TEXAS WORKERS'
COMPENSATION COMMISSION
SOUTHFIELD BUILDING, 4000 SOUTH I.H. 35
AUSTIN, TEXAS 78704-1287
512-448-7900

OFFICE OF THE
ATTORNEY GENERAL
P. O. BOX 13777
AUSTIN, TEXAS 78711
512-463-2014

SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT

The Supervisor's Investigation of Employee's Accident/Incident (AGS-10-91/TWCC-121) is intended to provide the information necessary to evaluate existing and potential risks to State workers. The Employee's Safety and Health Program of the office of the Attorney General, in conjunction with the Risk Management Division of the Texas Workers' Compensation Commission (TWCC), will use this information to initiate and evaluate safety programs. The Supervisor's Investigation of Employee's Accident/Incident Report must be completed by State agencies as part of the safety program and risk management reporting requirements.

INSTRUCTIONS FOR COMPLETING AGS-10-91/TWCC-121

The Supervisor's Investigation of Employee's Accident/Incident Report must be completed each time a reportable injury or occupational illness occurs. Reporting on this form fulfills the requirements of Section 7.21 of the Texas Workers' Compensation Act. This means that a report must be prepared and submitted to the Risk Management Division of the Workers' Compensation Commission when an employee loses time from work in the shift following the injury, or when there is medical cost resulting from the job-related injury. All items are to be completed by the injured employee's immediate supervisor and reviewed by the agency's safety officer for accuracy. The investigation should be completed as soon as possible and submitted to TWCC within 10 days, with corrective action taken at each supervisory level to prevent recurrence of similar incidents. Incidents that do not result in lost time or medical cost should be retained as an aid to the agency's safety program development.

This form may be supplemented by any agency as a part of their safety program. However, supplements should not be forwarded to the TWCC. A copy of all reports must be maintained in the agency for a minimum of three years.

HEADING

In line one of the heading, print the injured employee's last name, first name and middle initial; social security number; and date of birth.

In line two, indicate the injured employee's sex; the date the employee began working in the assigned unit; the agency's three digit comptroller's code; and the unit's five digit budget number.

In line three, indicate the employee's four digit classification code; date of incident; and time of the incident's occurrence.

SECTION

A. Complete the information concerning the extent of the injury. An injury not requiring an E-1 (item 02) is an injury which resulted in no medical cost to State workers' compensation and did not result in the employee losing time from work in the following shift. Medical (item 03) should be checked when there is a medical claim to State workers' compensation but less than one day of lost work. Lost time only (item 04) should be checked when more than one day of work is lost but there is no medical claim to State workers' compensation. Medical and lost time (item 05) is appropriate when there is both a medical claim to State workers' compensation and more than one day is lost from work. Check fatality (item 06) when the injury results in the employee's death.

B. Check the category which best describes the incident responsible for initiating this report.

C. Indicate the location of the incident's occurrence. If the incident occurred indoors also fill in the building's name or number. When none of the pre-assigned categories are appropriate, check "other" and fill in the location in the blank provided.

D. Denote the injured employee's activity at the time of the incident. When none of the listed categories are appropriate, mark "other" and write the activity in the space provided.

E. Check the body part most affected by the incident. Check "other" and specify the part when none of the categories are appropriate.

F. Denote the primary type of injury brought about by the incident. Use the "other" category when none of the listed categories apply.

G. Indicate the type of incident which resulted in filing this report. Check "other" when none of the pre-assigned categories are appropriate.

H. Indicate the physical object most directly related to the incident. When none of the listed categories are appropriate, check "other" and specify the type of object.

I. Denote the act or practice resulting in the incident. Check "other" and specify when none of the pre-assigned categories are appropriate.

J. Check the most appropriate, or primary, physical hazards associated with the incident. When appropriate check "other" and specify.

K. Indicate whether the State or the unit had a safety rule which could have prevented this incident.

L. Indicate whether the rule(s) denoted in item K. were violated.

M. Check all actions already taken or planned to prevent a recurrence of this incident. Check "other" and specify when appropriate.

N. Give a brief narrative description of the incident. Include who was involved, what happened, where the incident occurred, when it happened, why the incident occurred and how it happened.

P.1. Submit the AGS-10-91/TWCC-121 to the unit's additional duty safety officer for review and comment. A signature is needed whether or not a comment was included.

