

**SANTA ROSA ISD**  
**Workers' Compensation**

**Supervisor's Incident Investigation Report**

This form is for recordkeeping and loss control purposes. Do not send this form to TASB or to the Texas Workers' Compensation Commission (TWCC). Using this form will benefit you in three ways: Incident Investigation assists you in reducing or preventing future occupational injuries and illnesses. This form requests all the information that DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred. This form is a good source of information if you need to complete a first report of injury. You must file a first report of injury with your insurance carrier for each on-the-job injury.

THIS INCIDENT is an  Injury  Disease  Fatality  Near-miss

Today's Date \_\_\_\_\_ Date Reported \_\_\_\_\_  
 District SANTA ROSA ISD Campus/Dept \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone No. \_\_\_\_\_

1. Name of person involved	2. Sex	3. Social Security Number	4. DOB	5. Date of incident
6. Home Address _____ _____ _____ Phone _____	7. Time & day of incident _____ a.m.; _____ p.m.; _____ day of week		8. Specific location of incident  Was it on employer's premises? <u>Y</u> <u>N</u>	
13. Name & address of treating physician _____ _____ Phone _____	11. Length of service _____ years _____ months		12. Employee was working <input type="checkbox"/> alone <input type="checkbox"/> with fellow workers <input type="checkbox"/> Other _____	
	14. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-employee		15. Experience in occupation at time of incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 5 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> more than 5 years	
16. Name & address of hospital _____ _____ _____	17. Phase of employee's workday at time of injury <input type="checkbox"/> During break period <input type="checkbox"/> During meal period <input type="checkbox"/> Working Overtime <input type="checkbox"/> Entering or leaving building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other (Explain) _____			
19. Employee's Wage (pay per hour)	18. Name of employee's immediate supervisor at time of incident		Witnessed incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Voluntary benefits paid by the employer, (if any)	20. Other witnesses _____ _____			
22. Part of body injured or affected				
<input type="checkbox"/> Skull, Scalp	<input type="checkbox"/> Jaw	<input type="checkbox"/> Eye	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand
<input type="checkbox"/> Nose	<input type="checkbox"/> Spine	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger
<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Ear	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip
				<input type="checkbox"/> Knee
				<input type="checkbox"/> Thigh
				<input type="checkbox"/> Lower Leg
				<input type="checkbox"/> Foot
				<input type="checkbox"/> Toe
				<input type="checkbox"/> Ankle
				<input type="checkbox"/> Other _____
23. Nature of injury or illness				
<input type="checkbox"/> Puncture	<input type="checkbox"/> Bruise, Contusion	<input type="checkbox"/> Skin Disorder	<input type="checkbox"/> Insect/Animal Bite	<input type="checkbox"/> Muscle Sprain
<input type="checkbox"/> Laceration	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn	<input type="checkbox"/> Amputation	<input type="checkbox"/> Muscle Strain
<input type="checkbox"/> Fracture	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Hernia
<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Chemical Exp.	<input type="checkbox"/> Cumulative Trauma Disorder	
<input type="checkbox"/> Irritation	<input type="checkbox"/> Infection	<input type="checkbox"/> Other _____		

