



CAL POLY CORPORATION
SUPERVISOR'S INJURY/ILLNESS REPORT

(To be completed by the injured employee's supervisor for any work-related injury or illness.)

DWC FORM 1 Given to Employee

(Must be given to employee within 24 hours)

Date:

By:

Date of Injury/Illness:

Supervisor:

Department:

Time:

Ext:

COMPLETE REPORT AND SUBMIT TO THE CAL POLY CORPORATION HUMAN RESOURCES DEPT. (BLDG 15 RM 130) WITHIN 24 HOURS OF THE INJURY/ILLNESS OR AT THE BEGINNING OF THE FOLLOWING WORKDAY. **PLEASE CALL 756-1151 FOR ALL SERIOUS INJURIES OR FOR ASSISTANCE.**

INJURED EMPLOYEE INFORMATION

EMPLOYEE STATUS: Regular Intermittent Student Non-Employee

Name Date of Birth

Local Address

Phone # Sex M F Time Shift Started

Job Title Avg. Weekly Hours Work days M T W TH F S S

MEDICAL TREATMENT INFORMATION

Was Medical Treatment Necessary? Yes No If yes, treatment at: Family Ind. Med Ctr Sierra Vista Med Stop
 Other:

First Aid Administered By: Name Type of First Aid

Injured completed work shift? Yes No Comment:

1. Where did the injury/illness occur?
2. What was the employee doing at the time of the injury/illness?
3. How did the injury/illness occur?
4. Witnesses (names and phone #s)
5. a. Describe the injury or illness
 - b. Part of body affected (be specific)
6. What was the cause of the injury/illness?
7. a. What steps are necessary to prevent recurrence of a similar injury/illness?
 - b. Have you taken these steps? Yes No Explain

Supervisor's Signature	Date	Department Head's Signature	Date

WHEN AN INJURY OCCURS ON THE JOB

1. Determine nature and extent of the injury. See that proper first aid is applied. Call 911 for serious emergencies. Notify Cal Poly Corporation Human Resources of the injury (756-1151).
2. If medical (but not emergency) treatment is needed, accompany the injured employee to:

- **Family Industrial Medical Center- Urgent Care - Phone: (805) 542-9891 or (805) 542-9596**
47 Santa Rosa Street, San Luis Obispo, CA 93401

Hours:	Monday-Friday:	9:00 a.m. – 8:00 p.m.
	Saturday:	9:00 a.m. – 6:00 p.m.
	Sunday:	9:00 a.m. – 4:00 p.m.
	Holidays:	Closed on most major holidays

OR

- **Med Stop – Urgent Care Center – Phone: (805) 549-8880**
283 Madonna Rd, Suite B, San Luis Obispo, CA 93405

Hours:	Monday-Friday:	8:00 am – 7:00 pm
	Saturday-Sunday:	8:00 am – 4:00 pm

In the event of an **emergency**, or injuries requiring medical attention when Family Industrial Medical Center or Med Stop are closed, use:

- **Sierra Vista Hospital - Phone: (805) 546-7600**
1010 Murray Ave., San Luis Obispo, CA 93401

Hours: Open 24 hours per day

3. Be sure and let the medical facility know that this is a work related injury. The Cal Poly Corporation is self-insured through the AO-COMP Group Claims are administered through: Sedgwick CMS, PO Box 3170, Rancho Cordova, CA 95741. The phone number is (916) 788-9918.
4. Provide injured employee with Employee's Claim for Workers' Compensation Benefits, DWC Form 1. The form can be found on our website at: <http://www.calpolycorporation.com/docs> under the Human Resources section. The injured employee fills out lines 1-8. The supervisor or Cal Poly Corporation representative completes lines 9-17.
5. Complete the Supervisor's Injury/Illness Report and submit it to the Human Resources Department within 24 hours of the injury or at the beginning of the following workday. Attach completed DWC Form 1 if injured employee has received medical treatment. The form can be found on our website at: <http://www.calpolycorporation.com/docs> under the Human Resources section.
6. Notify Human Resources (756-1151) when employee returns to work.
7. Request a doctor's release before permitting return to work. Be sure employee is capable of resuming work. Forward original release to work form to the Human Resources Office.