Berkeley PUBLIC SCHOOLS
Berkeley Unified School District

SUPERVISOR'S REPORT

[Form RM-05] Rev. 09/2015

The **statement** of a(n):
- ☐ DIRECTOR
- ☐ MANAGER
- ☐ SUPERVISOR
- ☐ LEAD/ COORDINATOR
- ☐ Other:

EMPLOYEE'S INFO

EMPLOYEE'S NAME:	JOB TITLE:	SOCIAL SECURITY NO:
HOME ADDRESS:	WORK PHONE:	
CITY, STATE and ZIP:	HOME PHONE:	
SEX: [ ] Male [ ] Female	DATE OF BIRTH:	**EMPLOYMENT STATUS:** [ ] Perm/Full Time [ ] Perm/ Part-time [ ] Substitute [ ] 9 mo [ ] 10 mo [ ] 11 mo [ ] 12 mo [ ] Other: _____

LOCATION of INCIDENT (i.e. address, particular part of the building, etc. – include as much detail as possible)

WHERE WERE **YOU** in RELATION to the INCIDENT WHEN it OCCURRED?

DATE YOU WERE NOTIFIED:	TIME: AM / PM	WAS **ANYONE ELSE INJURED** in THIS INCIDENT?: ☐ YES ☐ NO ☐ UNKNOWN
NAME of OTHER **INJURED PARTY**: (if applicable)		**TYPE of INURY/ILLNESSS** IF KNOWN:

Was there any **PROPERTY DAMAGE ?** ☐ YES ☐ NO	Does the employee need to seek medical treatment? Yes [ ] No [ ]	Was employee referred to **CompanyNurse** (if applicable.):

DESCRIBE **HOW the INCIDENT OCCURRED** (include complete names of parties involved and make sketches, if appropriate):

☐ **SKETCH ON BACK**

DESCRIBE ANY APPARENT **DAMAGE to PROPERTY (What was damaged and describe damage, i.e., : truck bumper, dented; car windshield, cracked)**

IN YOUR OPINION WHAT WERE the **ROOT CAUSES** of the INCIDENT:

Has employee missed any time from work? Yes [ ] No [ ] What was last day of work: ___/___/____ Has employee returned to work? Yes [ ] No [ ] When did they return to work: ___/___/____	Have you provided a claim form to the employee with a work comp packet?: Yes [ ] No [ ] When was form provided: ___/___/____

This form must be completed immediately upon knowledge of an accident and submitted to Risk Management at: (510) 644-8881 or e-mail to: riskmanagement@berkeley.net. FOR INFORMATION THAT WILL NOT FIT ON THIS FORM, PLEASE ATTACH ADDITIONAL SHEETS. Thank you.

SUPERVISOR'S NAME:	**SUPERVISOR'S** SIGNATURE:	**DATE:**
JOB TITLE:	**WORK LOCATION:**	**WORK PHONE:**