California State University Bakersfield
Bloodborne Pathogen/Exposure Control Plan

Revised November 2017
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California State University Bakersfield
Bloodborne Pathogen/Exposure Control Plan

1.0 PURPOSE

This program provides procedures that will reduce the potential for occupational exposures to bloodborne infectious disease according to the requirements of Title 8 CCR, §5193 and 29 CFR §1910.1030. It applies to all employees who may be exposed to human blood, blood components, body fluids or other potentially infectious materials (OPIM) because of the performance of their duties.

2.0 SCOPE

Bloodborne pathogens include, but are not limited to hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). A “sharp” includes any object that can be reasonably anticipated to penetrate the skin and result in an exposure to bloodborne pathogens. Sharps used at CSUB include, but are not limited to, needle devices, scalpels, lancets, broken glass and broken capillary tubes.

3.0 AUTHORITY

Title 8 CCR, §5193 Bloodborne Pathogens
Title 8 CCR, §3203 Injury and Illness Prevention Program
Title 8 CCR, §3204 Access to Employee Exposure and Medical Records Titles
Title 8 CCR, §3380 Personal Protective Devices
Title 29 CFR, 1910.1030 Bloodborne Pathogens

4.0 EXPOSURE DETERMINATION

Employees working in the following job classifications perform duties which could result in exposure to bloodborne pathogens. Specific activities that present risk of exposure is listed after each classification.

<table>
<thead>
<tr>
<th>Job classifications in which all employees have occupational exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic Trainer</td>
</tr>
<tr>
<td>Clinical Laboratory Technician</td>
</tr>
<tr>
<td>Clinical Aide</td>
</tr>
<tr>
<td>Custodian</td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
</tr>
<tr>
<td>Life Guard</td>
</tr>
</tbody>
</table>
### Job classifications in which some employees have occupational exposure

<table>
<thead>
<tr>
<th>Job Classification</th>
<th>Exposure/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner</td>
<td>Medical or nursing procedures, administration of medication, first aid (includes Nursing and Allied Health Interns)</td>
</tr>
<tr>
<td>Physician</td>
<td>Medical procedures, administration of medication, first aid</td>
</tr>
<tr>
<td>Plumber (FM Trades)</td>
<td>Exposed to sewage</td>
</tr>
<tr>
<td>University Police Officer, Sargent, Chief</td>
<td>CPR/first aid provider, interaction with violent suspects, searches</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Medical or nursing procedures, administration of medication, first aid</td>
</tr>
<tr>
<td>Instructional Support Technician</td>
<td>Handling of laboratory specimens and waste</td>
</tr>
<tr>
<td>Maintenance Mechanic (FM Trades)</td>
<td>Exposed to sewage</td>
</tr>
<tr>
<td>Science Faculty</td>
<td>Research and laboratory activities</td>
</tr>
<tr>
<td>Student Nurses</td>
<td>Medical or nursing procedures</td>
</tr>
</tbody>
</table>

### 5.0 HEPATITIS B VACCINATIONS

Based upon the above Exposure Determinations, employees working in job classifications where they are routinely exposed to BBP will be offered hepatitis B vaccinations within 10 days of employment. Employees working in job classifications 10–12 will be offered hepatitis B vaccinations within 10 days of a determination by Safety and Risk Management staff that their work activities present an occupational exposure to bloodborne pathogens.

Student lifeguard positions require first aid training; however, lifeguards are not designated as primary responders. Athletic Trainers, University Police Officers and Student Health Center medical staff are designated primary responders for first aid on the CSUB campus.

Hepatitis B vaccinations may be offered to employees (including student lifeguards) post-blood borne pathogen exposure through the Medical Evaluation Post-Exposure procedures described below.

Program participants will receive the Hepatitis B vaccine at no cost. Medical contradictions or antibody titer results indicating the employee is immune are reasons for an employee to elect to decline the Hepatitis B vaccination. An employee need not be tested to confirm antibody titer, but may opt to receive the vaccination without test. When an employee declines the Hepatitis B vaccination, the declination will be documented using the required CAL OSHA declination form and will be retained in the employee's occupational medical record.
Per the Nursing Student Handbook, Nursing Student Interns are provided the opportunity to receive the Hepatitis B vaccine, and are required to complete a medical clearance prior to their entry into the academic program. The Handbook provides clear instruction for both pre and post exposure control procedures.