**SANTA ROSA ISD**  
**Workers' Compensation**

**Supervisor's Incident Investigation Report**

<p>24. Disposition</p> <input type="checkbox"/> Days away from work _____ <input type="checkbox"/> Restricted work days _____ <input type="checkbox"/> Date returned to work _____ Sent to <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital	<p>25. Diagnosis</p> _____ _____ _____	<p>26. Severity</p> <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Lost Work Days <input type="checkbox"/> Fatality <input type="checkbox"/> Other _____																					
<p>27. What condition of tools, equipment, or work area contributed to incident?    <input type="checkbox"/> Not applicable</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Close clearance congestion</td> <td><input type="checkbox"/> Inadequate Warning System</td> <td><input type="checkbox"/> Equipment/Workstation Design</td> </tr> <tr> <td><input type="checkbox"/> Defective tools/equipment/vehicle</td> <td><input type="checkbox"/> Inadequate Housekeeping</td> <td><input type="checkbox"/> Inadequate Guards/Barriers</td> </tr> <tr> <td><input type="checkbox"/> Hazardous Placement</td> <td><input type="checkbox"/> Inadequate Ventilation</td> <td><input type="checkbox"/> Inadequate/Improper P.P.E</td> </tr> <tr> <td><input type="checkbox"/> Floors/Work Surfaces</td> <td><input type="checkbox"/> Equipment Failure</td> <td><input type="checkbox"/> Illumination</td> </tr> </table>			<input type="checkbox"/> Close clearance congestion	<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Equipment/Workstation Design	<input type="checkbox"/> Defective tools/equipment/vehicle	<input type="checkbox"/> Inadequate Housekeeping	<input type="checkbox"/> Inadequate Guards/Barriers	<input type="checkbox"/> Hazardous Placement	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Inadequate/Improper P.P.E	<input type="checkbox"/> Floors/Work Surfaces	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Illumination									
<input type="checkbox"/> Close clearance congestion	<input type="checkbox"/> Inadequate Warning System	<input type="checkbox"/> Equipment/Workstation Design																					
<input type="checkbox"/> Defective tools/equipment/vehicle	<input type="checkbox"/> Inadequate Housekeeping	<input type="checkbox"/> Inadequate Guards/Barriers																					
<input type="checkbox"/> Hazardous Placement	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Inadequate/Improper P.P.E																					
<input type="checkbox"/> Floors/Work Surfaces	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Illumination																					
<p>28. What caused or influenced substandard conditions?    <input type="checkbox"/> No substandard conditions</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Abuse or Misuse</td> <td><input type="checkbox"/> Inadequate Supervision</td> <td><input type="checkbox"/> Wear and Tear</td> </tr> <tr> <td><input type="checkbox"/> Improper Motivation</td> <td><input type="checkbox"/> Inadequate Tools/Equip/Materials</td> <td><input type="checkbox"/> Inadequate capacity</td> </tr> <tr> <td><input type="checkbox"/> Inadequate Maintenance</td> <td><input type="checkbox"/> Improper work surfaces</td> <td><input type="checkbox"/> Inadequate purchasing</td> </tr> <tr> <td><input type="checkbox"/> Lack of Knowledge/Training</td> <td><input type="checkbox"/> Inadequate engineering</td> <td><input type="checkbox"/> Lack of Skill</td> </tr> </table>			<input type="checkbox"/> Abuse or Misuse	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Wear and Tear	<input type="checkbox"/> Improper Motivation	<input type="checkbox"/> Inadequate Tools/Equip/Materials	<input type="checkbox"/> Inadequate capacity	<input type="checkbox"/> Inadequate Maintenance	<input type="checkbox"/> Improper work surfaces	<input type="checkbox"/> Inadequate purchasing	<input type="checkbox"/> Lack of Knowledge/Training	<input type="checkbox"/> Inadequate engineering	<input type="checkbox"/> Lack of Skill									
<input type="checkbox"/> Abuse or Misuse	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Wear and Tear																					
<input type="checkbox"/> Improper Motivation	<input type="checkbox"/> Inadequate Tools/Equip/Materials	<input type="checkbox"/> Inadequate capacity																					
<input type="checkbox"/> Inadequate Maintenance	<input type="checkbox"/> Improper work surfaces	<input type="checkbox"/> Inadequate purchasing																					
<input type="checkbox"/> Lack of Knowledge/Training	<input type="checkbox"/> Inadequate engineering	<input type="checkbox"/> Lack of Skill																					
<p>29. What action or inaction contributed to the incident?    <input type="checkbox"/> Not applicable</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Failure to make secure</td> <td><input type="checkbox"/> Operating at improper speed</td> <td><input type="checkbox"/> Improper position</td> </tr> <tr> <td><input type="checkbox"/> Under influence drugs/alcohol</td> <td><input type="checkbox"/> Used equipment improperly</td> <td><input type="checkbox"/> Unauthorized actions</td> </tr> <tr> <td><input type="checkbox"/> Failure to warn/signal</td> <td><input type="checkbox"/> Running/rushing/acting in haste</td> <td><input type="checkbox"/> Improper technique</td> </tr> <tr> <td><input type="checkbox"/> Used defective equipment</td> <td><input type="checkbox"/> Operating procedure deviation</td> <td><input type="checkbox"/> Improper lifting</td> </tr> <tr> <td><input type="checkbox"/> Nullified safety/control devices</td> <td><input type="checkbox"/> Servicing operating equipment</td> <td><input type="checkbox"/> Improper loading</td> </tr> <tr> <td><input type="checkbox"/> Inadequate/Improper P.P.E use</td> <td><input type="checkbox"/> Used wrong tool/equipment</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Horseplay/distractive action</td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Failure to make secure	<input type="checkbox"/> Operating at improper speed	<input type="checkbox"/> Improper position	<input type="checkbox"/> Under influence drugs/alcohol	<input type="checkbox"/> Used equipment improperly	<input type="checkbox"/> Unauthorized actions	<input type="checkbox"/> Failure to warn/signal	<input type="checkbox"/> Running/rushing/acting in haste	<input type="checkbox"/> Improper technique	<input type="checkbox"/> Used defective equipment	<input type="checkbox"/> Operating procedure deviation	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Nullified safety/control devices	<input type="checkbox"/> Servicing operating equipment	<input type="checkbox"/> Improper loading	<input type="checkbox"/> Inadequate/Improper P.P.E use	<input type="checkbox"/> Used wrong tool/equipment	<input type="checkbox"/> None	<input type="checkbox"/> Horseplay/distractive action	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Failure to make secure	<input type="checkbox"/> Operating at improper speed	<input type="checkbox"/> Improper position																					
