



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

MANAGER'S INJURY/ILLNESS/ INCIDENT REPORT - CONFIDENTIAL

This form must be completed and returned to the Risk Management office riskmanagement@nocccd.edu within one business day of any incident, accident, or injury / illness. All accidents and incidents should be investigated no matter how minor, since the same condition(s) that caused a minor incident could lead to a major accident/injury.

Injured Employee Name: _____ Sex: _____ Campus/site: _____

Job Title: _____ Department: _____ Length of Employment: _____

Date of Injury or onset of illness: _____ Exact Location of Injury/Incident: _____

Date Employer first knew of the injury: _____ Date claim form was provided to the employee: _____

Medical attention employee required as a result of injury/illness: First Aid, (if so, administered by whom: _____)

Occupational Health Service Emergency Room Other (specify) _____

Describe nature of injury/illness and part of the body affected: (i.e., sprained left knee; strained lower back, etc.):

Full circumstances of the incident (if injury, please describe the work being performed at the time of the injury and include as much details as possible):

Were the actions of the employee part of his/her normal job duties? _____ If no, please explain below:

Names and work phone numbers of witnesses, if any: a) _____

b) _____

What symptoms were reported to you as industrial accident/illness? _____

Do you agree that the injury occurred as reported? _____

Did the injury occur during the course and scope of his/her duty? _____

What unsafe acts were performed? (Include rules violated, if any) _____

Fundamental Cause of Incident: _____

What has been done or is recommended to prevent recurrence of a similar incident? _____

Date Completed: _____

Phone Number of Manager _____

Manager's Name _____

Manager's Signature _____

Date Reviewed by Department Head _____

Name of Department Head _____

Distribution: Original – District Director, Risk Management
Copy – Manager