P.2. Once this form has been completed by the injured employee's supervisor, and reviewed by the additional duty safety officer, it should be submitted to the additional duty safety officer's supervisor for review, comments if appropriate, and signature.

P.3. Submit completed form to the agency's facility safety manager for review of correctness and completness. When the form is correct and positive action has been initiated to prevent recurrence of similar accidents/incidents, the safety manager should make appropriate comments, sign and date the form. When the report was prepared as a result of medical cost to State workers' compensation or as a result of time lost from work in the following shift (items 03 through 06 in section A.), this form must be returned to the Risk Management Division of the TWCC within ten (10) days through interagency mail or at the following address:

TEXAS WORKERS' COMPENSATION COMMISSION
Risk Management Division
Southfield Building
4000 South I.H. 35
Austin, Texas 78704-1287

SUPERVISOR'S INVESTIGATION OF EMPLOYEE'S ACCIDENT/INCIDENT

1. LAST NAME OF INJURED	2. FIRST NAME	3. M.I.	4. SOCIAL SECURITY NUMBER	5. DATE OF BIRTH
			- -	/ /

6. SEX	7. DATE OF EMPLOYMENT IN UNIT	8. AGENCY NUMBER (COMPTROLLER'S CODE)	9. BUDGET NUMBER OF ASSIGNED UNIT
M ☐ F ☐	/ /		

10. JOB CLASSIFICATION CODE	11. POSITION STATUS	12. DATE OF INCIDENT	13. TIME OF INCIDENT
	☐ Full-time ☐ Part-time ☐ Floater (fills where needed)	/ /	: a.m. ☐ p.m. ☐

A. EXTENT OF INJURY (Check one only)

- ☐ 01 No injury (incident only)
- ☐ 02 Injury not requiring a TWCC-1
- ☐ 03 Medical
- ☐ 04 Lost time only (more than one day)
- ☐ 05 Medical and lost time
- ☐ 06 Fatality

B. CATEGORY (Check one only)

- ☐ 01 Occupational injury (accident)
- ☐ 02 Occupational injury (aggressive behavior)
- ☐ 03 Occupational illness/disease

C. SPECIFIC LOCATION OF OCCURRENCE (Check one only)

INDOORS:
BUILDING INVENTORY NO. _____

- ☐ 01 Auditorium
- ☐ 02 Bath/Toilet area
- ☐ 03 Boiler room
- ☐ 04 Canteen/Snack bar
- ☐ 05 Cell block
- ☐ 06 Classroom
- ☐ 07 Closet
- ☐ 08 Day room
- ☐ 09 Dormitory/Living room
- ☐ 10 Elevator
- ☐ 11 Food service area/Dining/Kitchen
- ☐ 12 Garage
- ☐ 13 Gymnasium/Recreation
- ☐ 14 Hallway/Corridor
- ☐ 15 Hospital/Clinic/Dispensary
- ☐ 16 Laboratory
- ☐ 17 Laundry
- ☐ 18 Library
- ☐ 19 Nursing station
- ☐ 20 Office areas
- ☐ 21 Program areas
- ☐ 22 Ramp
- ☐ 23 Sales store/Outlet
- ☐ 24 Seclusion room
- ☐ 25 Sleeping room
- ☐ 26 Steps/Stairs/Stairway
- ☐ 27 Storage area
- ☐ 28 Waiting room
- ☐ 29 Workshop/Technical trades
- ☐ 30 Other (specify) _____

OUTDOORS:

- ☐ 31 Athletic field
- ☐ 32 Campus
- ☐ 33 Grounds
- ☐ 34 Highway/Road/Street
- ☐ 35 Loading dock
- ☐ 36 Park or recreation area
- ☐ 37 Parking lot
- ☐ 38 Roof
- ☐ 39 Sidewalk
- ☐ 40 Steps/Stairs/Stairway
- ☐ 41 Storage area
- ☐ 42 Swimming pool area
- ☐ 43 Tower
- ☐ 44 Other (specify) _____

