



# Supervisor's Report

OCCUPATIONAL INJURY/ILLNESS

COVID-19 claim, form to be completed by HR

TO BE SUBMITTED WITHIN **24 HOURS** OF OCCURRENCE.

1. Employee's Name (*print*)

2. Job Title

3. Date of injury/illness

4. Date EE reported to mgmt

5. Time injury/illness reported  AM  PM

6. Location of injury/illness

7. Is employee to be paid full wages for the date of injury/illness?  Yes  No

8. Was the employee doing something other than his/her required duty at the time of injury?  Yes  No 9. If "Yes," please describe what, why, and directed by whom (*describe below*):

10. Please describe in detail what the employee was doing, how it was being done and tools, people, or machines involved. If possible, give detail of weights, temperatures, chemicals, etc. (*describe below*)

11. Do you question the validity of this claim?  Yes  No

12. If "Yes," give reason (*witnesses, prior discussions, personal issues, or suspicion; describe below*):

13. What caused the injury/illness to occur? (*check all that apply*)

Improper or defective equipment

Location (poor layout or lighting)

Lack of skill, training, or experience

Lack of personal protective equipment

Adequate skill but failure to execute and follow direction

Inadequate safeguards, unsafe job design

Housekeeping, clutter, spillage, breakage

Material handling

Poor ergonomics in workstation design

Other (*describe below*)

14. What can be done to prevent such an accident from happening again? (*describe below*)

15. Who will assume responsibility to ensure the above is completed? (*describe below*)

16. When will this be completed

17. Supervisor completing this form (*print and sign*)

18. Telephone Extension

19. Department and Title

20. Today's Date

THE CLAREMONT COLLEGES Pomona College 1887 Claremont Graduate University 1925 Claremont University Consortium 1925  
Scripps College 1926 Claremont McKenna College 1946 Harvey Mudd College 1955 Pitzer College 1963 Keck Graduate Institute 1997

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