6.0 EXPOSURE CONTROLS

Engineering, administrative, and personal protective equipment controls, as described below, have been implemented to reduce the potential for occupational exposure to bloodborne pathogens. Additional exposure control procedures will be developed by clinic or laboratory supervisors as needed for specialty work environments. Supervisors are responsible for ensuring that employees implement exposure control measures and are trained to use required personal protective equipment (PPE). Employees who fail to implement exposure control measures or utilize PPE as required are subject to disciplinary action.

6.1 UNIVERSAL PRECAUTIONS

All blood and body fluids are treated as if they are infected with HBV, HCV, HIV or other pathogens. When a task requires direct contact with potentially infectious materials, personal protective equipment including lab coat, barrier gloves and eyewear (when eye contact is possible), shall be worn. Personal protective equipment will be made available for any situations where contact with bodily fluids may be encountered. Universal precautions supplement work practice controls.

6.2 ENGINEERING CONTROLS

Needles with engineered sharps injury protection shall be used for withdrawal of body fluids, accessing a vein or artery, administration of medications or fluids, and any other procedure for which a needle device with engineered sharps injury protection is available.

Needleless systems shall be used for withdrawal of body fluids after initial venous or arterial access is established, for administration of medications or fluids and any other procedure for which a needleless system is available as an alternative to the use of needle devices.

If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Bio-safety hoods will be used when contact with a pathogen occurs in which transmission is possible. The level of bio-safety hood will be selected based on the specific type of hazard present. Bio safety hoods are certified annually.
At that time, high efficiency particulate air (HEPA) filters, the functionality of liquid disinfectant traps, and vacuum lines will be checked. Note: prior to initiating research or instructional utilization with pathogens, a proposal for its use shall be submitted to the appropriate academic review committee for approval. Protocols for use of pathogens will include a hazard assessment, hazard mitigating engineering and administrative controls, and an emergency response plan for the project.

6.3 EXCEPTIONS

Engineering controls are not required when they are not available for purchase or when the use of the engineering control poses additional hazard to a patient or the respective medical treatment. Engineering controls are not required when the control is deemed to be no more effective in preventing exposure than another alternative in use. The determination to NOT use an engineering control for any of the above reasons must be justified in writing, reviewed, and approved by the head of the Department involved with a copy provided to Safety & Risk Management.

6.4 WORK PRACTICE CONTROLS

Nursing students are provided instruction prior to conducting any activities in which an exposure could occur. Health and safety practices are delineated in the Nursing Student Handbook. Students are required to review and document the following: a personal medical clearance, knowledge of the Bloodborne Pathogens OSHA Fact Sheet, and student certification that they understand the work practice controls.

Employees (and students) shall adhere to the following work practice controls:

1. Plan work to minimize the potential for splash, spray or droplet generation.
2. Never reuse disposable sharps.
3. Do not bend, recap or remove sharps from devices unless a mechanical device or a one-handed technique is used, and the employer can demonstrate that no alternative is available.
4. Never pipette blood or OPIM by mouth.
5. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas where there is a reasonable likelihood of exposure to bloodborne pathogens.
6. Do not keep food or drink in refrigerators, freezers, shelves, cabinets or on counter or bench tops where blood or OPIM are present.
7. Place specimens of blood or OPIM in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.
6.5 PERSONAL PROTECTIVE EQUIPMENT

The University will provide PPE in campus labs and clinics. Faculty will verify that offsite clinics provide appropriate PPE to students participating in clinical assignments. Use of plastic facemasks with one-way valves for mouth-to-mouth emergency ventilation will be used to provide emergency first aid. These devices may require two hands to secure a proper face seal and to maintain an open airway. Users of these masks must be trained in the correct use of the device and two-person CPR techniques if necessary.

1. Protective clothing, such as aprons or lab coats should be worn when there is a potential for soiling an employee’s street clothing exists.

2. When blood or OPIM penetrates a garment, the garment should be removed and cleaned prior to being worn again.

3. Lab coats should be kept clean. They may be stored in a designated location in the work area.

4. Gloves should be worn when there is a potential for direct skin contact with blood, OPIM, mucous membranes or non-intact skin.

5. Examination gloves are single use. Gloves are not to be disinfected and reused.

6. Check gloves for damage frequently.

7. Wash hands as soon as possible after removing gloves.

8. Filtering face-piece medical type mask, goggles, glasses with side shields, or a chin-length face shield, singularly or in combination, should be worn when splashes, sprays, splatters or droplets of potentially infectious material may be anticipated by eye, nose or mouth.

