

## City of North Richland Hills

### Supervisor's First Report of Injury or Illness/Incident Report

**Instructions:** Any accident which results in an on-the-job injury or illness, no matter how slight, must be promptly reported by use of this form and received in Human Resources no later than 2 business days following the injury or after the injured's supervisor has knowledge of the occurrence. Injuries requiring hospitalization shall be reported to Human Resources by phone immediately (**do not use health insurance card**). When completing this form, **leave no spaces blank and/or information unchecked**. If any question arises on what information may be required, the supervisor completing this form should call the Human Resources Department at 817-427-6100. When completed by the supervisor, send the form to Human Resources through your Department Director.

**Important:** If additional space is necessary, use a blank sheet of paper.

#### EMPLOYEE INFORMATION:

1. Name of injured \_\_\_\_\_ 2. Employee number \_\_\_\_\_ 3. Dept. Name \_\_\_\_\_ 4. Date of injury \_\_\_\_\_  
5. Hour of day \_\_\_\_ A.M. \_\_\_\_ P.M. 5. Date you or your supervisor first knew of injury \_\_\_\_\_ 6. Has injured lost one full day from work \_\_\_\_ YES \_\_\_\_ NO  
If yes, Date \_\_\_\_\_ 7. Does injured speak English \_\_\_\_ YES \_\_\_\_ NO 8. Marital status \_\_\_\_\_ 9. Number of minored children at injured's home \_\_\_\_\_  
10. Injured's home phone number \_\_\_\_\_ 11. D. O. B. \_\_\_\_\_ 12. Injured's days off (circle) S M T W T F S  
13. Hours injured works a day \_\_\_\_ 14. Supervisor and Ext \_\_\_\_\_ / \_\_\_\_\_ 15. Did accident occur on City property? \_\_\_\_ YES \_\_\_\_ NO  
16. Street address where accident occurred \_\_\_\_\_  
17. Division where injured is regularly employed \_\_\_\_\_ 18. Division where accident occurred \_\_\_\_\_  
19. Name and address of treating doctor/hospital \_\_\_\_\_  
20. Date first treated \_\_\_\_\_ 21. Has injured returned to work \_\_\_\_ YES \_\_\_\_ NO 22. Date \_\_\_\_\_ 22. Total work days lost \_\_\_\_\_  
23. Written release to: \_\_\_\_ Full Duty \_\_\_\_ Light Duty 24. Date of next appointment (if applicable) \_\_\_\_\_

#### INCIDENT INVESTIGATION FACTS

25. What activity was being conducted? \_\_\_\_\_  
26. How often is this activity performed by the employee? \_\_\_\_\_  
27. Describe how accident occurred, and state exactly what employee was doing when the accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
28. What did employee, or some other person, do or fail to do that contributed to the accident? (Be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
29. What condition of the employee's environment contributed to the incident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
30. Was activity covered by a rule, regulation, or procedure? \_\_\_\_ YES \_\_\_\_ NO 31. Was rule, regulation, or procedure being followed? \_\_\_\_ YES \_\_\_\_ NO  
32. Was the employee instructed in this activity? \_\_\_\_ YES \_\_\_\_ NO 33. List names of witnesses to the incident: \_\_\_\_\_  
33. Corrective action taken or planned: \_\_\_\_\_

**INCIDENT CATEGORY:** Lost time injury \_\_\_\_ No lost time injury \_\_\_\_ First aid only \_\_\_\_

#### COMPLETE THE BACK PAGE BEFORE SENDING TO HUMAN RESOURCES

I have read this report \_\_\_\_\_ Date \_\_\_\_\_  
Employee's Signature

Report prepared by: \_\_\_\_\_ Date \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

For Fire/Police: Service or Run Number \_\_\_\_\_

If Applicable

#### For General Government Only

Ruling (circle one) C NC

Ruling (circle one) C NC

Ruling (circle one) C NC

C = Chargeable

NC = Non-chargeable

Check each of the following categories as it applies to this incident:

