
Directions for Using First Report of Injury Form

The **Employers First Report of Injury or Illness Form (DWC 1)** is not a Texas A&M University form. It is an official form of the State of Texas. An employer who fails to file the report without good cause may be assessed an administrative penalty not to exceed \$500.00.

The Employers First Report of Injury or Illness Form is to be filled out by the employee's immediate supervisor or designee and faxed to Benefits Services at 979-847-8546 or emailed as an attachment to hrcompbenefits@tamu.edu within 24 hours of the department's knowledge of the incident.

The First Report of Injury or Illness provides information on the claimant, employer, insurance carrier and medical practitioner necessary to begin the claims process. Details of the claimant's employment and circumstances surrounding the injury or illness are also requested.

If handwriting the information, it must be legible and in black ink. It is preferable that the form be typed using capital letters in large bold font. Where dates are required enter MM/DD/YY (example: 01/17/07).

Enter last name, first name, middle initial.

1. *Indicate male or female (**Article 8308-2.13(e) Texas Workers' Compensation Act* requires the Texas Workers' Compensation Commission to maintain information as to the race, ethnicity, and sex on every compensable injury. This information is maintained for non-discriminatory statistical use.)
2. Enter Social Security number.
3. Enter phone number where employee may be contacted, including area code.
4. Enter birth date.
5. Indicate if the employee speaks English. If the employee speaks another language, indicate the language.
6. *Indicate the employee's race. Ask the employee for their preference or use your best estimate if the employee is unavailable.
7. *Indicate the employee's ethnicity.
8. Enter current mailing address (please include zip code).
9. Indicate marital status.
- 11.-14. are preferred, but may be left blank if unknown.
15. Indicate date of injury.
16. Indicate time of injury and AM or PM.
17. Indicate date lost time began (not including date of injury) or indicate no lost time as "NLT"
18. Indicate nature of injury (fall, slip, strain, laceration, contusion, etc.) or type of exposure (radiation, chemical, etc.), or if occupational illness.
19. Indicate body part involved in injury (foot, mouth, back, etc.).
20. Provide brief but specific description of how injury occurred.
21. Indicate if the employee was working within the course and scope of their position description.
22. Indicate work location (dock area, kitchen area, outside area, parking area, etc.).
23. List name of department.
24. Indicate the cause of injury or exposure (slippery floor, machinery malfunction, contact with chemical, etc).
25. List only first-hand observers willing to testify.
26. Indicate date employee returned to work or is expected to return to work, if known.

- 27. Indicate if the employee died from the injury or illness. If yes, then notify Benefits Services at (979) 862-1718 immediately.
- 28. Provide name of employee's immediate supervisor.
- 29. Enter date injury was reported.
- 30. Enter employee date of hire.
- 31. Indicate if employee was hired in Texas.
- 32. Enter length of service in current position.
- 33. Determine the employee's total length of time in the occupation, including length of service with The Texas A&M University System and outside employers.
- 34. Enter employee's 4-digit job classification code.
- 35. Enter employee's job title.
- 36. Enter employee current rate of pay by hour and by week.
- 37. Enter hours worked each week (40 hours at 5 days or 20 hours at 5 days, etc.)
- 38. Enter amount of employee's last paycheck (gross) and indicate the number of hours worked. If monthly employee enter the number of days worked.
- 39. Indicate "No".
- 40. Enter name of Departmental HR liaison.
- 41. Enter Texas A&M University
- 42. Enter departmental address and phone number
- 43. Enter TAMU Human Resources (1255 TAMU, College Station, Texas 77843-1255).
- 44. Enter TAMU Tax ID # 74-6000-531.
- 45.-47. Leave blank.
- 48. Enter The Texas A&M University System – Self-Insurance (Carrier).
- 49. Enter Self-insured.
- 50. Leave blank.
- 51. Enter signature or person completing form and date of completion.

NEED HELP?
Benefits Services
Phone (979) 862-1718
Fax (979) 847-8546
hrcompbenefits@tamu.edu