

Employee Injury Report

This form is to be completed by the supervisor of the injured employee or a department representative.
Print in ink all requested information. Return within 48 hours to UNTHSC Campus HR, 3500 Camp Bowie Blvd. Ste. 280, or email to Meagan.Voorhies@untsystem.edu. If you have questions, call (817) 735 r2690.

Injured Employee Information

Name _____ Sex F M EMP# _____
Address _____ Birthdate _____
City _____ State _____ ZIP _____ County _____
Home Phone _____ Work Phone _____
Marital Status Married Single Primary Language English Other _____
Department _____ DEPT ID# _____
Hire Date _____ Work Schedule _____ Hours per Week _____
Current Leave Balances Sick _____ Vacation _____ Non Benefits Eligible
Supervisor Name _____ Supervisor Phone _____

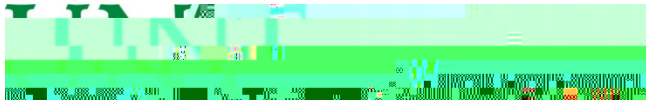
Injury Information

Date _____ Time _____ AM PM Employee Performing Regular Duties Yes No
Date Reported _____ Reported To _____
Site Where Injured In Vehicle On Premises Left Right / Upper Lower
Body Part Injured (2) _____ Left Right / Upper Lower
Type of Injury (cut, bruise, strain, etc.) _____
Detailed Description of How Injury Occurred _____

Has Employee Been Off Work Due to Injury Yes No Beginning Date _____

Medical Treatment

Was Medical Treatment Required _____



Employee Injury Investigation Report

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Injured Employee Information

Name _____ Date of injury _____
Department _____ DEPT ID# _____

Investigation

Activity at time of injury _____

Was the activity in the course and scope of employee's job duties? Yes No
If explain _____

Was the injury a result of a lack of training, poor physical layout, defective equipment, inadequate signage, or other physical hazards? Yes No
If explain _____

Was _____ notified of the safety concern? _____

Was employee using personal protective equipment (PPE)? Yes No

~~WPE~~

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Did the injury result from the employee not being observant of workplace hazards, surroundings, signage, or safety training?

† Yes † No

yes, explain _____

Were there any witnesses?

† Yes † No

yes, was a Witness Statement (SORM r74) completed by each witness?

† Yes † No

What other actions, events, or conditions directly contributed to the injury? _____

What corrective actions have been taken to prevent a similar injury from occurring? _____

What additional training, equipment, procedures, or other actions could prevent a similar injury from occurring? _____

