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

Street or P.O. Box County

13. Treating doctor:

City TX State Zip Code

14.Treatment Location: Hospital Doctor Other

24.Cause of injury (fall, tool, machine, etc.)

Address

25.List of witnesses (limit to 2 or 3)

City TX 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 email form **to ehsrem@txstate.edu** and **kb1569@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: _____