

Workers' Compensation

Supervisor

Forms



Employee Injury Report

UNIVERSITY OF NORTH TEXAS™

This form is to be completed by the **supervisor** of the injured employee or a department representative. Email the form within 48 hours of an incident to Risk Management Services, Insurance & Claims. Email the completed report to rms@unt.edu using '#secure' in the subject line to securely send the email. If you have questions, call (940) 565-2109.

Injured Employee Information

Name _____ Sex F M EMPL ID# _____

Address _____ Birthdate _____

City _____ State _____ ZIP _____ County _____

Home Phone _____ Work Phone _____

Marital Status Married Single Primary Language English Other _____

Department _____ DEPT ID# _____

Hire Date _____ Work Schedule _____ Hours per Week _____

Current Leave Balances Sick _____ Vacation _____ Non Benefits Eligible

Supervisor Name _____ Supervisor Phone _____

Injury Information

Date _____ Time _____ AM PM Employee Performing Regular Duties Yes No

Date Reported _____ Reported To _____

Site Where Injury Occurred _____

Body Part Injured (1) _____ Left Right / Upper Lower

Body Part Injured (2) _____ Left Right / Upper Lower

Type of Injury (cut, bruise, strain, etc.) _____

Detailed Description of How Injury Occurred _____

Has Employee Been Off Work Due to Injury Yes No Beginning Date _____

Medical Treatment

Was Medical Treatment Required Yes No

Health Care Provider UNT Health Center ER Other _____

Completed By

Name _____ Phone _____

Signature _____ Date _____

Employee Injury Investigation Report

This form is to be completed by the **supervisor** of the injured employee or a department representative. Email the form within 48 hours of an incident to Risk Management Services, Insurance & Claims. Email the completed report to rms@unt.edu using '#secure' in the subject line to securely send the email. If you have questions, call (940) 565-2109.

Injured Employee Information

Name _____ Date of Injury _____
 Department _____ DEPT ID# _____

Investigation

Activity at time of injury _____

Was the activity in the course and scope of employee's job duties? Yes No

If no, explain _____

Was the injury a result of a lack of training, poor physical layout, defective equipment, inadequate signage, or other physical hazards? Yes No

If yes, explain _____

Who was notified of the safety concern? _____

Was employee using personal protective equipment (PPE)? Yes No

Was PPE required for this activity? Yes No
 Was PPE available to the employee? Yes No
 Would PPE have prevented or lessened the severity of the injury? Yes No

Did the employee violate a safety rule, regulation or procedure? Yes No

If yes, explain _____

Was this violation discussed with the employee? Yes No

Did the injury result from the employee not being observant of workplace hazards, surroundings, signage, or safety training?

Yes No

If yes, explain _____

Were there any witnesses?

Yes No

If yes, was a Witness Statement (SORM-74) completed by each witness?

Yes No

What other actions, events, or conditions directly contributed to the injury? _____

What corrective actions have been taken to prevent a similar injury from occurring? _____

What additional training, equipment, procedures, or other actions could prevent a similar injury from occurring? _____

Completed By

Name _____ Phone _____

Signature _____ Date _____

Risk Management Review

Reviewed By _____ Date _____



WITNESS STATEMENT

**MUST BE TYPED
OR PRINTED**

Injured Employee _____
SORM Claim Number WC _____
Date of Injury _____
Statement Taken By _____

Witness Name: _____ Witness email address: _____
Residence Address: _____
Primary Telephone: _____ Secondary Telephone: _____
Witness Employer: _____

On this date, _____, at about _____ AM PM I was in or at (clearly state your own location)
_____ when an accident involving the above
employee is reported to have occurred.

Check only one box

I saw the incident.
The accident occurred in the following manner: _____

Other pertinent information and source: _____

I did not see the incident. Information given to me by (name of person) _____
indicates it occurred as follows: _____

Other pertinent information and source: _____

I know nothing whatsoever about the occurrence.

Signature

Date