



970 Klamath Lane
Yuba City, CA 95993
(530) 822-2900
Fax (530) 671-3422

EMPLOYEE INJURY INCIDENT REPORT

EMPLOYEE NAME: _____ WORK LOCATION: _____

TITLE: _____ SUPERVISOR'S NAME: _____

DATE OF INCIDENT: _____ TIME: _____ LOCATION: _____

DATE REPORTED: _____ PHONE NUMBER: _____

DO YOU REQUIRE MEDICAL ATTENTION NOW? YES NO

(Checking "NO" means you do not need IMMEDIATE medical attention, but may be eligible for future medical care.)

If medical attention is needed, contact the Company Nurse Injury Hotline immediately @ 877-518-6709, use code TCSIG.

If medical treatment is not needed at this time, complete this form and leave it with the site secretary or supervisor who will forward to the Human Resources Department. If medical attention is not needed now for this incident, but is necessary at a later date you understand that you **MUST** contact the County Office Human Resources Dept. @ 822-2900 **PRIOR TO** seeking or obtaining medical treatment.

IMPORTANT: Failure to report occupational injuries in a timely manner and/or failure to comply with the Sutter County Superintendent of Schools' policies for medical treatment of occupational injuries could result in disciplinary action. It may also result in a delay of any possible workers' compensation benefits while the County and the insurance carrier investigate your claim.

HOW DID INCIDENT HAPPEN? _____

DESCRIBE THE INCIDENT AND PART OF BODY AFFECTED: _____

ANY WITNESSES? YES NO IF YES, GIVE NAME(S): _____

HAVE YOU HURT THIS PART OF YOUR BODY BEFORE? YES NO

IF YES, EXPLAIN: _____

WERE YOU EXPOSED TO ANY BLOODBORNE PATHOGENS OR POTENTIALLY INFECTIOUS MATERIALS?
 YES NO IF YES, YOU MUST NOTIFY THE Nurse Hotline IMMEDIATELY @ 877-518-6702 use code NVS06.

FOLLOW-UP COMMENTS: To be filled out by staff, not injured employee.

If additional space is needed, please use back of page.

Employee's Signature

Date

Supervisor's Signature

Date