D. ACTIVITY ENGAGED IN BY INJURED AT TIME OF INJURY (Check one only)

- ☐ 01 Bathing
- ☐ 02 Buffing
- ☐ 03 Carrying
- ☐ 04 Cleaning
- ☐ 05 Climbing
- ☐ 06 Cutting
- ☐ 07 Descending
- ☐ 08 Digging
- ☐ 09 Dressing
- ☐ 10 Driving
- ☐ 11 Eating
- ☐ 12 Escorting
- ☐ 13 Exercising
- ☐ 14 Feeding
- ☐ 15 Grinding
- ☐ 16 Grooming
- ☐ 17 Jumping
- ☐ 18 Lifting
- ☐ 19 Loading
- ☐ 20 Mopping
- ☐ 21 Moving
- ☐ 22 Operating
- ☐ 23 Pulling
- ☐ 24 Pushing
- ☐ 25 Reaching
- ☐ 26 Redirecting
- ☐ 27 Restraining
- ☐ 28 Running
- ☐ 29 Sanding
- ☐ 30 Sawing
- ☐ 31 Searching
- ☐ 32 Securing
- ☐ 33 Sitting
- ☐ 34 Standing
- ☐ 35 Stripping
- ☐ 36 Turning
- ☐ 37 Walking
- ☐ 38 Welding
- ☐ 39 Other (specify) _____

E. BODY PART INJURED (Most serious)

- ☐ 01 Ankle
- ☐ 02 Arm
- ☐ 03 Back
- ☐ 04 Buttocks
- ☐ 05 Cheek
- ☐ 06 Chest
- ☐ 07 Chin
- ☐ 08 Ear(s)
- ☐ 09 Eye(s)
- ☐ 10 Foot-Feet
- ☐ 11 Finger/Thumb(s)
- ☐ 12 Forehead
- ☐ 13 Groin
- ☐ 14 Hand
- ☐ 15 Hips
- ☐ 16 Internal organ
- ☐ 17 Jaw
- ☐ 18 Knee(s)
- ☐ 19 Leg(s)
- ☐ 20 Mouth
- ☐ 21 Neck
- ☐ 22 Nose
- ☐ 23 Pelvis
- ☐ 24 Rib(s)
- ☐ 25 Scalp
- ☐ 26 Shoulder
- ☐ 27 Toe(s)
- ☐ 28 Wrist(s)
- ☐ 29 Other (specify) _____

F. TYPE OF INJURY (Check primary one)

- ☐ 01 Abrasion
- ☐ 02 Amputation
- ☐ 03 Bite
- ☐ 04 Bruise
- ☐ 05 Burn
- ☐ 06 Concussion
- ☐ 07 Cut
- ☐ 08 Dermatitis
- ☐ 09 Dislocation
- ☐ 10 Foreign object
- ☐ 11 Fracture
- ☐ 12 Frostbite
- ☐ 13 Hearing loss
- ☐ 14 Heart attack
- ☐ 15 Heat exhaustion
- ☐ 16 Hernia
- ☐ 17 Infection
- ☐ 18 Inflamation
- ☐ 19 Internal injuries
- ☐ 20 Puncture
- ☐ 21 Rupture
- ☐ 22 Scratch
- ☐ 23 Shock
- ☐ 24 Sprain
- ☐ 25 Sting
- ☐ 26 Strain
- ☐ 27 Other (specify) _____

G. TYPE OF OCCURRENCE (Check one only)

- ☐ 01 Aggression (client, student, inmate, patient)
- ☐ 02 Bodily reaction (drug, medication)
- ☐ 03 Caught in, on, under, or between
- ☐ 04 Contact with chemicals
- ☐ 05 Contact with electric current
- ☐ 06 Contact with temperature extremes

G. CONTINUED

- ☐ 07 Fall on same level
- ☐ 08 Fall on different level
- ☐ 09 Over-exertion (exceeding physical ability resulting in strain, rupture)
- ☐ 10 Overexposure to environmental hazards (noise, toxic)
- ☐ 11 Slip (not a fall)
- ☐ 12 Struck against (rough, sharp object)
- ☐ 13 Struck by falling, moving object
- ☐ 14 Other (specify) _____

