UNIVERSITY OF HOUSTON-CLEAR LAKE

FIRST REPORT OF INJURY OR IlINESS

To be completed by the employee's supervisor and sent to the Office of Human Resources **AND** the Department of Environmental Health & Safety within **24 hours** of injury/illness.

*****Please Print Legibly*****

PERSONAL INFORMATION

Employee Name (Last, First, MI)	Employee ID #	DOB (MM-DD-YYYY)

Employee Address	Employee Phone Number(s)
Street Address:	**Work:**
City: **State:** **Zip:**	**Home:**

Employment Type (e.g. full-time, part-time, temp)	Employee Job Title	Hired Date (MM-DD-YYYY)

Employee Department	Employee Building Name (e.g. Bayou, SSB, etc.)	Employee Office #

Marital Status (e.g., married, separated, widowed, divorced, single)	Spouse's Name	# of Dependent Children

Does the Employee Speak English?	Yes ☐ No ☐	If No, Please Specify Language:	

INJURY/ILLNESS

Date Injury/Illness Reported (MM-DD-YYYY)	Date of Injury/Illness (MM-DD-YYYY)	Time of Injury/Illness
		: AM/PM

Type of Injury/Illness (e.g. cut, sprain, bite, rash)	Cause of Injury/Illness (e.g. fall, water on floor, broken tool, no PPE)

How and why did this injury/illness occur? (Please provide detailed information of incident)

Location where injury/illness occurred - BE SPECIFIC (e.g. *Bayou bldg, 2nd floor, right side of hallway in between B2502 & 25RR)*

Body part(s) involved (e.g. left arm, right eye):	

TREATMENT ■ N/A

First Aid (clean wound, bandage, etc). ☐	UHCL Health Center ☐	Doctor's Office ☐	CPR/AED ☐	Ambulance/E.R. ☐

Name, Address & Ph. Number where treatment was received (doctor's office/clinic/hospital):

ADDITIONAL INFORMATION

What is the employee's regular work schedule? (please include days and hours worked)

Was the employee doing his/her regular job?	**Yes** ☐ **No** ☐ **N/A** ☐
Was the employee trained in the duties being performed?	**Yes** ☐ **No** ☐ **N/A** ☐
Has the supervisor been informed of the incident?	**Yes** ☐ **No** ☐
Was this incident reported to UHCL Police?	**Yes** ☐ **No** ☐ **If yes, date & time reported:**

WITNESSES ■ N/A

Name: **Phone:**

Name: **Phone:**

Supervisor's Name	Supervisor's Phone	Supervisor's Title

Name of person completing this form	Phone	Title

Texas Workers' Compensation Commission will require the employee to receive medical treatment from a healthcare provider who agrees to file claims and accept worker's compensation payments. In addition, the healthcare provider must be willing to follow the rules and regulations of the Texas Worker's Compensation Commission.

Revised: 01/11/2017

UNIVERSITY OF HOUSTON-CLEAR LAKE
WORKERS' COMPENSATION
INCIDENT REPORTING PROCEDURES FOR FACULTY AND STAFF
(supplements SAM 01.C.03)

1. Purpose

   1.1 To provide faculty and staff with the proper procedures to be followed when an incident or illness occurs on the job.
   1.2 To provide a mechanism to allow for the proper administration of treatment, benefits and compensation.

2. Procedures

   2.1 Employee, or someone with first hand knowledge of the incident, must immediately report the incident to his/her supervisor.
   2.2 The supervisor, or someone with first hand knowledge of the incident, must contact the University Police Department at ext. 2222, if emergency medical response is necessary.
   2.3 If able, the employee must report to Health and Disability Services for assessment and/or treatment of any injury or illness. Except for emergencies, the employee must choose a treating doctor from the list of network doctors that agree to file claims and accept worker's compensation payments. The healthcare provider must be willing to follow the rules and regulations of the Texas Worker's Compensation Commission.
   2.4 The supervisor is responsible for completing the First Report of Injury Form and sending it to the Benefits Coordinator in the Office of Human Resources and the Department of Environmental Health and Safety within 24 hours to allow for proper filing and timely follow-up.

3. Benefits Coordinator is responsible for:

   3.1 Reporting the incident or illness to the State Office of Risk Management (SORM) when appropriate.
   3.2 Communicating benefits information to health care providers.
   3.3 Providing copy of DWC-1S to and communicating employee rights under workers' compensation to the employee following receipt of workers' compensation claim number provided by SORM.
   3.4 Ensuring applicable forms are submitted to the State Office of Risk Management in a timely manner.

4. If lost time occurs:

   4.1 The employee is required to report weekly to the Benefits Coordinator in the Office of Human Resources and their department until returning to work.
   4.2 Prior to returning to work, the employee must provide the Benefits Coordinator in the Human Resources department a signed medical release allowing the employee to return to work.
   4.3 If the employee is released by a physician to "light duty", the Benefits Coordinator will contact the department supervisor and/or manager regarding a return to work assignment in accordance with the UHCL Return to Work Program.

5. For all reported incidents, the employee's supervisor shall arrange with the Department of Environmental Health and Safety a time for post incident evaluation or investigation, which may result in Job Safety Procedures, additional safeguards, and training as deemed necessary.