# Texas Tech University System
## First Report of Injury/Illness/Accident

This form must be completed and signed by the administrator/supervisor, not the employee. Submit completed form to: Texas Tech University System, Risk Management Department, MS2003, Lubbock, Texas. (FAX: 806-742-3018).

<table>
<thead>
<tr>
<th>1. Name (Last, First, MI)</th>
<th>2. Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SSN</th>
<th>4. Home Phone</th>
<th>5. Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. Mailing Address (Home)</th>
<th>7. Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married Single Widowed Separated Divorced</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Number of Dependent Children</th>
<th>9. Spouse’s Name</th>
<th>10. Does the employee speak English?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Department</th>
<th>12. Office Phone</th>
<th>13. Supervisor’s Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>14. Date of Accident</th>
<th>15. Time of Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ AM □ PM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Was employee doing his/her regular job?</th>
<th>17. Address where accident or exposure occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td>Name of business if accident occurred in a business site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Cause of accident (struck, fall, strain, etc.)</th>
<th>19. How and why Accident/Exposure occurred</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>20. Part of body injured or exposed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>21. List Witnesses</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>22. Date Reported to Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>23. Print Name (Must be Administrator/Supervisor)</th>
<th>24. Signature (Must be Administrator/Supervisor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

**Complete the following sections ONLY IF medical treatment or lost time from work is involved.**

<table>
<thead>
<tr>
<th>25. Treating Doctor</th>
<th>26. Date Lost Time Began</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. Return to work date or expected date</th>
</tr>
</thead>
</table>

**NOTE:** With few exceptions, you are entitled by law to know, review, and correct information that we collect about you. For more information, please refer to OP 01.04.
### SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT

<table>
<thead>
<tr>
<th>1. LAST NAME OF INJURED</th>
<th>2. FIRST NAME</th>
<th>3. M.I.</th>
<th>4. SOCIAL SECURITY NUMBER</th>
<th>5. DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. SEX</th>
<th>7. DATE OF EMPLOYMENT IN UNIT</th>
<th>8. AGENCY NUMBER (COMPTROLLER'S CODE)</th>
<th>9. BUDGET NUMBER OF ASSIGNED UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>/</td>
<td>/</td>
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</table>

<table>
<thead>
<tr>
<th>10. JOB CLASSIFICATION CODE</th>
<th>11. POSITION STATUS</th>
<th>12. DATE OF INCIDENT</th>
<th>13. TIME OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-time</td>
<td>/</td>
<td>am</td>
</tr>
</tbody>
</table>

#### A. EXTENT OF INJURY (Check one only)
- No injury (Incident only)
- Injury not requiring a TWCC-1S
- Medical
- Lost time only (more than one day)
- Medical and lost time
- Fatality

#### B. CATEGORY (Check one only)
- Occupational injury (accident)
- Occupational injury (aggressive behavior)
- Occupational illness/disease

#### C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)

**INDOORS:**
- Building inventory no. ______________________
- Auditorium
- Boiler room
- Canteen/Snack bar
- Cell block
- Classroom
- Closet
- Day room
- Dormitory/Living Room
- Elevator
- Food service area/Dining/Kitchen
- Garage
- Gymnasium/Recreation
- Hallway/Corridor
- Hospital/Clinic/Dispensary
- Laboratory
- Laundry
- Library
- Nursing station
- Office areas
- Program areas
- Ramp
- Sales store/Outlet
- Seclusion room
- Sleeping room
- Steps/Stairs/Stairway
- Storage area
- Waiting room
- Workshop/technical traders
- Other specify ______________________

**OUTDOORS:**
- Athletic field
- Campus
- Grounds
- Highway/Road/Street
- Loading dock
- Park or recreation area
- Parking lot
- Roof
- Sidewalk
- Steps/Stairs/Stairway
- Storage area
- Swimming pool area
- Tower
- Other (specify) ______________________

