POINT ISABEL ISD
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 you in three ways: Incident Investigation assists you in reducing or preventing future occupational injuries and illnesses. This form requests all the information that TWCC 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 ____________________ Department ____________________
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 and day of incident ______a.m.; ______p.m.; _________day of week	8. Specific location of incident Was it on employer's premises? ☐ yes ☐ no
	9.Employee's occupation	10. Job task at time of incident
13. Name and address of treating physician ____________________ ____________________ Phone ____________________	11. Length of service _______________years ______________months	12. Employee was working ☐ alone ☐ with fellow workers ☐ Other____________________
	14. Employment category ☐ Regular, full-time ☐ Temporary ☐ Regular, part-time ☐ Non-employee ☐ Seasonal	15. Experience in occupation at time of incident ☐ Less than 1 month ☐ 1 to 5 months ☐ 6 months to 1 year ☐ 1 to 5 years ☐ more than 5 years
16. Name and address of hospital ____________________ ____________________	17. 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)	
18. Employee's wage (pay per hour)	19. Name of employee's immediate supervisor at time of incident	Witnessed incident? ☐ yes ☐ no
20. Voluntary benefits paid by the employer, if any	21. Other witnesses ____________________ ____________________ ____________________	

22. Part of body injured or affected

☐ Skull, Scalp	☐ Jaw	☐ Abdomen	☐ Shoulder	☐ Wrist	☐ Knee	☐ Foot
☐ Eye	☐ Neck	☐ Back	☐ Upper Arm	☐ Hand	☐ Thigh	☐ Toe
☐ Nose	☐ Spine	☐ Pelvis	☐ Elbow	☐ Finger	☐ Lower Leg	☐ Ankle
☐ Mouth	☐ Chest	☐ Ear	☐ Forearm	☐ Hip	☐ Other ____________	

23. Nature of injury or illness

☐ Puncture	☐ Bruise, Contusion	☐ Skin Disorder	☐ Amputation	☐ Muscle Sprain	☐ Cumulative Trauma Disorder
☐ Laceration	☐ Dislocation	☐ Burn	☐ Insect/Animal Bite	☐ Muscle Strain	☐ Irritation
☐ Fracture	☐ Abrasion	☐ Respiratory	☐ Foreign Body	☐ Hernia	☐ Infection
☐ Heat/Cold Stress	☐ Hearing Loss	☐ Chemical Exp.	☐ Other ____________		

24. Disposition	25. Diagnosis	26. Severity
☐ Days away from work ____________ ☐ Restricted work days____________ ☐ Date returned to work____________ Sent to ☐ Doctor ☐ Hospital	____________________ ____________________ ____________________	☐ First Aid ☐ Medical Treatment ☐ Lost Work Days ☐ Fatality ☐ Other____________

27. 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 P.P.E

28. What caused or influenced substandard conditions? ☐ No substandard conditions

☐ Abuse or misuse	☐ Inadequate supervision	☐ Inadequate purchasing	☐ Inadequate engineering
☐ Inadequate maintenance	☐ Inadequate tools / equipment / materials	☐ Improper work surfaces	☐ Wear and tear
☐ Lack of knowledge / training	☐ Improper motivation	☐ Inadequate capacity	☐ Lack of skill

29. What action or inaction contributed to the incident? ☐ Not applicable

☐ Failure to make secure	☐ Under influence drugs/alcohol	☐ Failure to warn/signal	☐ Inadequate/improper P.P.E use
☐ Nullified safety/control devices	☐ Used defective equipment	☐ Horseplay/distractive action	☐ Operating at improper speed
☐ Used equipment improperly	☐ Improper lifting	☐ Operating procedure deviation	☐ Running/rushing/acting in haste
☐ Improper loading	☐ Unauthorized actions	☐ Used wrong tool/equipment	☐ None
☐ Improper technique	☐ Improper position	☐ Servicing operating equipment	☐ Other________________________

30. Probable recurrence

☐ Frequent ☐ Occasional ☐ Rare

31. Loss severity potential

☐ Major ☐ Serious ☐ Minor

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

☐ Improve enforcement	☐ Improve clean-up procedures	☐ Repair/replace equipment	☐ Corrective counseling
☐ Improve storage/arrangement	☐ Rotation of employee	☐ Eliminate congestion	☐ Improve/change work method
☐ Identify/improve P.P.E	☐ Install/revise guards/devices	☐ Task analysis	☐ Procedure revision
☐ Improve design/construction	☐ Job reassignment of employee	☐ Use other materials/supplies	☐ Improve illumination
☐ Mandatory pre-job instruction	☐ Improve ventilation	☐ Reinstruction of employee	☐ Other________________________

33. Employee's description of incident (attach sheet for additional comments) ☐ Comment sheet attached

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Signature of Employee____

34. Supervisor's description of incident (attach sheet for additional comments) ☐ Comment sheet attached

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35. 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

Approved March 04