

**Santa Barbara County Schools - Self-Insured Program for Employees (SIPE)
Employee and Supervisor Industrial Incident Report**

SIPE Form 6-588 1 1 /00 Revised 4/2020

(Please print clearly)

Employee Name:		District:	
Date of injury/illness:		Job Title:	
Brief description of injury or exposure (sprain, fracture, skin rash, etc.):			
Supervisor's Review: <i>Investigate causal factors to prevent re-occurrence. What was the employee doing when injured or exposed?</i>			
Object or substance that directly injured or exposed employee:			
Was employee able to work after injury / exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time / date returned:	
Has information been obtained from witnesses regarding the injury or exposure		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there a safety hazard involved in this incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the safety hazard or unsafe condition been corrected?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain action taken:			
How could injury or exposure have been prevented?			
What action have you taken to prevent reoccurrence?			
Supervisor's Name (Print):		Phone:	
Supervisor's Signature:		Date:	
Safety Committee Review/ Safety Director Signature:			
Date:			