

UNIVERSITY OF HOUSTON-CLEAR LAKE FIRST REPORT OF INJURY OR ILLNESS

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

Date of Injury/Illness (MM-DD-YYYY) / /	Time of Injury/Illness : AM/PM
Employee Name (Last, first, MI):	UHCL Empl ID Number:
Address, City, State, Zip:	Phone Numbers Work: Home:
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Spouse's Name: _____ Number of Dependent Children: _____
Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/> _____	Was employee doing his/her regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>
Has the employee sought medical care/treatment? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, where? (Include name of doctor or facility, address, and phone number)	Address or location where injury/illness occurred: Building # or Street:
Specific location where injury/illness occurred (e.g. stairs, dock, lab, room number):	Nature of injury/illness (e.g. cut, sprain, occupational disease):
Body part involved (e.g. left arm, right eye):	Cause of injury/illness (e.g. fall, tool, machine, chemical):
How and why did this injury/illness occur?	
List all Witnesses: (Include names and telephone numbers)	
Supervisor's name and telephone number:	Date injury/illness was reported:
Name of person completing this form:	Date and time reported to UHCL Police:

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: 02/01/2011

**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. The employee may seek medical attention from a provider of choice who agrees 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 Environmental Health and Safety Office 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 Upon returning to work, the employee must report to the Benefits Coordinator in the Human Resources department with a signed medical release.
 - 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 Office 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.