

MERMA

Monterey Educational
Risk Management Authority
P.O. Box 3320
Salinas, CA 93912

Incident Report: Employee Injury or Illness

(DISTRICT)

SECTION A: TO BE COMPLETED BY EMPLOYEE

- a. School _____ Department _____ Accident Date _____ Hour _____
- b. Employee's Name _____ Soc. Sec. No. (Last 4) _____
- c. Occupation _____ Location of Accident (be specific) _____
- d. To whom reported and title _____ Date Reported _____ Hour _____
- e. Description of Accident (include task being performed; step by step detail of incident, and tool, or object involved) _____
- _____ Regular work when injured: Yes No
- f. Specific body part injured _____ Name(s) of witness(s) _____
- g. Employee's Signature _____ Home Phone _____ Date _____

SECTION B: TO BE COMPLETED BY SUPERVISOR

1. What has been or will be done to prevent future similar injuries? _____
2. Does the employee have any input on how this type of injury can be avoided in the future? _____
3. Any inservice/training necessary for staff: Yes No If so, when will this be done? _____
4. Any physical deficiencies need correcting: Yes No If so, what steps have been taken: _____
5. Any procedural/operational changes necessary? _____
6. Check Medical Aid given:
First Aid? () Describe: _____
Visit Doctor? () Name/Location _____
Hospital? () Name/Location _____

*If more than first aid given, be sure to fill out Form 5020 - Employer's Report of Occupational Injury or Illness.

7. Supervisor's Signature: _____ Phone #: _____ Date: _____