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).

Please print or type.

1. Name (Last, First, MI)		2. Sex: ☐ Female ☐ Male	
3. SSN	4. Home Phone	5. Date of Birth	
6. Mailing Address (Home) City_____State_____Zip Code_____			
7. Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced		8. Number of Dependent Children	
9. Spouse's Name	10. Does the employee speak English? If no, specify language. ☐ Yes ☐ No		
11. Department			
12. Office Phone			
13. Supervisor's Name			

14. Date of Accident	15. Time of Accident ☐ AM ☐ PM
16. Was employee doing his/her regular job? ☐ Yes ☐ No	
17. Address where accident or exposure occurred. Name of business if accident occurred in a business site. City_____State_____Code_____	
18. Cause of accident (struck, fall, strain, etc.)	
19. How and why Accident/Exposure occurred	
20. Part of body injured or exposed	
21. List Witnesses	
22. Date Reported to Supervisor	

23. Print Name (Must be Administrator/Supervisor)	Date
24. Signature (Must be Administrator/Supervisor)	Date

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

25. Treating Doctor Name _____ Address_____ City_____State_____Zip Code_____ Phone Number _____	26. Date Lost Time Began 27. Return to work date or expected date

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

1. LAST NAME OF INJURED	2. FIRST NAME	3. M.I.	4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH / /
6. SEX M ☐ F ☐	7. DATE OF EMPLOYMENT IN UNIT / /	8. AGENCY NUMBER (COMPTROLLER'S CODE)		9. BUDGET NUMBER OF ASSIGNED UNIT
10. JOB CLASSIFICATION CODE	11. POSITION STATUS ☐ Full-time ☐ Part-time ☐ Floater (File where needed)		12. DATE OF INCIDENT / /	13. TIME OF INCIDENT : am ☐ pm ☐

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 OCCURENCE (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
- ☐ Buffing
- ☐ Carrying
- ☐ Cleaning
- ☐ Climbing
- ☐ Cutting
- ☐ Descending
- ☐ Digging
- ☐ Dressing
- ☐ Driving
- ☐ Eating
- ☐ Escorting
- ☐ Exercising
- ☐ Feeding
- ☐ Grinding
- ☐ Grooming
- ☐ Jumping
- ☐ Loading
- ☐ Mopping
- ☐ Moving
- ☐ Operating
- ☐ Pulling
- ☐ Pushing
- ☐ Reaching
- ☐ Redirecting
- ☐ Restraining
- ☐ Running
- ☐ Sanding
- ☐ Sawing
- ☐ Searching
- ☐ Securing
- ☐ Sitting
- ☐ Standing
- ☐ Stripping
- ☐ Turning
- ☐ Typing
- ☐ Walking
- ☐ Other (specify) _____

E. BODY PART INJURED (Most Serious)

- ☐ Anide
- ☐ Arm
- ☐ Back
- ☐ Buttocks
- ☐ Cheek
- ☐ Chest
- ☐ Chin
- ☐ Ear(s)
- ☐ Eye(s)
- ☐ Foot-Feet
- ☐ Finger/Thumb(s)
- ☐ Forehead
- ☐ Groin
- ☐ Hand
- ☐ Hips
- ☐ Internal organ
- ☐ Jaw
- ☐ Knee(s)
- ☐ Leg(s)
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Pelvis
- ☐ Rib(s)
- ☐ Scalp
- ☐ Shoulder
- ☐ Toe(s)
- ☐ Wrist(s)
- ☐ Other (specify) _____

F. TYPE OF INJURY (Check primary one)

- ☐ Abrasion
- ☐ Amputation
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Concussion
- ☐ Cut
- ☐ Dermatitis
- ☐ Dislocation
- ☐ Foreign object
- ☐ Fracture
- ☐ Frostbite
- ☐ Hearing loss
- ☐ Heart attack
- ☐ Heat exhaustion
- ☐ Hernia
- ☐ Infection
- ☐ Inflammation
- ☐ Internal injuries
- ☐ Puncture
- ☐ Repetitive Trauma
- ☐ Rupture
- ☐ Scratch
- ☐ Shock
- ☐ Sprain/Strain
- ☐ Sting
- ☐ Other (specify) _____

