

**Judson ISD**

**EMPLOYEE'S ON THE JOB INJURY REPORT**

**Instructions:** This form is to be attached to the DWC-1 and forwarded to Human Resources **within 2 Days** of the reported injury.

Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_

Location where injury occurred: \_\_\_\_\_

Date of injury: \_\_\_/\_\_\_/\_\_\_ Time of Injury: \_\_\_:\_\_\_ am/pm

Has the incident been reported to your supervisor? YES or NO

Date reported to your supervisor: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am/pm

Location of incident within the facility (where?), (be specific):

\_\_\_\_\_

How did your injury happen? (Describe your accident in detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body part(s) injured (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date