Navarro Independent School District

Accident/Incident Investigation Report

This incident investigation form is for recordkeeping and loss control purposes, which will assist NISD in reducing or preventing future occupational injuries and illnesses. Please complete entire form, sign and return to the Human Resources Office. Information from this form will be used by Human Resources to complete the required First Report of Injury, which must be filed with the **DEEP EAST TEXAS SELF INSURANCE FUND** for each on-the-job injury.

THIS INCIDENT is: ❑Injury ❑ Disease ❑Fatality ❑Report for record only

Date of Occurrence: _____ Date of reported: _____ Reported by: _____

Injured worker: _____ Job title: _____ Campus:_____

Complete the following information on the injured employee

Name	Soc. Sec. #	SEX ❑ male ❑ female
Address	Phone	DOB
Time of incident ❑ am ❑ pm	Location of incident	On employer's premises? ❑ Yes ❑ No
Worker's Occupation	Length of Service Yrs months	Job task at time of incident
Description of incident		
At the time of the incident was employee working: ❑ Alone ❑ with others	Witnesses to incident ❑ No ❑Yes List Names below:	Name of supervisor: Witnessed incident: ❑ Yes ❑ No
Nature of Injury	Part of body injured	Employee able to communicate ❑ Yes ❑ No
Phase of Employee's workday at time of injury:	Could this incident have been prevented: ❑ Yes ❑ No How?	Date of last Safety Training for employee:
Medical attention required ❑ Yes ❑ No	Employee's Physician	Physician's Address & Phone #
Transported to hospital ❑ Yes ❑ No Name and Address	Treating Physician	Physician's Address & Phone #
Additional Information	Name of person completing this form	Signature of Supervisor

_____

Signature of injured worker Date

_____

Signature of person investigating accident Date