9. Closed toe, preferably leather, shoes are required.

10. Personal protective clothing should be removed before leaving a contaminated area.

6.6 WASTE DISPOSAL / RESPONSIBILITIES

Office of Safety and Risk Management (S&RM) is responsible for:

1. Developing guidelines for management of biohazardous waste that are consistent with Federal, State and local regulations;

2. Approving specific on-site treatment procedures used to render infectious waste non-infectious;

3. Administering the contract for off-site biohazardous waste disposalservices;

4. Performing periodic audits of campus waste generating facilities to assess compliance with this plan;
Transferring medical waste generated at SHC to the Science Stockroom personnel for steam sterilization and for transferring sterilized sharps to disposal location;

Identifying alternative measures to be taken in the event of a disruption of service because of a natural disaster or an equipment failure;

Keeping records pertaining to on-site treatment of biohazardous waste; and

Ensuring non-medical personnel handling medical waste are properly trained

7.0 FACULTY, STAFF, AND STUDENT NURSES ARE RESPONSIBLE FOR:

1. Place all sharps waste in rigid, red containers labeled biohazardous or sharps waste immediately following use.

2. Use a mechanical means such as tongs, brush or forceps to pick up contaminated broken glassware.

3. Never attempt to access items inside a sharps container until it has been properly sterilized.

4. Cease using a sharps container when the container is 3/4 full. Never force sharps into a full container.

Sharps containers may be used for as long as it takes to reach ¾ capacity of the container, unless the container holds organic putrefying material. If the container contains organic putrefying material, the retention time is 7 days unless stored in a freezer.

5. Biohazard containers must be closed when moved to prevent spillage or sharp protrusion.

6. A rigid secondary container must be used to prevent leakage during handling and transport. The secondary container must bear the biohazard label.

Sealed sharps containers are disposed through a state permitted biomedical waste broker.

7.1 SECURITY AND ISOLATION

Keep laboratory doors closed when work is performed on bloodborne pathogens. The area must be posted by placing the biohazard sign on entrance doors. Lock biohazard work areas when unattended.
7.2 HOUSEKEEPING AND DECONTAMINATION

1. All equipment and work surfaces shall be promptly cleaned with a disinfectant, capable of killing HIV and hepatitis, after contact with potentially infectious material.

2. A 1:10 hypochlorite solution is effective for decontamination and can be prepared by slowly adding 1/4 cup household bleach to 2 ½ cups of water. Any other disinfectant with a label stating that it is effective in killing HIV and hepatitis may also be used.

4. Clean up and decontamination should only be conducted by persons who have completed bloodborne pathogen exposure control training and who understand the hazards of the contaminant.

5. Use only nitrile or PVC gloves as a physical barrier during decontamination. PVC gloves may be washed, disinfected and reused. Additional PPE should be worn if splash hazards exist.

6. Contaminated laundry shall be placed and transported in bags labeled biohazardous.

8.0 RESEARCH INVOLVING HBV, HBC OR HIV

CSUB is not currently involved in HBV, HBC or HIV research. Faculty, staff or students who wish to conduct this type of research, must notify the Safety and Risk Management Office at ext. 2066 at least one month prior to beginning work.

9.0 POST-EXPOSURE EVALUATION AND FOLLOW-UP

An exposure incident is a specific eye, mouth, mucous membrane or non-intact skin penetration by blood or other potentially infectious material.

1. Wash skin with soap and water or flush mucous membranes with water immediately after contact with blood or OPIM.

2. Report all employee exposure incidents to the area supervisor immediately.

3. The employee's immediate supervisor will complete the Supervisors Report of Injury Form and refer the employee to the Student Health Center for immediate treatment.
If the exposure resulted from the delivery of first aid, the Report of Injury Form should include a list of all other persons who were involved in providing first aid.

When the employer provides in-house post exposure evaluation, the employee must be advised of their right to refuse to consent to post exposure evaluation from the employers’ healthcare professional. If the employee refuses to consent to evaluation at the CSUB Student Health Center, Health Center staff should notify Human Resources immediately. Human Resources will immediately arrange a confidential medical evaluation and follow-up from an alternate, non-employer, health care professional. The evaluation shall include:

1. Documentation of the route(s) of exposure and the circumstances under which the incident occurred;
2. Determination whether an exposure incident occurred;
3. Identification and documentation of the source individual; and
4. Offer of HBV vaccination series, immune serum globulin, or other prophylaxes to unvaccinated persons within 24 hours of the exposure.
5. Document declination of the HBV vaccine series or other prophylaxes on the attached form (Attachment A).
6. Baseline blood testing may be requested by the physician at the expense of the University.
7. The exposed employee's consent is required for HIV testing.
8. The treating physician must be provided with:
   - A copy of 8 CCR 5193;
   - Copies of required CSUB forms;
   - A description of the exposed employee's duties;
   - A copy of the Supervisors Report of Injury; and
   - All medical records relevant to the appropriate treatment of the employee including vaccination status.

