DIRECTIONS FOR COMPLETING ALL FORMS:
If you have knowledge of an employee that sustained an injury or illness, City College of San Francisco requires the supervisor to:

- Provide the employee with the "Employee's Claim for Workers' Compensation Benefits" form within 24 hours.
- Complete an investigation of the incident. (1) Beginning with this form (SIIR), complete boxes 1-3; (2) perform the necessary actions to complete the "Employee's Report of Occupational Injury or Illness" form; (3) Return to the SIIR and perform the necessary actions to complete sections 5 and 6; (4) Complete section 7; (5) Distribute forms within 24 hours of knowledge. Additional follow-up to your investigation may be required.

1. EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF INCIDENT / INJURY</th>
</tr>
</thead>
</table>

2. EVENT TYPE

- NEAR MISS/DOCUMENTATION ONLY - non-injury or minor injury events where an employee was not treated by a health care professional.
- MEDICAL TREATMENT/LOST TIME - where employee sought treatment by a health care professional or lost time as a result of the injury. (TREATMENT LOCATION: [ ] SFOH, [ ] SFHC [ ] Other)

3. EMPLOYEE INPUT

What suggestions did the employee have for preventing similar incidents? (If employee was asked but declined to comment, state "employee declined to comment".)

4. STOP: OBTAIN AND COMPLETE THE "EMPLOYEE'S REPORT OF OCCIDENTAL INJURY AND ILLNESS" FORM (5020)

5. INVESTIGATION

Based on your explanation of the event's circumstances indicated in boxes 33 on Form 5020, identify and list possible corrective actions. Consider behavioral and engineering controls (i.e. "Be more careful" or "None" are not appropriate reasons).

What changes could be made in the equipment, materials and chemicals to prevent this event or exposure? See 5020 Box 33.

What changes could be made to the specific activity the employee was performing to prevent the event or exposure? See 5020 Box 34. (5020)

6. CORRECTIVE ACTIONS

List effective corrective actions, along with estimated completion dates and assignment of responsibility (i.e. "Be more careful" or "None" are not appropriate responses).

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Department Responsible</th>
<th>Completion/Notification Date</th>
</tr>
</thead>
</table>
A. Discuss applicable points about the incident with affected staff.  
B. Solicit staff suggestions for prevention.  
C. What are you going to do to prevent similar events from occurring?  
1.  
2.  
3.  
4.  

7. IMMEDIATE SUPERVISOR

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
<th>PHONE NO.</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
</table>

FORM SIIR  White - Workers' Compensation Liaison  Yellow - Supervisor  Pink - Claim Administrator

Iss. 06/01/01  Rev 2001