<input type="checkbox"/> Under influence drugs/alcohol	<input type="checkbox"/> Used equipment improperly	<input type="checkbox"/> Unauthorized actions																					
<input type="checkbox"/> Failure to warn/signal	<input type="checkbox"/> Running/rushing/acting in haste	<input type="checkbox"/> Improper technique																					
<input type="checkbox"/> Used defective equipment	<input type="checkbox"/> Operating procedure deviation	<input type="checkbox"/> Improper lifting																					
<input type="checkbox"/> Nullified safety/control devices	<input type="checkbox"/> Servicing operating equipment	<input type="checkbox"/> Improper loading																					
<input type="checkbox"/> Inadequate/Improper P.P.E use	<input type="checkbox"/> Used wrong tool/equipment	<input type="checkbox"/> None																					
<input type="checkbox"/> Horseplay/distractive action	<input type="checkbox"/> Other _____																						
<p>30. Probable recurrence</p> <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		<p>31. Loss severity potential</p> <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor																					
<p>32. Preventive measures:(What corrective actions have been taken or are planned to prevent a recurrence?)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Improve enforcement</td> <td><input type="checkbox"/> Improve/change work method</td> <td><input type="checkbox"/> Improve illumination</td> </tr> <tr> <td><input type="checkbox"/> Repair/replace equipment</td> <td><input type="checkbox"/> Install/revise guards/devices</td> <td><input type="checkbox"/> Reinstruction of employee</td> </tr> <tr> <td><input type="checkbox"/> Improve clean-up procedures</td> <td><input type="checkbox"/> Improve design/construction</td> <td><input type="checkbox"/> Task analysis</td> </tr> <tr> <td><input type="checkbox"/> Corrective counseling</td> <td><input type="checkbox"/> Job reassignment of employee</td> <td><input type="checkbox"/> Identify/Improve P.P.E.</td> </tr> <tr> <td><input type="checkbox"/> Eliminate congestion</td> <td><input type="checkbox"/> Mandatory pre-job instruction</td> <td><input type="checkbox"/> Procedure revision</td> </tr> <tr> <td><input type="checkbox"/> Improve storage/arrangement</td> <td><input type="checkbox"/> Use other materials/supplies</td> <td><input type="checkbox"/> Improve ventilation</td> </tr> <tr> <td><input type="checkbox"/> Rotation of employee</td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>			<input type="checkbox"/> Improve enforcement	<input type="checkbox"/> Improve/change work method	<input type="checkbox"/> Improve illumination	<input type="checkbox"/> Repair/replace equipment	<input type="checkbox"/> Install/revise guards/devices	<input type="checkbox"/> Reinstruction of employee	<input type="checkbox"/> Improve clean-up procedures	<input type="checkbox"/> Improve design/construction	<input type="checkbox"/> Task analysis	<input type="checkbox"/> Corrective counseling	<input type="checkbox"/> Job reassignment of employee	<input type="checkbox"/> Identify/Improve P.P.E.	<input type="checkbox"/> Eliminate congestion	<input type="checkbox"/> Mandatory pre-job instruction	<input type="checkbox"/> Procedure revision	<input type="checkbox"/> Improve storage/arrangement	<input type="checkbox"/> Use other materials/supplies	<input type="checkbox"/> Improve ventilation	<input type="checkbox"/> Rotation of employee	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Improve enforcement	<input type="checkbox"/> Improve/change work method	<input type="checkbox"/> Improve illumination																					
<input type="checkbox"/> Repair/replace equipment	<input type="checkbox"/> Install/revise guards/devices	<input type="checkbox"/> Reinstruction of employee																					
<input type="checkbox"/> Improve clean-up procedures	<input type="checkbox"/> Improve design/construction	<input type="checkbox"/> Task analysis																					
<input type="checkbox"/> Corrective counseling	<input type="checkbox"/> Job reassignment of employee	<input type="checkbox"/> Identify/Improve P.P.E.																					
<input type="checkbox"/> Eliminate congestion	<input type="checkbox"/> Mandatory pre-job instruction	<input type="checkbox"/> Procedure revision																					
<input type="checkbox"/> Improve storage/arrangement	<input type="checkbox"/> Use other materials/supplies	<input type="checkbox"/> Improve ventilation																					
<input type="checkbox"/> Rotation of employee	<input type="checkbox"/> Other _____																						
<p>33. Employee's description of incident (attach sheet for additional comments)    <input type="checkbox"/> Comment sheet attached</p> _____ _____ _____ Signature of Employee _____																							
<p>34. Supervisor's description of incident (attach sheet for additional comments)    <input type="checkbox"/> Comment sheet attached</p> _____ _____ _____																							
<p>35. Specific corrective actions or preventive measures taken</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Corrective Action Taken</th> <th style="width:20%;">Person Responsible</th> <th style="width:20%;">Target Date</th> <th style="width:30%;">Date Completed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Corrective Action Taken	Person Responsible	Target Date	Date Completed																
Corrective Action Taken	Person Responsible	Target Date	Date Completed																				
_____ Supervisor's Signature		_____ Date																					
_____ Manager's Signature		_____ Date																					
_____ Safety Coordinator's Signature		_____ Date																					