



Employee Incident Report

Privileged and Confidential

Instructions: Use this form to report incidents that don't require a doctor's visit.

Employees: Provide completed report to your supervisor and also email to riskmanagement@sfusd.edu within 24 hours of incident/accident.

Supervisors: Preserve completed form on site.

For injuries requiring a doctor's visit first call the school district's telephonic triage nurse at 415/241-6392 to report the injury and for a referral to medical treatment.

Form DWC 1, Workers' Compensation Claim Form, should be completed only to file a claim – do not complete to report an incident. The DWC 1 must be submitted if medical treatment is sought. The form can be found on Risk Management's Intranet (SharePoint) site at:

<https://district.sfusd.edu/dept/risk/Workers%27%20Compensation/Form%20DWC-1.pdf>.

Today's Date: _____ **Date of Incident:** _____ **Time:** _____

Name of Employee: _____ **Location:** _____

Description of Incident/accident and Extent of Injuries/Damage:

Was first-aid (e.g. bandage, ice pack) administered at site? (circle) Y N

Extent of First-Aid Given at site:

What part of the body was affected or injured? _____

Will you seek treatment for this injury? (Circle) Y N

Witnesses:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Person Reporting Incident

Title

Phone