## **TEXAS SOUTHERN UNIVERSITY**

3100 Cleburne Avenue Houston, TX 77004

## **ACCIDENT / INCIDENT REPORT**

(Attach additional sheets if necessary)

Nan			Social Security:	
Cur	rent home address:	MI		
	ea 10	TSU Student? Y / N	Other (Please explain)epartment:	
Job des	crintion:			
	at are your monthly wages?		ny days per week do you work?	Y/I
	e of accident:  act location of accident:	9. Time of accident:	10. On TSU Campus?	1 / 1
Но	w did accident happen?			
Wh	nat part of body or property was	injured/ damaged?		
	whom did you make accident re		When did you report accident?	
Lis	t name(s), address(es), phone r	number(s) of witnesses(es)	):	
Na	me, address, phone of physiciar	n who provided initial treat	ment:	
	te first treatment received: me, address, phone of present t		working as a result of accident? _	
	nen were you last treated?  ve you returned to work?  Y/		ny wages on account of accident?	Y / I
	ve you ever had a previous injur		N If so, describe:	
atur	e:		Date:	

22.	Was injured person using the	e required equipment?		
23.	What can be done to prevent a recurrence of this type of accident? Modification of machinery, mechanical guards, correct environment, training?			
24.	Supervisor's Signature:	Date:		
	Department			
	MANAGER'S	S APPRAISAL AND RECOMMENDATION		
1.	In your opinion, what action on the part of the injured to others contributed to this accident?			
2.	Your recommendation			
	Date	Manager's Signature		

## **Detailed Description of Accident**

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Employee Signature \_\_\_\_\_

## **Statement of Witness**

Print Name:	Date:
	-

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Witness's Signature \_\_\_\_\_