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

G. CONTINUED

- ☐ Fall on different level
- ☐ Over-exertion (exceeding physical ability)
- ☐ Overexposure to environmental hazards (noise, toxic)
- ☐ Repetitive Motion
- ☐ Slip (not a fall)
- ☐ Struck against (rough, sharp object)
- ☐ Struck by falling moving object
- ☐ Other (specify) _____

H. PHYSICAL THING MOST CLOSELY ASSOCIATED WITH OCCURRENCE (Check one)

- ☐ Aircraft
- ☐ Air pressure
- ☐ Animal (snake, dog, horse, etc.)
- ☐ Athletic equipment (baseball, bat, dart, etc.)
- ☐ Attachments (belt, pulley, gear, shaft)
- ☐ Cabinet
- ☐ Chemical (solid, liquid, or gas)
- ☐ Computer
- ☐ Clothing
- ☐ Container (bottle, box, barrel, cylinder, etc.)
- ☐ Curb
- ☐ Doors (automatic, manual, revolving)
- ☐ Drugs or medicine
- ☐ Dust
- ☐ Electrical apparatus
- ☐ Elevator, escalator
- ☐ Explosives
- ☐ Eyewear
- ☐ Fan
- ☐ Fire, flame, smoke
- ☐ Floor
- ☐ Food products
- ☐ Fumes
- ☐ Furniture, fixtures
- ☐ Gas
- ☐ Glass items
- ☐ Gun
- ☐ Ground (earth)
- ☐ Hand tool
- ☐ Heating equipment
- ☐ Hoisting equipment
- ☐ Icy condition
- ☐ Infectious or parasitic agent
- ☐ Inmate, client, employee
- ☐ Insect
- ☐ Kitchen equipment
- ☐ Knife
- ☐ Lighting fixture and equipment
- ☐ Ladder, scaffold
- ☐ Locker
- ☐ Machine
- ☐ Material handling equipment
- ☐ Metal
- ☐ Mineral items (asphalt, clay, gravel, etc.)
- ☐ Motor vehicle
- ☐ Needle
- ☐ Office equipment (chair, desk, cabinet, etc.)
- ☐ Paint
- ☐ Particle
- ☐ Pavement
- ☐ Person (other than client, inmate, employee)
- ☐ Pipe
- ☐ Platform, dock, ramp

Continued On Other Side

Texas State Government Privacy Policies (Government Code): 1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 & 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.

H. CONTINUED

- ☐ Pole
- ☐ Power tool or machinery (lathe, saw, etc.)
- ☐ Radiating equipment (microwave, x-ray, etc.)
- ☐ Receptacle
- ☐ Smoke
- ☐ Stair, step
- ☐ Sun
- ☐ Trench/Ditch
- ☐ Vegetation
- ☐ Weather
- ☐ Wood
- ☐ Other (specify) _____

I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE (Check one only)

- ☐ Contact with electrical source (tool, device, wire, etc.)
- ☐ Entering an unauthorized area
- ☐ Failure to practice safe driving technique
- ☐ Failure to use established route or taking short cut
- ☐ Failure to use handrail, grab bar
- ☐ Failure to use lockout device
- ☐ Failure to use personal protective equipment (PPE)
- ☐ Failure to warn of known hazards (i.e. no safety sign, light, barricade, instruction, etc.)
- ☐ Failure to wear appropriate dress (shoes, shirt, blouse)
- ☐ Handling (of object, material, item, thing)
- ☐ Horseplay
- ☐ Improper mixing or storing (non-compatible material, chemicals, etc.)
- ☐ Improper placing or storing (materials, tools, equipment)
- ☐ Lifting (including position, stance)
- ☐ Making safety devices inoperative
- ☐ No unsafe act/practice on the part of employee
- ☐ Operating/Working at unsafe speed
- ☐ Operating without proper authority/clearance
- ☐ Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.)
- ☐ Repairing or servicing moving object/thing (machine, equipment, etc.)

