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*Exhibit B is adapted from the TASB Workers' Compensation Loss Control Manual.*

# Exhibit A—Emergency Information for District Employees

Employee's name: _____

Address: _____

Phone number: _____

Please list the names of relatives or friends to be called in case of emergency.

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

In case of an accident or sudden illness, I hereby authorize a representative of Ector County Independent School District to contact Dr. _____, Phone, _____, or Dr. _____, Phone _____, or any medical doctor available.

Signature: _____

Date: _____

# Exhibit B—Incident Investigation Record

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 the District in three ways:

1. Incident investigation assists the District in reducing or preventing future occupational injuries and illnesses.
2. This form requests all the information that TWCC says the District 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.
3. This form is a good source of information if the District needs to complete a first report of injury. The District must file a first report of injury with its insurance carrier for each on-the-job injury.

This incident is an:

☐ Injury ☐ Disease ☐ Fatality ☐ Near-miss

Today's date: _____ Date reported: _____

District: _____ Campus/department: _____

Supervisor: _____ Phone number: _____

Name of person involved: _____ Sex: _____

Address: _____

Phone: _____ DOB: _____

Social Security number: _____

Date of incident: _____

Time and day of week of incident: _____

Specific location of incident: _____

Was it on employer's premises?

☐ Yes ☐ No

Employee's occupation:

Length of service:

Job task at time of incident:

Employment category:

- ☐ Regular: Full-time
- ☐ Regular: Part-time
- ☐ Temporary
- ☐ Seasonal
- ☐ Nonemployee

Experience in occupation at time of incident:

- ☐ Less than one month
- ☐ One to five months
- ☐ Six months to one year
- ☐ One year to less than five years
- ☐ Five or more years

Employee was working:

- ☐ Alone
- ☐ With fellow workers
- ☐ Other

If Other, please explain:

Phase of employee's workday at time of injury:

- ☐ During break period
- ☐ During meal period
- ☐ Working overtime
- ☐ Entering or leaving the building
- ☐ Performing work duties
- ☐ Other (explain below)

If Other, please explain:

Witnessed accident?

- ☐ Yes
- ☐ No

Other witnesses:

Employee's wage (pay per hour): _____

Voluntary benefits paid by the employer, if any: _____

Name and address of treating physician: _____

Phone: _____

Name and address of hospital: _____

Part of body injured or affected:

| | | | |
|---|---|---|---|
| ☐ Skull, scalp | ☐ Eye | ☐ Nose | ☐ Finger |
| ☐ Jaw | ☐ Neck | ☐ Spine | ☐ Mouth |
| ☐ Abdomen | ☐ Back | ☐ Pelvis | ☐ Chest |
| ☐ Shoulder | ☐ Thigh | ☐ Elbow | ☐ Forearm |
| ☐ Wrist | ☐ Hand | ☐ Lower leg | ☐ Other |
| ☐ Knee | ☐ Upper arm | ☐ Ankle | |
| ☐ Foot | ☐ Toe | ☐ Hip | |

Nature of injury or illness:

| | | |
|---|---|---|
| ☐ Puncture | ☐ Irritation | ☐ Chemical exposure |
| ☐ Bruise, contusion | ☐ Laceration | ☐ Infection |
| ☐ Skin disorder | ☐ Insect/animal bite | ☐ Foreign body |
| ☐ Burn | ☐ Dislocation | ☐ Muscle strain |
| ☐ Amputation | ☐ Abrasion | ☐ Other |
| ☐ Muscle sprain | ☐ Hearing loss | |
| ☐ Cumulative trauma disorder | ☐ Heat/cold stress | |

Disposition:

☐ Days away from work: _____
☐ Restricted workdays: _____
☐ Date return to work: _____
☐ Sent to doctor
☐ Sent to hospital

Diagnosis:

_____

_____

Severity:

☐ First aid
☐ Medical treatment
☐ Lost workdays
☐ Fatality
☐ Other (specify): _____

What condition of tools, equipment, or work area contributed to incident?

☐ Not applicable
☐ Close clearance congestion
☐ Floors/work surfaces
☐ Inadequate housekeeping
☐ Defective tools/equipment/vehicle
☐ Hazardous placement
☐ Inadequate ventilation
☐ Equipment failure
☐ Illumination
☐ Inadequate warning system
☐ Equipment/workstation design
☐ Inadequate guards/barriers
☐ Inadequate/improper PPE

What cause or influenced substandard conditions?

☐ Not applicable
☐ Abuse or misuse
☐ Inadequate supervision
☐ Inadequate purchasing
☐ Wear and tear
☐ Inadequate maintenance
☐ Inadequate engineering
☐ Lack of skill
☐ Improper work surfaces
☐ Inadequate tools/equipment
☐ Improper motivation
☐ Inadequate capacity
☐ Lack of knowledge/training

What action or inaction contributed to the incident?

- ☐ Not applicable
- ☐ Failure to make secure
- ☐ Under influence drugs/alcohol
- ☐ Nullified safety/control devices
- ☐ Used defective equipment
- ☐ Horseplay/distractive action
- ☐ Operating at improper speed
- ☐ Used equipment improperly
- ☐ Improper lifting
- ☐ Unauthorized actions
- ☐ Used wrong tool/equipment
- ☐ Improper loading
- ☐ Improper technique
- ☐ Improper position
- ☐ Servicing operating equipment
- ☐ Running/rushing/acting in haste
- ☐ Operating procedure deviation
- ☐ None
- ☐ Other

_____

Probable recurrence:

☐ Frequent ☐ Occasional ☐ Rare

Loss severity potential:

☐ Major ☐ Serious ☐ Minor

Preventive measures: What corrective actions have been taken or are planned to prevent a recurrence?

