury Hotline at 877.215.7285 for medical triage [In an emergency, skip Hotline and dial 911 or help employee to nearest hospital]; (b) Provide "Employee's Claim for Workers' Compensation Benefits" form (DWC-1) to employee within 24 hours of supervisor's notice of the injury or illness [Once/if employee completes & returns the DWC-1, complete your part and send to Risk]; and (c) Complete Supervisor Incident Report and email to Risk (risk@inyocounty.us). Keep originals until further notice. Employee is only required to submit a completed DWC-1 form if the employee was treated by a health care professional for the specified injury or illness.

Injured Worker's Name, Title & Department: _____

Date & Time of Incident: _____ Location of Incident: _____

Event Type (check one box): First Aid Only Near Miss (no injury) Medical Treatment and/or Lost Time

Was DWC-1 provided to Worker? YES NO If yes, how & when was DWC-1 provided? _____

What suggestions did the employee have for preventing similar incidents? _____

Describe property damage (if any): _____

Describe Incident in your own words: _____

Witnesses (name, address, phone): _____

What changes could be made in equipment, materials, and/or chemicals to prevent this event or exposure? _____

What changes could be made to the specific activity the employee was performing to prevent the event or exposure? _____

Corrective Actions Taken (include estimated completion dates and assignment of responsibility): _____

PRINT YOUR NAME: _____ PHONE #: _____

SIGN: _____ DATE: _____