

New Haven Unified School District
SUPERVISOR S REPORT OF EMPLOYEE INJURY

Directions: Supervisors are to complete this report either during or after an interview with the employee to determine and verify the details of the incident resulting in an injury.

Name of Injured Employee:		
Employee s Title/ Position		
Employee s Regular Shift (and location of that shift, if he/she works at multiple sites):		
Any additional positions employee holds and shift for that position: (i.e. Kids First monitor)		
Date of Injury:		
Time of Injury:		
Employee s Home Site: (Please check one)		
<input type="checkbox"/> Alvarado Elementary School (AE)	<input type="checkbox"/> Delaine Eastin Elementary School (DEE)	
<input type="checkbox"/> Alvarado Middle School (AM)	<input type="checkbox"/> Educational Services Center (ESC)	
<input type="checkbox"/> Barnard-White Middle School (BWM)	<input type="checkbox"/> Guy Emanuele Elementary School (GEE)	
<input type="checkbox"/> Cabello Elementary School (CE)	<input type="checkbox"/> Hillview Crest Elementary School (HCE)	
<input type="checkbox"/> Mary Cardoza Ctr/ Central Kitchen (MKC)	<input type="checkbox"/> Kitayama Elementary School (KE)	
<input type="checkbox"/> Cesar Chavez Middle School (CCM)	<input type="checkbox"/> Logan High School (LH)	
<input type="checkbox"/> Conley-Caraballo High School (CCH)	<input type="checkbox"/> Pioneer Elementary School (PE)	
<input type="checkbox"/> Corporation Yard (CY)	<input type="checkbox"/> Searles Elementary School (SE)	
<input type="checkbox"/> Decoto Adult School (DA)		
Was the employee injured while performing his/her regular duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What part of the body did the employee injure?		
Where did the Injury Occur?		
Site (Facility):		
Location (i.e. hallway outside Rm220):		
Please provide a detailed account of how the employee was injured and the parties involved , if any.		
Was the employee using any tools at the time of injury?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, what were the tools being used? _____
Did the employee see a physician?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, pls. attach copy of MD note.
Did the employee leave work due to this injury?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, pls. state day and time employee left work: _____
If yes, has the employee returned to work?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, If yes, pls. state date employee returned to work: _____
Name(s) of Witness(es), if any:		
Is this incident suspicious in nature?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain. _____

I have completed an interview with employee and details of the incident are stated above.

Supervisor's Signature

Phone:

Date

Print Supervisor's Name