

BULLETIN

NO: 25-129  
DATE: July 22, 2025  
TO: All Fire-Rescue Personnel  
FROM: Willy Melendez, Deputy Fire Chief, Employee Services  
SUBJECT: Proper Use of the Minor Injury Report

As a reminder, the Minor Injury Report, form CD-1568, records any minor work-related injury or illness (e.g., cuts, bruises, strains, bumps) that does **NOT** require medical treatment.

A sample of form CD-1568 (rev 6/2025) is attached for reference. The form should be filled out completely by the employee and their immediate supervisor within 24 hours of the injury.

**Supervisors Instructions:**

- Complete the Minor Injury Report *within 24 hours* of injury.
- Ensure both the Supervisor and Employee Signature and Date fields are complete.
- Provide the employee with a copy of the completed report for their records.
- Scan and email the Minor Injury Report to [SDFDEmployeeServices@sandiego.gov](mailto:SDFDEmployeeServices@sandiego.gov).
- Do NOT send the original or copies to the City of San Diego Risk Management. The Employee Services Division processes and maintains an electronic copy.

**Note:** Employees should retain a copy of minor injury report for their own records due to the five-year retention period for email.

Employees must complete the SDFD Injury Report Packet (blue envelope) for injuries or illnesses requiring medical treatment.

The San Diego Fire Department version of the Minor Injury Report can be located on the “M” shared drive at M:\FORMS\Blank Forms\CD\Minor Injury Report (rev 6/2025) and on the [Fire-Rescue Department WebPortal](#).

If you have any questions, please contact Employee Services at [SDFDEmployeeServices@sandiego.gov](mailto:SDFDEmployeeServices@sandiego.gov).



# CITY OF SAN DIEGO

## Minor Injury Report

**INSTRUCTIONS:**

Report must be filled out with 24 hours of minor injury.

SDFD employees: Scan and email the completed form to SDFDEmployeeServices@sandiego.gov.

Do Not send a hard copy via interoffice mail.

Was this Form Completed Within 24 Hours of Injury/Illness Incident?  Yes  No If No Explain: \_\_\_\_\_

**1: MINOR INJURY ELIGIBILITY DETERMINATION**

The Minor Injury Report is used to record any minor work-related injury/illness that does **NOT** require medical treatment (e.g. cuts, bruises, strains, bumps). If the injury/illness requires medical treatment, please use the Workers' Compensation Claim form (RM-1642) for documentation and reporting purposes.

**2: EMPLOYEE**

Name (Last, First, MI)	Department/Division	Job Title	Employee ID#
Date of Injury	Time of Injury	Date Reported to Supervisor	

**3: LOCATION WHERE INJURY OCCURRED**

- Field
  Office
  Vehicle
  Other

Please provide location details:

**4: AFFECTED BODY PART(S)**

(Check boxes and circle either left or right for all that apply)

<b>Arms</b>	<b>Back</b>	<b>Head</b>	<b>Legs</b>		
<input type="checkbox"/> Elbow (L/R)	<input type="checkbox"/> Lower	<input type="checkbox"/> Ear (L/R)	<input type="checkbox"/> Ankle (L/R)	<input type="checkbox"/> Lungs	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Forearm (L/R)	<input type="checkbox"/> Mid	<input type="checkbox"/> Eye (L/R)	<input type="checkbox"/> Calf (L/R)	<input type="checkbox"/> Skin	_____
<input type="checkbox"/> Hand (L/R)	<input type="checkbox"/> Upper	<input type="checkbox"/> Head	<input type="checkbox"/> Foot (L/R)	<input type="checkbox"/> Whole Body	_____
<input type="checkbox"/> Shoulder (L/R)		<input type="checkbox"/> Mouth	<input type="checkbox"/> Knee (L/R)		_____
<input type="checkbox"/> Wrist (L/R)		<input type="checkbox"/> Neck			_____

**5: MINOR INJURY SUSTAINED (Check all that apply)**

<input type="checkbox"/> Bruise/Abrasion	<input type="checkbox"/> Heat illness	<input type="checkbox"/> Sharp pain	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Burns	<input type="checkbox"/> Hyperextension	<input type="checkbox"/> Soreness	_____
<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Irritation	<input type="checkbox"/> Sprain	_____
	<input type="checkbox"/> Nail damage	<input type="checkbox"/> Stiffness	_____

**6: CAUSE OF MINOR INJURY (Check all that apply)**

<input type="checkbox"/> Bug bites	<input type="checkbox"/> Contact with Poison Ivy/Oak	<input type="checkbox"/> Ergonomic/Repetitive motion	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Contact with heated material	<input type="checkbox"/> Controlled substance exposure	<input type="checkbox"/> Lifting heavy objects	_____
<input type="checkbox"/> Contact with object	<input type="checkbox"/> Disease exposure	<input type="checkbox"/> Slip and fall	_____
	<input type="checkbox"/> Dust/Particle exposure	<input type="checkbox"/> Trip	_____

**7: EMPLOYEE'S ACTIVITY AT TIME OF INJURY**

**8: SIGNATURES**

Supervisor Name (Last, First, MI)	Supervisor Signature/Date	Phone
Employee Name (Last, First, MI)	Employee Signature/Date	Phone