- ☐ Improve enforcement
- ☐ Improve cleanup procedures
- ☐ Rotation of employee
- ☐ Repair/replace equipment
- ☐ Eliminate congestion
- ☐ Improve storage/arrangements
- ☐ Improve illumination
- ☐ Improve/change work method
- ☐ Identify/improve PPE
- ☐ Task analysis/procedure revision
- ☐ Corrective Counseling
- ☐ Install/revise guards/devices
- ☐ Task analysis to be completed
- ☐ Improve design/construction
- ☐ Task analysis/procedure revision
- ☐ Job reassignment of employee
- ☐ Use other materials/supplies
- ☐ Mandatory pre-job instructions
- ☐ Improve ventilation
- ☐ Reinstruction of employee
- ☐ Other

_____

Employee's description of incident (attach sheet for additional comments):

Signature of employee: _____

Supervisor's description of incident (attach sheet for additional comments):

Specific corrective actions or preventive measures taken:

| Corrective Action Taken | Person Responsible | Target Date | Date Completed |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Supervisor's signature: _____ Date: _____

Manager's signature: _____ Date: _____

Personnel Representative's signature: _____ Date: _____

Safety Coordinator's Signature: _____ Date: _____

# Exhibit C—Witness Statement Form: Employee Incident/Accident

Name of witness: _____

Home address: _____

Telephone: _____

Business address: _____

Telephone: _____

Date and time of accident: _____

Where did the accident happen? Be specific:

_____

_____

How close were you when the accident occurred?

_____

Did you see it? If not, how soon after the accident did you arrive?

_____

Was anyone injured? If so, who?

_____

Were there other witnesses? If yes, list names.

_____

Describe what you saw and heard:

_____

_____

_____

_____

Signature of witness: _____ Date: _____

(Attach diagrams or additional sheets if needed.)

# Exhibit D—Student Incident/Accident Report

Name of injured student: _____

Address: _____

Age: _____ Sex: _____

Grade: _____ School: _____

Place where accident occurred: _____

Date: _____ Time of day: _____

Subject or activity during which accident occurred: _____

Details of accident provided by student or witness (identify source):

_____

_____

_____

_____

Nature of injury (part of body injured): _____

Witnesses: _____

Teacher in charge: _____

Parent notified by: _____

Type of first aid given: _____

Is there a signed authorization to secure emergency care on file?

☐ Yes

☐ No

Signature of reporting teacher: _____

Signature of principal: _____

# Exhibit E—Principal's Investigation of Student Incident/Accident

Name of injured student: _____

Grade: _____

School: _____

Be sure to include the date, the exact time, and the day of the week.

Location of accident: _____

_____

Nature of the injury: _____

_____

Description of the incident/accident: _____

_____

Corrective actions (if applicable): _____

_____

Principal's signature: _____ Date: _____

Attach additional sheets, if applicable, including witness statements and other information.

Attach a copy of the Student Incident/Accident Report (EXHIBIT—D). Forward all material to the District's Safety Committee/Coordinator.

# Exhibit F—Witness Statement Form: Student Incident/Accident

Name of witness: _____

Home address: _____

Telephone: _____

Business address: _____

Telephone: _____

Date and time of accident: _____

Where did the accident happen? Be specific:

_____

_____

How close were you when the accident occurred?

_____

Did you see it? If not, how soon after the accident did you arrive?

_____

Was anyone injured? If so, who?

_____

Were there other witnesses? If yes, list names.

_____

Describe what you saw and heard:

_____

_____

_____

_____

Signature of witness: _____ Date: _____

(Attach diagrams or additional sheets if needed.)

# Exhibit G—Report by Safety Program Advisory Committee or Safety Officer

In reference to the incident/accident that occurred on _____ *(date)*, at _____ *(time)* involving _____ *(name)*, the Safety Program Advisory Committee/Safety Officer makes the following report:

Principal's or supervisor's recommendations for additional action:

Comments and recommendations of the Safety Program Advisory Committee/Safety Officer:

Additional actions to be taken:

Person responsible for these actions:

Deadline for these actions:

Safety Program Advisory Committee Chairman/Safety Officer signature

Date

# Exhibit H—Mandatory Notification Regarding Active Threat Exercise

_____ *(date)*

Dear parent or guardian, student, staff, participants, and anyone who may be impacted by the exercise below:

As required by state law, Ector County Independent School District hereby notifies you of the planned active threat exercise described below. An active threat exercise is defined as any exercise that includes a simulated active aggressor or an active shooter simulation. This exercise is intended to prepare students and staff for proper responses to a potential unforeseen active threat.

This [will **OR** will not] be a live simulation that mimics or appears to be an actual shooting incident.

Subject of planned exercise or simulation: _____

Date of planned exercise or simulation: _____

Alternative date for planned exercise or simulation due to unforeseen circumstances, such as weather: _____

Location of planned exercise or simulation *(e.g., campus/building or District area)*: _____

Approximate time of day and/or duration of planned exercise or simulation *(e.g., 10 a.m. for one hour)*: _____

Brief description of planned exercise or simulation *(describe content, form, and tone of exercise)*: _____

If you have any questions regarding this notice, please call _____ *(position title)* at _____ *(telephone number)*.