Print

TEXAS STATE UNIVERSITY
SUPERVISOR'S REPORT OF INCIDENT, INJURY OR ILLNESS

1. Name (Last, First, M.I.) ,
2. Sex M F
15. Date of injury
16. Time of injury a.m. p.m.
17. Date lost time began
3. Tx State ID
4. Home Phone
5. Date of Birth
18. Nature of Injury
19 Part(s) of Body Injured or Exposed
6. Does Employee speak English? Yes No If no, specify language:
20. How and why incident/injury/illness occurred (Continue reverse, Page 2)
7.Employee Work Phone #:
8. Block no longer used
9. Mailing address
Street or P.O. Box
City State Zip Code County
PPE Required Yes No
Issued Yes No
Used Yes No
10.Marital status: Married Widow Separated Single Divorced
21. Was employee doing his regular job? Yes No
22. Worksite location of injury. (stairs, dock, etc.)
11. Number of Dependent Children
12. Spouse's Name:
23. Address where injury or exposure occurred
Name of Business if incident occurred on a business site
13. Treating doctor:
Street or P.O. Box County
14.Treatment Location: Hospital Doctor Other
City State Zip Code
24. Cause of injury (fall, tool, machine, etc.)
Address
25. List of witnesses (limit to 2 or 3)
City State Zip Code
Phone Number:
26. Return to work date or expected
27. Did employee die? Yes No
28. Supervisor's Name
29. Date Reported
30. Date of Hire
31. Hired/Recruited in Texas? Yes No
32. Length of service in current position. Years Months
33. Length of Service in Occupation Years Months
34. State P/R Class N/A
35. Occupational/Job Title:
Department
Status: Faculty Staff Student Part-time Temporary
Department Phone Number:

Environmental Health Safety Specialist /Office Use Only:

Supervisor's Signature: Date:

Department Head/Account Manager's Date:

Supervisor **must** complete form, to including all required signatures and send via file transfer **to kb1569@txstate.edu** and **lt05@txstate.edu** within 24 hours from time of injury.

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(Continuation) Item #20 How and Why Incident, Injury or Illness Occurred:

REVIEW:

Supervisor's Comments:

Recommended Action:

Name :_____ Signature: _____ Date: _____
(print)

Director, Environmental Health, Safety and Risk Management Comments:

Signature: _____ Date: _____