



Office of Risk Management
555 Franklin St., 2nd Floor, 94102
P 415/241-6307 • F 415/241-6330
riskmanagement@sfusd.edu

Employee Incident Report

Privileged and Confidential

Complete this form to report workplace incidents/accidents that require first aid only.

If you already saw or need to see a doctor, do NOT use this (Incident Report) form. Instead:

- 1. Call the nurse hotline at 415-241-6392 to report the injury and to get a referral for medical treatment.
2. Complete Form DWC-1 and submit to your supervisor/principal.

FORM DWC 1 (CLAIM FORM) DOES NOT NEED TO BE COMPLETED UNLESS A DOCTOR IS SEEN, YOU INTEND TO SEE A DOCTOR, OR YOU WISH TO PURSUE A WORKERS' COMPENSATION CLAIM

Employees: Provide completed report to your supervisor and also fax to 415-241-6330 within 24 hours of incident/accident.

Supervisors: Preserve completed form on site.

Employee Name/ID: Today's Date:

Date/Time of Incident: Location:

Description of Incident/Accident and Injury:

[Empty box for description of incident]

Extent of First-Aid Given at site (if any):

[Empty box for extent of first-aid]

Witnesses:

Name: Position:

Name: Position:

Person Reporting Incident Position Phone

This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, an employee has a maximum period of one year from the date of injury to obtain medical treatment and benefits.