



## WORKERS' COMPENSATION INJURY REPORT LOG

(To be maintained by unit as a permanent record in compliance with the Texas Workers' Compensation Act)

Department/Unit \_\_\_\_\_ Date \_\_\_\_\_

Date of Injury	Date Employer's First Report of Injury sent to TAMU Office of Risk Management & Safety *	Employee Name	Source Reporting Injury (Name, Title & Work Phone)

\* Record all work-related injuries, occupational disease, or work-related deaths on this log. Complete an Employer's First Report of Injury (TWCC-1) multi-part form, in accordance with the Office of Risk Management and Safety Workers' Compensation Insurance Administrative Procedure and Management Standard Guide, and AgriLife procedure 24.01.05.AP1 or AgriLife Extension Service procedure 24.01.05.XP1 whenever an employee sustains a work-related injury. Copies of all workers' compensation reports will be retained by the reporting unit.

For additional information, please refer to the Office of Risk Management and Safety Workers' Compensation Insurance Manual or contact the AgriLife Human Resources office (979-845-2423).