#### D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)
- Bathing
- Buffering
- Carrying
- Cleaning
- Climbing
- Cutting
- Digging
- Dressing
- Driving
- Eating
- Escorting
- Feeding
- Grinding
- Grooming
- Jumping
- Loading
- Mopping
- Other specify ______________________

#### E. BODY PART INJURED (Most Serious)
- Ankle
- Arm
- Back
- Buttocks
- Chin
- Ear(s)
- Eye(s)
- Finger/Thumb(s)
- Groin
- Hand
- Hip(s)

#### F. TYPE OF INJURY (Check primary one)
- Abrasion
- Amputation
- Bite
- Bruise
- Burn
- Concussion
- Cut
- Dermatitis
- Dislocation
- Foreign object
- Fracture
- Frostbite
- Hearing loss
- Heart attack

#### G. TYPE OF OCCURRENCE (Check one only)
- Aggression (client, inmate, patient)
- Bodily reaction (drug, medication)
- Caught in, on, under, or between
- Contact with chemicals
- Contact with electric current
- Contact with temperature extremes
- Fall on same level

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**Continued On Other Side**

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- Swimming pool area
- Tower
- Other (specify) ______________________
### H. CONTINUED
<table>
<thead>
<tr>
<th>Pole</th>
<th>Power tool or machinery (lathes, saws, etc.)</th>
<th>Radiating equipment (microwave, x-ray, etc.)</th>
<th>Receptacle</th>
<th>Smoke</th>
<th>Stair, step</th>
<th>Sun</th>
<th>Trench/Ditch</th>
<th>Vegetation</th>
<th>Weather</th>
<th>Wood</th>
<th>Other (specify)</th>
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<tbody>
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</tbody>
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### I. CONTINUED

<table>
<thead>
<tr>
<th>Riding moving equipment not designed for passengers</th>
<th>Using unsafe/defective tool, material equipment</th>
<th>Using wrong tool, material equipment</th>
<th>Working/Walking under suspended load (crane, hoist, derrick)</th>
<th>Working in a confined space without proper safeguards</th>
<th>Using unsafe/defective tool, material equipment</th>
<th>Other (specify)</th>
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</tr>
</tbody>
</table>

### J. CONTINUED

<table>
<thead>
<tr>
<th>Unsafe/defective hand or electric tools</th>
<th>Unsafe equipment</th>
<th>Unsafe material</th>
<th>Unsafe vehicle</th>
<th>Unshored trench, excavation, etc.</th>
<th>Others (specify)</th>
</tr>
</thead>
<tbody>
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### K. DID A RULE, POLICY OR PROCEDURE APPLY TO THIS MISHAP? (Check one)

- Yes
- No

### L. WAS THE RULE, POLICY OR PROCEDURE FOLLOWED? (If No, explain in section N.)

- Yes
- No

### M. ACTION(S) TAKEN OR PLANNED TO PREVENT RECURRENCE? (Check all that apply)

- Action taken with employee for violating rules, regulations or procedures
- All employees were made aware of the occurrence, cause, consequence, and action taken to prevent recurrence
- Employee given basic training
- Employee given refresher or remedial training
- Existing rule, regulation or standard (SOP) enforced
- Existing rule, regulation or standard (SOP) revised
- New rule, regulation or standard prepared
- Physical hazard(s) corrected
- Other positive action taken

### N. DESCRIBE BRIEFLY IN NARRATIVE FORM THE CIRCUMSTANCES THAT LED TO AND CAUSED THIS OCCURRENCE.


<table>
<thead>
<tr>
<th>INJURED’S IMMEDIATE SUPERVISOR (print)</th>
<th>SIGNATURE</th>
<th>DATE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### REVIEWED BY

<table>
<thead>
<tr>
<th>SECTION/DIVISION/DEPARTMENT ADDITIONAL DUTY SAFETY OFFICER COMMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION/DIVISION/DEPARTMENT HEAD COMMENT:</th>
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</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGENCY OR FACILITY SAFETY MANAGER COMMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>