

Texas Employer's First Report of Injury or Illness

Sample Texas workers' compensation employer report (for training only)

Simulated training document only — not an official Texas form and not a live claim file.

Employer Information

Employer Name	Evergreen Wellness Center
Address	1450 Evergreen Way, Austin, TX 78701
Federal Employer ID (FEIN)	95-5554321
Contact Person / Title	Emily Santos, HR Manager
Telephone	(512) 555-0142
Member / Policy ID	WestShield Employers' Safety Group – WS-77134

Employee Information

Employee Name	Nicole Moore
Home Address	2280 Sycamore Ave, Austin, TX 78704
Date of Birth	11/04/1987 (Age 37 on date of injury)
Job Title	Residential Counselor / Direct care staff
Date of Hire	06/10/2019
Employment Status	Regular full-time; 40 hours/week, rotating shifts including evenings/weekends.

Injury / Illness Information

Employer Claim Number	25004567
Date of Injury	09/12/2024
Time of Injury	Approximately 7:15 p.m.
Date Employer First Knew of Injury	09/12/2024
Date Employee Claim Form Provided	09/13/2024
Last Day Worked Before Disability	09/12/2024
Date Employee First Lost Time	09/13/2024
Location of Injury	Main interior stairwell between 2nd floor and main level, Evergreen Wellness Center, Austin, Texas.
Body Parts Affected (initial report)	Lumbar spine / low back Left hip Left knee

Description of Event

The employee was escorting a resident from the second floor to the main level using the main stairwell at Evergreen Wellness Center in Austin, Texas. The resident abruptly stopped and pulled back on the employee's left arm. Ms. Moore missed a step, twisted her left foot and left knee, and lurched forward, striking the left knee and jarring her low back. She reports catching herself on the handrail with her right arm and does not believe she fell completely to the landing. She noted immediate pain in the left knee and low back and completed the shift with increasing discomfort.

Initial Medical Provider

Clinic Name	Lone Star Occupational Health (Austin)
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Address	815 Industrial Way, Austin, TX 78744
Date First Seen	09/13/2024

Witnesses / Safety Information

Witnesses	Daniel Ruiz – Shift Supervisor Alicia Gomez – Mental Health Worker
Housekeeping / Safety	Stairwell mopped by facility staff at approximately 2:00 p.m. on 09/12/2024. Log reflects 30-minute dry time and “dry, no concerns” noted at 2:45 p.m. No spills, leaks, or stair defects recorded on the date of injury.

Wage Information (Summary)

Hourly Rate at Date of Injury	\$22.50
Average Weekly Hours	40.0
Average Weekly Wage	\$900.00

Employer Certification

I certify that the information above is correct to the best of my knowledge and that this report is completed for Texas workers' compensation claim administration and training purposes only.

Employer Representative: **Emily Santos, HR Manager**
 Signature: _____ (simulated)
 Date: 09/24/2024