State of California

California Conservation Corps

MINOR INJURY REPORT

CCC 38 (Revised 11/11)

Employee's Name:		Last 4 digits of SSN:	Date of Birth:
Center/Division:	Satellite/Unit:	Classification:	Project Code:

Date of Injury/Illness: (M/D/Y)	Time Injury/Illness Occurred:	Date of Employer's Knowledge of Injury/Illness: (M/D/Y)
Specific Injury/Illness:	Part of Body:	Specific activity at time of injury/illness:

Describe how injury or illness occurred:	Witnesses (If Applicable):

First Aid Treatment Provided?

What corrective action is being taken to prevent similar accidents/injuries:

What was the topic(s) of the Tailgate Safety meeting on the date of injury:

Employee's Signature:		Date:
Supervisor's Name/Title (Print):	Supervisor's Signature:	Date:

<u>IMPORTANT NOTE</u>: The CCC 38 is completed <u>ONLY</u> when there is <u>NO</u> medical treatment or lost work time beyond the date of injury/illness, e.g., bruise, scrape, minor cut, poison oak, minor strain/sprain, etc. and the employee chooses not to seek medical attention.

(SEE BACK FOR ADDITIONAL INFORMATION AND REQUIRED ACTION)

INSTRUCTIONS

Injuries/illnesses that **DO NOT** require attention by qualified medical personnel (e.g., physician, registered nurse, etc.) and work days are **NOT** lost beyond the date of the injury/illness, shall be documented on the Report of Minor Injury/Illness form (CCC 38). Completion of this form serves the following purposes:

- **Protects the employee and the CCC by documenting the occurrence of a minor injury/illness that, at some future date, may require medical treatment or time off from work.**
- **Provides information that can be used to prevent future occurrences or more serious injuries.**

RESPONSIBILITIES

EMPLOYEE

- ☐ Informs immediate supervisor of any work-related minor injury or illness before the end of the work shift.
- ☐ Informs immediate supervisor if subsequent medical treatment is necessary - or work time is lost - for an injury or illness originally documented on this form.

SUPERVISOR

- ☐ Completes CCC 38 based on information from personal observation, statements from the injured employee and any witnesses;
- ☐ Provides the employee a SCIF 3301 and has the employee sign and return a SCIF 3301 Acknowledgement of Receipt document;
- ☐ Provides employee the Return to Work Coordinator flyers brochures;
- ☐ Collects witness statements using the CCC 50, if appropriate;
- ☐ Informs the employee that, if future medical treatment is obtained or work time is missed, the employee must notify the supervisor; and
- ☐ Routes the CCC 38 and SCIF Acknowledgement of Receipt document to the employee's medical file.

☑ Check off completed actions above