

## UCD Employer's SAFETY FORM

**UNIVERSITY POLICY REQUIRES THAT INDUSTRIAL INJURY/ILLNESS BE REPORTED TO WORKERS' COMPENSATION WITHIN 24 HOURS OF OCCURRENCE AND STATE REGULATIONS REQUIRE THAT ALL ACCIDENTS BE INVESTIGATED.**

In the event of a serious injury or hospitalization, call Workers' Compensation immediately at (530)-757-3266. This form must be completed in its entirety and mailed or faxed (530-757-7779) to Workers' Compensation. Omission of information could result in a delay of benefits.

### EMPLOYEE DATA (EMPLOYEE MUST COMPLETE THIS SECTION)

Employee Name:	UCD ID:	Date of Birth:
Address:		Home Phone: (    )    -
City/State/Zip:	Sex: __Female __Male	Work Phone: (    )    -
Department/ Location:	Date of Hire:	Annual Gross Salary: \$
Payroll Title/TC:	<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student-Employee	
Supervisor's Name:		Supervisor's Work Phone: (    )    -
<b>HOURS</b>	_____ hours per day	_____ days per week
		_____ total weekly hours

### EMPLOYEE STATEMENT (EMPLOYEE MUST COMPLETE THIS SECTION)

Specific Injury/Illness/Exposure & Affected Body Parts:	Injury/Illness Date:
Location where injury or illness occurred:	Was anyone else injured?
List all causes of injury:	Witness:

Explain in detail how injury occurred including the specific activities/tasks performed:

Medical Treatment provided by:	___ First Aid, no medical care needed
Employee Signature:	Today's Date:

### EMPLOYER'S INVESTIGATION AND STATEMENT (EMPLOYER COMPLETES THIS SECTION)

After the investigation, explain in detail how injury occurred and the specific activity being performed:

What was the injury or exposure?

#### SUPERVISOR

**Initial Cause:**

**Contributing Factors and Activities** (explain next to each applicable area and use additional pages as needed):

Equipment:

Personal protective equipment:

Training/Experience:

Work Area:

Employee:

Assistance:

**Preventive Actions by Supervisor:**

Preventative actions will be completed by:	Completion Date:
<b>Supervisor's or Manager's Signature:</b>	<b>Date of Investigation:</b>
<b>Department Head's Signature:</b>	<b>Date:</b>