The physician must provide a written post exposure report to the University within 15 days of completion of the exposure evaluation. The report should contain an opinion whether Hepatitis B vaccination is indicated for the employee and if the employee has begun the vaccination series. The report should document that the employee has been informed of the results of the full evaluation, and that the employee has been informed about medical conditions that require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written post-exposure evaluation report.
The physician's report should be completed using attachment A and submitted to The Office of Human Resources with a completed copy of the sharps injury log for the incident. Human Resources and Health Center staff will notify University Police as soon as they become aware that an exposure occurred as the result of a crime.

9.1 SHARPS INJURY LOG

The attached sharps injury log form (Attachment B) must be completed by the health care professional who completes the post exposure evaluation. A copy of each sharp injury log form shall be forwarded to the Office of Human Resources where the sharps injury log will be maintained for five years. The sharps injury log will be provided upon request to the CA Department of Health Services and to the California Department of Occupational Safety and Health. CSUB's Office of Human Resources and Student Health Center staff will review the sharps injury log annually to evaluate the safety record of devices involved in causing injuries.

9.2 TRAINING AND RECORD KEEPING

Each department head will insure that occupationally exposed employees under their supervision receive training at the time of initial assignment and at least annually thereafter. Supervisors should forward training records to Safety and Risk Management to be logged in the campus safety training database. If there is a change in task or procedures that affects the employee's occupational exposure, additional training will be provided. Bloodborne pathogen training shall include:

1. The location of 8 CCR 5193;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the exposure control program and how an employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks which may involve exposure to potentially infectious materials;
6. An explanation of the use and limitations of exposure control including appropriate engineering controls, administrative controls, safe work practices and personal protective equipment (PPE);
7. The basis for selection of PPE;
8. Information on the efficacy, safety, method of administration and benefits of the hepatitis B vaccine;
9. Information on the actions to take in the event of an emergency involving blood or other potentially infectious materials;

10. An explanation of the procedure to follow if an exposure incident occurs;

11. Information on the post-exposure evaluation and follow-up;

12. An explanation of the signs, labels and color coding used by the University to identify biohazardous areas and materials; and

13. An opportunity for questions from employees about the University’s Bloodborne Pathogen Program.

10.0 MEDICAL RECORDS WILL BE:

1. Stored by the Student Health Center or University’s medical monitoring contractor in confidential files;

2. Available, during normal work hours, to the employee to whom the record pertains, to representatives of CAL/OSHA and to the employee’s representative (with written consent from the subject employee); and

3. Maintained for the duration of the employment plus 30 years.

11.0 CONTRACT SERVICES

Companies contracting services to CSUB, that involve employee exposure to bloodborne pathogens, must have their own exposure control plan. Contractors must train their employees in accordance with the OSHA regulations including information that is specific to job duties at CSUB. A signed Contractor Illness and Injury Prevention Program Certification form must be provided to the University prior to the start of work.

12.0 PROGRAM REVIEW

Safety and Risk Management staff will coordinate annual review of the bloodborne pathogen exposure control plan to evaluate the program’s effectiveness and regulatory compliance. The Science Safety Committee, Health Center staff and other effected parties will participate in the program review. The Exposure Control Plan will be revised as necessary to include new or modified tasks.
Appendices

Appendix A   CSUB BBP Exposure Report
Appendix B   CSUB Sharps Injury Log
Appendix C   Supervisors Report of Injury
California State University, Bakersfield
Bloodborne Pathogen Exposure Report

Use this form to document all incidents involving blood or potentially infectious material that may have resulted in personnel exposure. When in doubt, use this form and report the incident as soon as possible to the immediate supervisor, but no later than the end of the work shift.

This form and a copy of the Supervisors Report of Injury should be provided to the attending physician. The physician should send the completed form to the Office of Human Resources to be filed with the employees’ occupational medical records.

Name: __________________________ Location Where Injury Occurred: ________________

Date of Injury: __________ Time of Injury: ______ Type of Injury: ________________


Has the employee previously received the full Hepatitis B Vaccination series?  □ Yes  □ No

For Medical Provider: In compliance with California Code of Regulations, Title 8, Section 5193, an exposure incident refers to an eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. The medical provider is to examine the reported facts of the incident and determine whether or not sufficient exposure potential exists to warrant prophylaxis, and the components of any prescribed treatment.

