

City of San Antonio
Supervisor Report of Injury or Illness

EMPLOYEE INJURED (TO BE COMPLETED BY SUPERVISOR BY THE END OF THE WORK SHIFT. PLEASE INCLUDE PHOTOS.)

1. Name (Last, First, M.I.):		2. SAP No:	3. Sex: F M	21. Was employee doing his regular job? Yes No	22. Worksite Details of Injury (stairs, dock, etc.):													
4. Social Security Number: XXX-XX-		5. Cell Phone No:	6. Date of Birth (mm/dd/yy):	23. Address Where Injury/Exposure Occurred (Business Site Name and Address): Street or P. O. Box City State Zip Code County														
7. Does the Employee Speak English? If No, Specify Language Yes No Language																		
8. Race: White Black Asian		9. Ethnicity: Hispanic Native American Other		24. Incident Category <table style="margin-left: auto; margin-right: auto;"><tr><td>Motor Vehicle</td><td>Caught</td><td>Exposure (Communicable)</td><td>Bite</td><td>Overexertion</td></tr><tr><td>Slip/Trip/Fall</td><td>Struck</td><td>Lifting</td><td>Ergonomics</td><td>Illness</td><td>Foreign Body</td></tr></table>				Motor Vehicle	Caught	Exposure (Communicable)	Bite	Overexertion	Slip/Trip/Fall	Struck	Lifting	Ergonomics	Illness	Foreign Body
Motor Vehicle	Caught	Exposure (Communicable)	Bite	Overexertion														
Slip/Trip/Fall	Struck	Lifting	Ergonomics	Illness	Foreign Body													
10. Mailing Address Street (NO PO Boxes)																		
11. Personal Email Address - By providing your personal email, you agree to accept emails pertaining to your Workers' Compensation claim.																		
12. Marital Single Married Separated Divorced Widowed																		
13. Does the employee plan to seek medical treatment for this injury? Yes No																		
14. Has the employee received medical treatment for this injury? Yes No																		
15. Date of Injury: (mm/dd/yy):	16. Time of Injury: AM PM	17. Date Lost Time Began (mm/dd/yy):		Human Factors: Lack of Knowledge/Training Lack of experience on job task Fatigue Distraction Rushing to complete task Pre-existing health condition Task process has been simplified over time Ergonomic difficulties Complacent about task or surroundings Unsafe act by non-City employee Other _____		Environmental Factors: Indoor Activities Outdoor Activities Foreign Object Debris (FOD) Poor Weather Conditions Unstable walking surface Working at heights Biological Hazards Poor Lighting conditions Noise/Vibration Pedestrian Encounter Other _____												
18. Nature of Injury:		19. Part of Body Injured or Exposed:		Equipment, Tool and Materials Factors: Wrong machine/Tool for job Machine/Tool used incorrectly Machine/Tool necessary but not used Machine/Tool not maintained Machine/Tool in unsafe condition Wrong type of Material/Chemical Wrong amount of Material/Chemical Other _____		Procedural Factors: Operation procedure not established Operation procedure inadequate Operation procedure not included in training Operation procedure not followed Horse Play Missing/Improper/Detective PPE Pre-operation inspection not done Other unsafe acts took place Describe _____												
20. How and Why Injury/Illness Occurred (Use back of form to complete):																		
26. List of Witnesses:(Name & Phone Number Required: Use back of form to complete)																		

SUPERVISOR COMPLETING FORM

27. Supervisor Name:	28. Supervisor Signature: <i>Christopher Dominguez</i>	29. Supervisor Phone Number:	
30. Immediate Supervisor Name		31. Immediate Supervisor Phone Number	32. Date Injury Reported (mm/dd/yy):
		33. Return to work expected date (mm/dd/yy):	

TO BE COMPLETED BY HUMAN RESOURCES SPECIALIST

34. Date of Hire (mm/dd/yy):	35. Was employee hired or recruited in Texas? Yes No	36. Length of Service in Current Position Year(s) Month(s)	37. Length of Service in Occupation Year(s) Month(s)
38. Employee's Cost Center	39. Department/Division	40. Employee Payroll Classification Code	41. Occupation of Injured Worker
42. Rate of Pay at this job Hourly	43. Full Work Week is: Hours	44. Last Paycheck was: for Hours	45. Name of HRS Submitting Form and phone number

SAFETY COORDINATOR INVESTIGATION AND FINDINGS

46. Investigation, Findings, and Corrective Actions			
47. Root Cause (Refer to Factor information on item 25 and back of form)			
48. Safety Coordinator Signature			

SUPERVISOR TO SEND COPIES TO: HRS/DPT ERBP HRS/DPT ERBP TO SEND COPIES TO: RMWORKERS.COMP@SANANTONIO.GOV SAFETY COORDINATOR DPT MANAGER/LIAISON

49. How and why did the injury/illness occur?

50. Contributing Factors (continued):

Human Factors: Please include further details of employee's actions before and after incident.

51. Environmental Factors: Please include descriptions of all environmental factors the employee encountered.

52. Equipment, Tools and Materials Factors: Please list all equipment, tools, or materials/chemicals involved in the incident.

53. Work Procedure Factors: Please list name of procedure or process in question and what areas were not fulfilled.

54. List of Witnesses: Name and Phone Number Required.