Risk Management Office
1200 Old Decatur Road, Bldg #6
Fort Worth, TX 76179
Tel: 817-847-2960
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EMPLOYEE'S ON THE JOB INJURY REPORT

Eagle Mountain-Saginaw Independent School District

This report must be completed by the injured employee or by a person acting on behalf of the injured employee and submitted to the supervisor within **2-days** of the date of injury.

I. Injured Employee Information

Name (First, Middle, Last) ______________________ Job Title ______________________

Address (Street, City, State, and Zip Code) ______________________

Phone Number ______________________ E-mail Address ______________________

II. Injury Information

Date of injury (mm/dd/yyyy) __________ Time of Injury (am/pm) __________ Was the Injury reported? __ Yes __ No Date Injury reported (mm/dd/yyyy) __________

To whom did you report the injury? ______________________

Supervisor's Name ______________________

Did the injury occur on a campus? __ Yes __ No If yes, list campus name ______________________

If no, list the location of the injury ______________________

Where on the campus or location did the injury occur?

____

How did the injury happen? (Describe the circumstances related to and leading up to the incident)

____

Body part(s) affected by the injury

____

Witness(es) to the injury (list by name)

____

In your opinion, what was the cause of the accident?

____

What safety measures do you think can be taken to prevent an accident of this type?

____

______________________ ______________________
Signature of injured employee or person filling out this form on behalf of injured employee Date

____
Printed name of injured employee or person filling out this form on behalf of injured employee

III. Doctor Information *

Name of Treating Doctor for this injury ______________________ Phone Number ______________________

Address (Street, City, State, and Zip Code) ______________________

*If you receive treatment for this injury after submitting this form to your supervisor, you must update this form with the treating doctor's contact information **within 5 days.**