H. PHYSICAL THING MOST CLOSELY ASSOCIATED WITH OCCURRENCE (Check one)

- ☐ 01 Aircraft
- ☐ 02 Air pressure
- ☐ 03 Animal (snake, dog, horse, etc.)
- ☐ 04 Athletic equipment (baseball, bat, dart, etc.)
- ☐ 05 Attachments (belt, pulley, gear, shaft)
- ☐ 06 Building component
- ☐ 07 Cabinet
- ☐ 08 Chemical (solid, liquid, or gas)
- ☐ 09 Clothing
- ☐ 10 Container (bottle, box, barrel, cylinder, etc.)
- ☐ 11 Curb
- ☐ 12 Doors (automatic, manual, revolving)
- ☐ 13 Drugs or medicine
- ☐ 14 Dust
- ☐ 15 Electrical apparatus
- ☐ 16 Elevator, escalator
- ☐ 17 Explosives
- ☐ 18 Eyewear
- ☐ 19 Fan
- ☐ 20 Fire, flame, smoke
- ☐ 21 Floor
- ☐ 22 Food products
- ☐ 23 Fumes
- ☐ 24 Furniture, fixtures
- ☐ 25 Gas
- ☐ 26 Glass items
- ☐ 27 Gun
- ☐ 28 Ground (earth)
- ☐ 29 Hand tool
- ☐ 30 Heating equipment
- ☐ 31 Hoisting equipment
- ☐ 32 Icy condition
- ☐ 33 Infectious or parasitic agent
- ☐ 34 Inmate, client, employee
- ☐ 35 Insect
- ☐ 36 Kitchen equipment
- ☐ 37 Knife
- ☐ 38 Lighting fixture and equipment
- ☐ 39 Ladder, scaffold
- ☐ 40 Locker
- ☐ 41 Machine
- ☐ 42 Material handling equipment
- ☐ 43 Metal
- ☐ 44 Mineral items (asphalt, clay, gravel, etc.)
- ☐ 45 Motor vehicle
- ☐ 46 Needle
- ☐ 47 Office equipment (chair, desk, cabinet, etc.)
- ☐ 48 Paint
- ☐ 49 Particle
- ☐ 50 Pavement
- ☐ 51 Person (other than client, inmate, employee)
- ☐ 52 Pipe
- ☐ 53 Platform, dock, ramp

Continued On Other Side

H. CONTINUED

- ☐ 54 Pole
- ☐ 55 Power tool or machinery (lathe, saw, etc.)
- ☐ 56 Radiating equipment (microwave, x-ray, etc.)
- ☐ 57 Receptacle
- ☐ 58 Smoke
- ☐ 59 Stair, step
- ☐ 60 Sun
- ☐ 61 Trench/Ditch
- ☐ 62 Vegetation
- ☐ 63 Weather
- ☐ 64 Wood
- ☐ 65 Other (specify) _____

I. ACT/PRACTICE ASSOCIATED WITH OCCURRENCE (Check one only)

- ☐ 01 Contact with electrical source (tool, device, wire, etc.)
- ☐ 02 Entering an unauthorized area
- ☐ 03 Failure to practice safe driving technique
- ☐ 04 Failure to use established route or taking short cut
- ☐ 05 Failure to use handrail, grab bar
- ☐ 06 Failure to use lockout device
- ☐ 07 Failure to use/wear personal protective equipment (PPE)
- ☐ 08 Failure to warn of known hazards (i.e. no safety sign, light, barricade, instruction, etc.)
- ☐ 09 Failure to wear appropriate dress (shoes, shirt, blouse)
- ☐ 10 Handling (of object, material, item, thing)
- ☐ 11 Horseplay
- ☐ 12 Improper making or storing (non-compatible material, chemicals, etc.)
- ☐ 13 Improper placing or storing (materials, tools, equipment)
- ☐ 14 Lifting (including position, stance)
- ☐ 15 Making safety devices inoperative
- ☐ 16 No unsafe act/practice on the part of employee
- ☐ 17 Operating/Working at unsafe speed
- ☐ 18 Operating without proper authority/clearance
- ☐ 19 Over or unnecessary exposure to hazards (gas, fumes, dust, chemicals, mist, radiation, etc.)
- ☐ 20 Repairing or servicing moving object/thing (machine, equipment, etc.)

