

SANTA BARBARA COMMUNITY COLLEGE DISTRICT  
**SUPERVISOR'S REPORT OF EMPLOYEE INJURY OR ILLNESS**

Name of Injured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Department Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ usually works \_\_\_\_\_ hrs/day \_\_\_\_\_ days/wk \_\_\_\_\_ hrs/wk Salary/Wage \_\_\_\_\_

Employment status: \_\_\_\_\_ Any other employment outside SBCC? \_\_\_\_\_  
Regular full-time, hourly, etc. / 12, 11, 10-month

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number Street City Zip

Date of injury: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time of day: \_\_\_\_\_ a.m. Time employee  
p.m. began work \_\_\_\_\_

Date last worked: \_\_\_\_\_ Date returned to work: \_\_\_\_\_ -OR-  Still off work  No lost time

Date reported to supervisor: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. Claim form to employee: Y/N \_\_\_\_\_  
p.m. If yes, give date

Specific injury and body part affected or illness: \_\_\_\_\_

(Example: Cut right hand, first degree burns on left arm, etc.)

Where did injury happen: \_\_\_\_\_  
Building room -or- Street address, City if off campus

What equipment, tools, materials, chemicals, was employee using? \_\_\_\_\_

What specific activity/task was the employee performing when injury/illness occurred? \_\_\_\_\_

Write details of how the incident occurred, state facts: \_\_\_\_\_

Did injured have medical aid?  Yes  No If yes, where? \_\_\_\_\_

First Aid Only  Campus Health Center Nurse

Doctor (Complete name/address): \_\_\_\_\_

Hospital Admission (Name/address): \_\_\_\_\_

Names of witness(es) and/or persons performing first aid / addresses / phone numbers: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Ext: \_\_\_\_\_

ANY INJURY OR ILLNESS MUST BE REPORTED TO THE IMMEDIATE SUPERVISOR AND THE RISK MANAGER IMMEDIATELY. THIS REPORT MUST BE SUBMITTED TO THE RISK MANAGER WITHIN ONE WORKING DAY, EXTENSION 2266.

-See instructions on Reverse Side-

## **DISTRICT EMPLOYEE'S JOB RELATED ILLNESS ACCIDENT AND INJURY REPORTING PROCEDURES**

In the event of an employee's on-the-job accident injury or illness, assess the medical needs and respond accordingly:

1. For minor injuries perform first aid. SBCC Security is available 24 hours/day directly at (805) 730-4200 for urgent assistance and notification if 911 has been called.
2. For more serious injuries the employee should go to one of the facilities listed on the attached sheet. These facilities are listed in order of priority; thus, Sansum Medical Foundation Clinic would be first choice, and so on.

If they are not equipped to handle the medical problem, they will refer you to another care provider. When in doubt about the severity of the injury or the proper place for treatment, the emergency room of any local hospital is a good choice. Remember that 911 emergency services can also be utilized in the event of a very serious injury.

3. If off-campus medical care is used, be sure to tell the provider these things:
  - a. Patient is an employee of the Santa Barbara Community College District and was injured while on the job.
  - b. SBCC is self-insured for Workers' Compensation.
  - c. The doctor should send the original and one copy of the "Doctor's First Report of Industrial Injury" and all invoices and future reports to our administrators:

Keenan & Associates  
P.O. Box 2707  
Torrance, CA 90509

- d. Another copy of the same report should be sent to:

Adrienne Betty  
Risk Management  
Santa Barbara City College      Phone (805) 965-0581, Ext. 2266  
721 Cliff Drive  
Santa Barbara, CA 93109-2394

4. The employee's supervisor must complete the "Supervisor's Report of Injury or Illness" and return it to Risk Management; aabetty@sbcc.edu.
5. The employee must provide the doctor's treatment certificate and/or report of work restrictions to the Supervisor and Risk Management.
6. Any lost time must be reported to Payroll on the "Absence Report Form."
7. If you or the injured employee has any questions, contact Adrienne Betty at extension 2266.
8. Report any unsafe condition(s) that contributed to the injury to the Facilities and Operations Department, extension 2296.
- For Workers' Compensation purposes, a District employee is a person paid through the Payroll Office and is working for the District at the time of the injury, a student nurse or Board-approved volunteer.

-Use Form on Reverse Side-

**DISTRICT EMPLOYEE JOB RELATED ILLNESS/INJURY  
ACCIDENT AND INJURY TREATMENT FACILITIES**

**Sansum Medical Foundation Clinic**

**Occupational Medicine**  
101 South Patterson Avenue  
Santa Barbara, CA 93111  
(805) 898-3311  
8:00am-5:00pm (Mon-Thurs)

**Concentra - Oxnard**  
1851 Lombard Street, Suite 100  
Oxnard, CA 93030  
(805) 983-2234  
Fax-(805) 988-1941  
8:00am-5:00pm (Mon-Fri)

**Sansum Health-  
Lompoc**

1225 North H Street  
Lompoc, CA 93436  
(805) 737-8791  
8:00am-6:00pm (Mon-Fri)  
9:00am-5:00pm (Sat)  
12:00pm-5:00pm (Sun)

**Sansum Medical Foundation Clinic-  
Carpinteria**

4806 Carpinteria Avenue  
Carpinteria, CA 93013  
(805) 566-5000  
8:00am-5:00pm (Mon-Thurs)  
8:00am-12:00pm (Fri)

**\*\*\*If treatment of injury or illness is required "after hours," please seek medical attention at emergency room of local hospital.**