

Weslaco Independent School District





319 West 4th Street P.O. Box 266 Weslaco, TX 78599-0266

Employee's Report of Accident or Incident

| Name of Injured Employee: Date of Accident: Campus/Location of Accident/Incident: Name of Supervisor: | | | S.S. or Employee ID no.: A.M. / P.M. Time of Accident: A.M. / P.M. Employee's position: Supervisor's Phone number: | | | | | | | | |
|--|-------|-----------------|--|-----------------------|----|-------------------------------------|----------------|-----|---------|---------|--|
| | | | | | | Date Accident/Incident was reported | d to Superviso | or: | | | |
| | | | | | | Name of Witness (if any): | | | _ Phone | number: | |
| | | | | | | Description of Injury: | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Body Parts Affected: | | | www. | | | | | | | | |
| | | | | | | | | | | | |
| Do you require medical attention? | []Yes | [] No, Reco | ord only | | | | | | | | |
| Employee Signature | | | _ | Date Signed | | | | | | | |
| Employee Address | City | TX State Zip | | Employee Phone number | er | | | | | | |