

**YUBA COUNTY OFFICE OF EDUCATION  
935 14<sup>TH</sup> STREET, MARYSVILLE, CA 95901**

**EMPLOYEE INJURY / INCIDENT REPORT**

EMPLOYEE NAME: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ PHONE NUMBER : \_\_\_\_\_

DO YOU REQUIRE MEDICAL ATTENTION NOW? ☐ YES ☐ NO

(Checking "NO" means you do not need **IMMEDIATE** medical attention, but you may wish for future medical care.)

**If medical attention is needed, contact the Company Nurse  
Injury Hotline immediately at 1-877-518-6709, use code TCS16**

If medical treatment is not needed at this time, complete this form and leave it with the site secretary or supervisor who will forward it to the Human Resources Department. If medical attention is not needed now for this incident, but is necessary at a later date you understand that you **MUST** contact the County Office Human Resources Department immediately @ 749-4900 **PRIOR TO** seeking or obtaining medical treatment. If you feel you need medical attention after hours or on the weekends, our designated clinic is Adventist-Rideout Occupational Health, 1531 Plumas Court, Suite B in Yuba City or the Emergency Room at Rideout Memorial Hospital, 726 4<sup>th</sup> Street, Marysville.

**IMPORTANT:** *Failure to report occupational injuries in a timely manner and/or failure to comply with the Counties' policies for medical treatment of occupational injuries could result in a delay of any possible workers' compensation benefits while the County and the insurance carrier investigate your claim.*

HOW DID INCIDENT HAPPEN? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE INCIDENT AND PART OF BODY AFFECTED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANY WITNESSES? ☐ YES ☐ NO IF YES, GIVE NAME(S): \_\_\_\_\_

HAVE YOU HURT THIS PART OF YOUR BODY BEFORE? ☐ YES ☐ NO IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WERE YOU EXPOSED TO ANY BLOODBORNE PATHOGENS OR POTENTIALLY INFECTIOUS MATERIALS?

☐ YES ☐ NO IF YES, YOU MUST NOTIFY Company Nurse IMMEDIATELY at 1-877-518-6709, use code TCS16.

**FOLLOW-UP COMMENTS:** *To be filled out by staff, not injured employee.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If additional space is needed, please use back of page.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date