



Irvine Unified School District Risk Management & Insurance

Notice of Contractor's Injury or Illness

Name of Injured _____

Company Name _____

Supervisor's Name _____ Supervisor's Phone # _____

Work Location _____

Name of District Representative Receiving Report _____

INJURY/ILLNESS INFORMATION (To Be Completed by District Representative)

Nature of Injury _____

Date Injury/Illness Occurred _____ Approximate Time _____

Date of Knowledge _____ Approximate Time _____

INVESTIGATION DETAILS (To Be Completed by District Representative)

Did the Company/Employee have workers' compensation Insurance? Yes _____ No _____

Was the causation of the injury/illness due to negligence? Yes _____ No _____

Was there an unsafe condition that caused the injury/illness? Yes _____ No _____

If yes, did the District or other third party cause this unsafe condition? Yes _____ No _____

Was the employee transported to a hospital/clinic? Yes _____ No _____

Did this injury/illness warrant a notification to CalOSHA? Yes _____ No _____

Did you visit the site of the accident/illness? Yes _____ No _____

Witness (1) _____ Phone # _____

Witness (2) _____ Phone # _____

Witness (3) _____ Phone # _____

Summarize Investigation Findings (Attach Additional Sheets, if necessary)

Completed forms should be sent to Risk Management & Insurance