

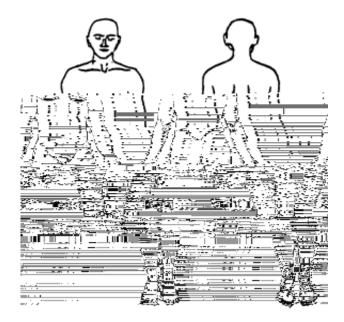
Risk Management & Internal Contro I · SA1600 · 25800 Carlos Bee Blvd · Hayward, CA 94542
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| I. INJURED/ILL EMPLOYEE | | | | | | | |
|-------------------------|-------------|--------|-----|-----|------|-----|-----|
| Name: | Job Title : | | | | | | |
| | | | | | | | |
| Address: | City: | State: | | | Zip: | | |
| Home Phone No: () | | | | | | | |
| | | | | | | | |
| | | Tues | Wed | Thu | Fri | Sat | Sun |
| Direct Supervisor: | Ext: | | | | | | |

II. FACTS RELATED TO INJURY/ILLNESS

Date/

Please circle body part(s) affected:



Step 2

Follow -up with Risk Management & Internal Control

Contact the Workers' Compensation Coordinator immediately. Should this injury result in a Worker's Compensation Claim, the Workers' Compensation Coordinator