I. CONTINUED

- ☐ 21 Riding moving equipment not designed for passengers
- ☐ 22 Unobservant (daydreaming, inattentive, etc.)
- ☐ 23 Using unsafe/defective tool, material, equipment
- ☐ 24 Using wrong tool, material equipment
- ☐ 25 Working/Walking under suspended load (crane, hoist, derrick)
- ☐ 26 Working in a confined space without proper safeguard
- ☐ 27 Working without adequate lighting
- ☐ 28 Other (specify) _____

J. CONDITION (PHYSICAL HAZARD) ASSOCIATED WITH OCCURRENCE (Check one)

- ☐ 01 Congested area
- ☐ 02 Electrical hazard (uninsulated wire, overloaded circuit, inadequate ground, etc.)
- ☐ 03 Excessive noise
- ☐ 04 Harmful animals/insects/reptiles
- ☐ 05 Health hazards (radiation, gas, fumes, dust, vapors, etc.)
- ☐ 06 Improper housekeeping
- ☐ 07 Improperly stored chemicals, hazardous substances
- ☐ 08 Inadequate ventilation
- ☐ 09 Inadequate or no warning signs
- ☐ 10 Layout or design (office, shop, equipment)
- ☐ 11 Lighting
- ☐ 12 Mislabeled/Unlabeled chemicals, hazardous materials, etc.
- ☐ 13 No unsafe condition
- ☐ 14 Open trench, hole, ditch, sharp drop-off
- ☐ 15 Poisonous vegetation (oak, ivy, etc.)
- ☐ 16 Protruding object (nail, wire, splinter, etc.)
- ☐ 17 Rough/Sharp objects
- ☐ 18 Slipping or tripping hazard
- ☐ 19 Step, stairs, ladder, or other working surfaces
- ☐ 20 Unguarded machine, belt, pulley, roller, etc.

J. CONTINUED

- ☐ 21 Unsafe/Defective hand or electric tools
- ☐ 22 Unsafe equipment
- ☐ 23 Unsafe material
- ☐ 24 Unsafe vehicle
- ☐ 25 Unshored trench, excavation, etc.
- ☐ 26 Walkway, sidewalk, pavement
- ☐ 27 Other (specify) _____

K. DID THE STATE OR THE UNIT HAVE A SAFETY RULE, REGULATION, OR STANDARD THAT WOULD HAVE PREVENTED THE OCCURRENCE?

☐ 01 Yes ☐ 02 No

L. WAS THE RULE, REGULATION, OR STANDARD VIOLATED?

☐ 01 Yes ☐ 02 No

M. ACTION(S) TAKEN OR PLANNED TO PREVENT RECURRENCE (Check all that apply)

- ☐ 01 Action taken with employee for violating rules, regulations or procedures
- ☐ 02 All employees were made aware of the occurrence cause, consequence, and action taken to prevent recurrence
- ☐ 03 Employee given basic training
- ☐ 04 Employee given refresher or remedial training
- ☐ 05 Existing rule, regulation or standard (SOP) enforced
- ☐ 06 Existing rule, regulation or standard (SOP) revised
- ☐ 07 New rule, regulation or standard prepared
- ☐ 08 Physical hazard(s) corrected
- ☐ 09 Other positive action taken _____

N. DESCRIBE BRIEFLY IN NARRATIVE FORM THE CIRCUMSTANCES THAT LED TO AND CAUSED THIS OCCURRENCE.

ANSWER: WHO? WHAT? WHERE? WHEN? WHY? AND HOW? (Use additional sheet if necessary)

		/ /	
INJURED'S IMMEDIATE SUPERVISOR (print)	SIGNATURE	DATE	PHONE

P. REVIEWED BY

P.1 SECTION/DEPARTMENT/DIVISION ADDITIONAL DUTY SAFETY OFFICER. COMMENT:

		/ /
	SIGNATURE	DATE

P.2 SECTION/DEPARTMENT/DIVISION HEAD. COMMENT:

		/ /
	SIGNATURE	DATE

P.3 AGENCY OR FACILITY SAFETY MANAGER.

A) Repeat occurrence: ☐ 01 No ☐ 02 Yes; total incidents: ☐ 03 Two ☐ 04 Three ☐ 05 Four ☐ 06 Five ☐ 07 Over Five

B) Were more than two (2) workers injured in this accident? (if so, complete a separate form for each employee) ☐ 01 Yes ☐ 02 No

C) Comment:

	/ /
SIGNATURE	DATE