**1. EMPLOYEE STATUS**

- ☐ Full Time
- ☐ Part Time

**2. PART OF BODY**

- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Heart
- ☐ Infectious Disease
- ☐ Hip
- ☐ Knee
- ☐ Leg
- ☐ Lungs
- ☐ Multiple parts
- ☐ Neck
- ☐ Shoulder
- ☐ Toe
- ☐ Trunk/Chest
- ☐ Wrist

**3. NATURE OF INJURY**

- ☐ Amputation
- ☐ Bite
- ☐ Burn-Chemical
- ☐ Burn-Other
- ☐ Bruise/Contusion
- ☐ Chest Pains
- ☐ Concussion
- ☐ Crushed/Mashed
- ☐ Cut
- ☐ Electrocution (shock)
- ☐ Fracture
- ☐ Gunshot
- ☐ Headache
- ☐ Heat Exhaustion
- ☐ Hernia/Rupture
- ☐ Hypothermia
- ☐ Illness-Other
- ☐ Infectious Exposure
- ☐ Inhalation
- ☐ Nausea
- ☐ Object in Eye
- ☐ Poisoning
- ☐ Puncture
- ☐ Rash (Dermatitis)
- ☐ Scrape/Scratch
- ☐ Strain/Sprain
- ☐ Welding Flash
- ☐ Other \_\_\_\_\_

**4. SOURCE OF INJURY**

- ☐ Animal/Insect
- ☐ Body Mechanics
- ☐ Building
- ☐ Chemical (Gas/Vapor)
- ☐ Citizen
- ☐ Containers/Box
- ☐ Drugs/Syringe
- ☐ Dust/Airborne Particle
- ☐ Electrical Energy
- ☐ Fence
- ☐ Fire Debris
- ☐ Food Product
- ☐ Furniture
- ☐ Glass
- ☐ Gun/Knife/Weapon
- ☐ Gurney/Patient
- ☐ Hand Tool-Powered
- ☐ Hand Tool- Not Powered
- ☐ Heat/Smoke
- ☐ Hose
- ☐ Infectious Disease
- ☐ Lab Equipment
- ☐ Ladder
- ☐ Liquid (Chemical/Oil)
- ☐ Machinery/Equipment
- ☐ Noise
- ☐ Other Employee
- ☐ Physical Exercise
- ☐ Physical Agility Test
- ☐ Plants/Brush/Vegetation
- ☐ Prisoner/Suspect
- ☐ Rescue Tool
- ☐ Stairs/Incline
- ☐ Surface/Ground
- ☐ Thrown Object
- ☐ Vehicle
- ☐ Welding Operation

**5. INJURY TYPE**

- ☐ Bite
- ☐ Carrying
- ☐ Caught In/Between
- ☐ Developed Over Time
- ☐ Electrical
- ☐ Exposure To
- ☐ Fall, Other
- ☐ Lifting
- ☐ Overexertion
- ☐ Reaching
- ☐ Reaction To
- ☐ Rubbed/Abraded/Scraped
- ☐ Slipped and Fell
- ☐ Struck Against
- ☐ Struck/Contacted By
- ☐ Tripped and Fell
- ☐ Using Tool
- ☐ Vehicle Accident
- ☐ Other \_\_\_\_\_

**6. TIME ON JOB**

- ☐ In Training
- ☐ Less than 6 Months
- ☐ 6 Months to 1 Year
- ☐ 1-3 Years
- ☐ 3-5 Years
- ☐ 5-10 Years
- ☐ 10-15 Years
- ☐ 15-20 Years
- ☐ Over 20 Years

**7. FIRE FIGHTING & EMERGENCY ONLY**

- ☐ Response
- ☐ Initial Attack
- ☐ Continuing
- ☐ Overhaul
- ☐ Clean-up
- ☐ Return
- ☐ Structural Fire
- ☐ Brush Fire
- ☐ Vehicle Fire
- ☐ HAZMAT Spill
- ☐ Medical

**8. SIDE OF BODY**

- ☐ Right
- ☐ Left
- ☐ Front
- ☐ Back