

# 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						24. Incident Category  Motor Vehicle      Caught      Exposure (Communicable)      Bite      Overexertion Slip/Trip/Fall      Struck      Lifting      Ergonomics      Illness      Foreign Body			
8. Race: White      Black      Asian		9. Ethnicity: Hispanic      Native American Other				25. Contributing Factor: (Check all items below that are relevant to the incident. Use back of form to continue)			
10. Mailing Address      Street (NO PO Boxes)						<b>Human Factors:</b> 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 _____			
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						<b>Environmental Factors:</b> 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 _____			
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						<b>Equipment, Tool and Materials Factors:</b> 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 _____			
15. Date of Injury: (mm/dd/yy):		16. Time of Injury: AM      PM		17. Date Lost Time Began (mm/dd/yy):					
18. Nature of Injury:		19. Part of Body Injured or Exposed:							
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](mailto: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.**