

**La Joya Independent School District
Supervisor Injury Report**

Name: _____ S.S.# _____ Campus: _____

Address: _____ Phone #: _____

Title/Position: _____ Sex: _____ D.O.B. _____ Age: _____ Date of Injury: _____

Location of Incident: _____ Time of Day: _____

Employee status:

- Full Time
- Part Time
- Volunteer

Pay Status:

- Salaried
- Hourly
- Special Project

Time in job:

- In Training
- Less than 6 Months
- 6 months to a year
- More than one year

Occupation:(check one)

- Prof. Adm. & Clerical
- Bldg. Maint
- Fcod Service
- Custodial
- Driver/V. Maint.
- Others

Extend of Injury or Illness: (If Applicable)

- No Los t Work Days
- Lost Work Days(# ___)
- Fatality

NATURE OF INJURY/ILLNESS CODES

INJURY

- 01 Amputation
- 02 Bite, Sting
- 03 Bruise, Contusion
- 04 Burn, Hot, Cold, Chemical, Scald
- 05 Concussion, Unconscious
- 06 Cut, Laceration, Puncture
- 07 Exhaustion, Heat Stroke
- 08 Electric Shock

- 09 Foreign Body, Silver, chip, Dust
- 10 Fracture, Crush Dislocation
- 11 Internal Injury, Hernia, Heart
- 12 Loss of Senses, Faculties
- 13 Scrape, Scratch, Abrasion
- 14 Sprain, Strain, Torn Ligaments
- 15 Suffocation, Drowning

OCCUPATIONAL ILLNESS

- 16 Skin Disease, Disorder
- 17 Lung Problem, Dust Related
- 18 Lung Problem, Toxic-Agent Related
- 19 Poisoning
- 20 Disorders Due to Physical Agents
- 21 Emotional Disorders/Stress
- 22 Disorders Associated with repeated Trauma
- 99 All Others

PART OF BODY CODES

HEAD/NECK

- 01 Scalp
- 02 Skull
- 03 Ears
- 04 Eyes
- 05 Face
- 06 Nose
- 07 Mouth/Teeth
- 08 Neck
- 09 Whole Head

ARM/SHOULDER

- 10 Shoulder
- 11 Upper Arm
- 12 Elbow
- 13 Forearm
- 14 Wrist
- 15 Hand
- 16 Finger
- 17 Whole Arm

TORSO

- 18 Chest/Ribs
- 19 Back-Muscles
- 20 Back-Skeletal
- 21 Heart
- 22 Abdomen
- 23 Groin
- 24 Hip
- 25 Buttocks
- 26 Whole Torso

LEG

- 27 Thigh
- 28 Knee
- 29 Shin, Calf
- 30 Ankle
- 31 Foot
- 32 Toe
- 33 Whole Leg

FACULTY/SYSTEM

- 34 Hearing
- 35 Vision
- 36 Smell
- 37 Taste
- 38 Touch
- 39 Respiratory
- 40 Circulatory
- 41 Digestive
- 42 Nervous

Describe in detail how incident occurred: _____

Nurses' Comments: _____

Signature of Employee _____ Signature of Supervisor _____

Date _____ Date _____