Did an exposure occur?  [ ] Yes  [ ] No

When an exposure has occurred, CSUB shall make the necessary immune serum globulin and/or Hepatitis B vaccination series immediately available to the exposed employee when medically indicated. The prophylaxes shall be made available as soon as possible, but in no event later than 24 hours after the incident occurred.
If the employee refuses recommended medical prophylaxes, please indicate below and have the employee sign as documentation of declination and forward this completed form to the address above or FAX to: 661-654-2299.

<table>
<thead>
<tr>
<th>Prophylaxis Recommended:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>□ Hepatitis B</td>
<td>□ ISG</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prophylaxis Provided:</th>
<th>Yes</th>
<th>No</th>
<th>Declined treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

Signature declining treatment ___________________________ Date: ___________________________

Physicians Name: ___________________________ Facility: ___________________________

Physicians Signature: ___________________________ Date: ___________________________

Telephone Number: ___________________________
**Supervisors Instructions:**

Complete all sections of this form;

Make a photocopy for your own records; and

Send original to Human Resources

<table>
<thead>
<tr>
<th>Employees Name</th>
<th>CSUB ID #</th>
<th>Employee Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Supervisor</td>
<td>Supervisors Telephone</td>
</tr>
<tr>
<td>Job Classification</td>
<td>Location Where Injury Occurred (Building # or Address)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Time of Injury</th>
<th>Location of Injury</th>
</tr>
</thead>
</table>

Body Part Injured

Procedure Being Performed at Time of Injury

Describe How Incident Occurred

<table>
<thead>
<tr>
<th>Sharps Information: Type</th>
<th>Brand</th>
<th>Model</th>
</tr>
</thead>
</table>

Did the Device Being Used Have Engineered Sharps Protection?  □ Yes  □ No

Was the Protective Mechanism Fully Activated?  □ Yes  □ No

Was the Protective Mechanism Partially Activated?  □ Yes  □ No

Exposure Occurred  □ Before  □ During  □ After Activation of Protective Mechanism.

If the Sharp Had no Engineered Sharps Protection, Could Such a Mechanism Have Prevented the Injury?  □ Yes  □ No

Could Any Other Engineering or Administrative, or Safe Work Practice Control Have Prevented the Injury?  □ Yes  □ No

Supervisors Signature: __________________________________________
To be completed by the injured worker’s Supervisor. All injuries must be reported other than minor first aid. This form must be completed in full using all information available and returned to the Office of Human Resources immediately after the injury is known. Incomplete or illegible forms will be returned to the originating department.

### Injured Worker Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Department Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Work Schedule Days (check as needed)

- [ ] Mon – Fri  or specify days:  
- [ ] Sun  
- [ ] Mon  
- [ ] Tues  
- [ ] Weds  
- [ ] Thurs  
- [ ] Fri  
- [ ] Sat  

#### Scheduled Hours on Date of Injury

- From [ ] am - [ ] pm  
- To [ ] am - [ ] pm  

#### Has Injured Worker Returned to Work?

- [ ] Yes, If Yes, Date Returned:  
- [ ] No, If No, Last Date Worked:  

#### Specific Location or Area Where Injury Occurred

- Address/City:  

### Supervisor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Date Injury Was Reported to Supervisor

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Treatment

#### Did Worker Require Medical Treatment?

- [ ] Yes  
- [ ] No  
- [ ] Unknown  

#### If Medical Treatment Required, How and Where was Treatment Provided?

- [ ] Treated Self (No Medical Treatment Sought)  
- [ ] Treated at CSUB Student Health  
- [ ] Center Treated at Other Location:  

##### Medical Facility:

Street Address:  
City:  
Phone:  

### Injury/Illness Information

<table>
<thead>
<tr>
<th>Date of Injury (mm/dd/yy)</th>
<th>Time (blank if date unknown)</th>
<th>Witnesses (provide name &amp; phone number)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Describe How Injury Occurred:

-  

### In Your Opinion (check one):

- [ ] Facts available indicate that this injury is work related and occurred during the course of worker’s usual and customary work hours and it is unclear from the available facts known as to whether this injury is work related.  
- [ ] It is unclear from the available facts known as to whether this injury is work related.  
- [ ] The facts available do not indicate that this injury is work related.

### Supervisor Verification

<table>
<thead>
<tr>
<th>Supervisor Signature</th>
<th>Printed Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>July 12, 2017</td>
</tr>
</tbody>
</table>