I. CONTINUED

- ☐ Riding moving equipment not designed for passengers
- ☐ Unobservant (daydreaming, inattentive, etc.)
- ☐ Using unsafe/defective tool, material equipment
- ☐ Using wrong tool, material equipment
- ☐ Working/Walking under suspended load (crane, hoist, derrick)
- ☐ Working in a confined space without proper safeguard
- ☐ Working without adequate lighting
- ☐ Other (specify) _____

J. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE (Check one)

- ☐ Congested area
- ☐ Electrical hazard (uninsulated wire, overloaded circuit, inadequate ground, etc.)
- ☐ Excessive noise
- ☐ Harmful animals/insects/reptiles
- ☐ Health hazards (radiation, gas, fumes, dust, vapors, etc.)
- ☐ Improper housekeeping
- ☐ Improperly stored chemicals, hazardous substances
- ☐ Inadequate ventilation
- ☐ Inadequate or no warning signs
- ☐ Layout or design (office, shop, equipment)
- ☐ Lighting
- ☐ Mislabeled/Unlabeled chemicals, hazardous materials etc.
- ☐ No unsafe condition
- ☐ Open trench, hole, ditch, sharp drop-off
- ☐ Poisonous vegetation (oak, ivy, etc.)
- ☐ Protruding object (nail, wire, splinter, etc.)
- ☐ Rough/Sharp objects
- ☐ Slipping or tripping hazard
- ☐ Step, stairs, ladder, or other working surfaces
- ☐ Unguarded machine, belt, pulley, roller, etc.

J. CONTINUED

- ☐ Unsafe/defective hand or electric tools
- ☐ Unsafe equipment
- ☐ Unsafe material
- ☐ Unsafe vehicle
- ☐ Unshored trench, excavation, etc.
- ☐ Walkway, sidewalk, pavement
- ☐ Other (specify) _____

K. DID A RULE, POLICY OR PROCEDURE APPLY TO THIS MISHAP?

☐ 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 give 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.

ANSWER: WHO? WHAT? WHERE? WHEN? WHY? AND HOW? (Use additional sheet if necessary)

INJURED'S IMMEDIATE SUPERVISOR (print)	SIGNATURE	DATE	PHONE
		/ /	( )

REVIEWED BY

SECTION/DEPARTMENT/DIVISION ADDITIONAL DUTY SAFETY OFFICER COMENT:

SIGNATURE **DATE: / /**

SECTION/DEPARTMENT/DIVISION HEAD COMENT:

SIGNATURE **DATE: / /**

AGENCY OR FACILITY SAFETY MANAGER COMMENT:

SIGNATURE **DATE: / /**

Texas Tech University System First Report of Injury/Illness/Accident continued		
The following section is to be completed by the Person Injured/Involved in the incident		
Status ◯ Staff ◯ Faculty ◯ Student Worker	Building Name: Room Number:	Contact Information:

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

First aid was administered at the time of the incident: ◯ Yes ◯ No

Additional medical attention was offered? ◯ Yes ◯ No If yes, medical attention was ◯ Accepted ◯ Rejected

Signature of the person Injured/Involved in the incident:_____

The following section is to be completed by the Supervisor/Teaching Assistant	
Was a safety rule violated? If yes, explain: ◯ Yes ◯ No	Supervisor's contact information:

Thoroughly describe what happened (cause of the incident, location in room, type of first aid administered (if any), property damage, etc.)

Signature of the Supervisor/Teaching Assistant:_____

The following section is to be completed by the Safety Coordinator/Responding Personnel	
Safety Coordinator's/Responding Personnel's Actions:	
Signature of the Supervisor/Teaching Assistant:_____	
Department Phone #	Point of Contact: