The Office of People, Culture, and Talent
Risk Management Department

SUPERVISOR'S REPORT OF INJURY EMPLOYEE

Instructions: Fill out completely and submit this form to Risk Management Department (ext. 6428).

Employee Name:______________________________ Department/Division:_________________________

Job Title :_______________________________________ Employee ID#: ___________________________

Employee Type: ☐ Administrator ☐ Faculty ☐ Classified ☐ CMS ☐ Hourly ☐ Reg.Volunteer

Date of Injury:_________________ Time of Injury:_____________ ☐ a.m. ☐ p.m. On Campus: ☐ Y ☐ N

Time employee began work on the day of the accident?______________ ☐ a.m. ☐ p.m.

What is employee's regular work schedule? ☐ M ☐ T ☐ W ☐ TH ☐ F Hours work per day:__________

Hours work per week_______ Did supervisor witness the accident? ☐ Yes ☐ No

Name(s) of witnesses:____

Location where accident occurred (if not an AVC location, provide name of location & address; include room number or other description): ____

____

Description of how accident occurred: ____

____

____

____

Part of body affected (i.e. back, left wrist, right eye, etc.):_____________________________________

____

Did employee go to the doctor? ☐ Y ☐ N Did an unsafe condition contribute to the accident: ☐ Y ☐ N

Did the employee commit an unsafe act? ☐ Y ☐ N If yes, explain:_____________________________

____

How could the accident have been prevented? ____

____

____

Supervisor Name: ________________________________ Date:________/______/___________

Title: ________________________ Supervisor's Signature: ____________________________________

UPDATED: 12/11/2024

ANTELOPE
VALLEY
COLLEGE

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Additional comments: