

District Name:

Granbury ISD

## IMMEDIATE SUPERVISOR REPORT OF EMPLOYEE INJURY

PRINT all information on this form.

This is to be completed by the immediate supervisor of the injured employee.

This packet is **VERY TIME SENSITIVE**.

The Supervisor Report should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence.

The completed form should be signed by the supervisor.

This form must be included in the Incident Investigation Packet forwarded to the Workers= Compensation Coordinator at the district and must be submitted to *SchoolComp*.

Name of Injured Employee		Job Title
Date and Time this Incident was Reported to You:		
To what specific task was the worker assigned at the time of the incident?		
Was the assigned task part of the employee=s regular job?		
If $\Delta$ NO $\emptyset$ , please explain:		
List safety equipment needed for this task:		
Was safety equipment being used by the injured worker at the time of the incident?		
Date of Incident (Month, Day, Year)	Day of Week (Mon, Tue, Wed....)	Time of Day 9 AM 9 PM
<u>Exact</u> Location of Incident (Football field, classroom, cafeteria, etc. Please be specific)		
<u>Detailed</u> Description of Incident (In Your OWN Words) :		
Specific Body Part Injured: (Left leg, right hand, etc. Please be SPECIFIC)		
Did the employee do anything, or fail to do anything that contributed to the injury? If yes, please explain:		
Did employee lose time from work?	Yes      No	First date unable to report for work
Has employee returned to work?	Yes      No	If $\Delta$ NO $\emptyset$ , date expected to return
Were District Safety Rules Violated?	Yes      No	If Yes, was Employee Counseled?
What steps will you take as supervisor to prevent future occurrences of this incident?		

Phone number to reach Supervisor or direct phone number for Supervisor	
Printed Name of Supervisor completing this form	Position
Supervisor Signature	Date

**SchoolComp** - Self Insured Workers= Compensation Program  
 Administered by **Creative Risk Funding, Inc.**  
 6100 W Plano Pkwy, Ste 1500, Plano, Texas 75093  
 Phone 972.889.9300 Toll Free 888.230.9300 Fax 972.889.3700