District Name:	Granbury ISD

WITNESS REPORT OF EMPLOYEE INJURY

PRINT all information on this form. This is to be completed by **any** witness to an employee injury.
This form should be completed **INDEPENDENTLY**, with no conversation between the witness and the injured employee.
This Witness Report is VERY TIME-SENSITIVE.
All forms in this packet should be completed the same day that the incident occurs - NOT LATER than 24 hours after the occurrence.
The completed form should be given to the supervisor of the injured employee for inclusion in their Incident Investigation Packet submitted to ***SchoolComp***.

Name of Injured Employee		Name of Witness Completing Report
Date of Incident	Day-of-the-Week	Time of Incident: 9 AM 9 PM
Location of Incident		
Specific Body Part Injured (left arm, right elbow, etc.)		
Description of Injury		
Detailed Description of Incident:		
Did the employee do anything, or fail to do anything that contributed to the injury? 9 Yes 9 No		
If AYes@, please explain:		
In your opinion, how could this injury have been prevented?		
List any other witnesses that were present at the time of the injury incident:		

I hereby certify that the above information is true and correct to the best of my knowledge. I will provide further information about this incident to my employer or Creative Risk Funding, Inc. at any time.

Witness Phone Number	Number	
Witness Signature	Date	Printed Name
Supervisor Signature	Date	Printed Name

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