ANTELOPE VALLEY COLLEGE

THE OFFICE OF PEOPLE, CULTURE, AND TALENT
RISK MANAGEMENT DEPARTMENT

SUPERVISOR'S REPORT OF INJURY
STUDENT WORKER/ STUDENT IN CLINICAL ROTATION

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

Student's Name:_____ Department/Division:_____

Student's Title :_____ Student ID#: _____

Student Type: ☐ Student Worker ☐ Student in clinical rostation

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 or clinical schedule? ☐ M ☐ T ☐ W ☐ TH ☐ F

Hours work per day: _____ Hours work per week:_____ Did you 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 student go to the doctor? ☐ Y ☐ N Did an unsafe condition contribute to the accident: ☐ Y ☐ N

Did the student commit an unsafe act? ☐ Y ☐ N If yes, explain:_____

_____

How could the accident have been prevented? _____

_____

_____

Supervisor Name: _____ Date:_____

Title: _____ Supervisor's Signature: _____

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Additional comments: