



CompCourses

Return to work (RTW)

Reducing lost time and costs while supporting recovery



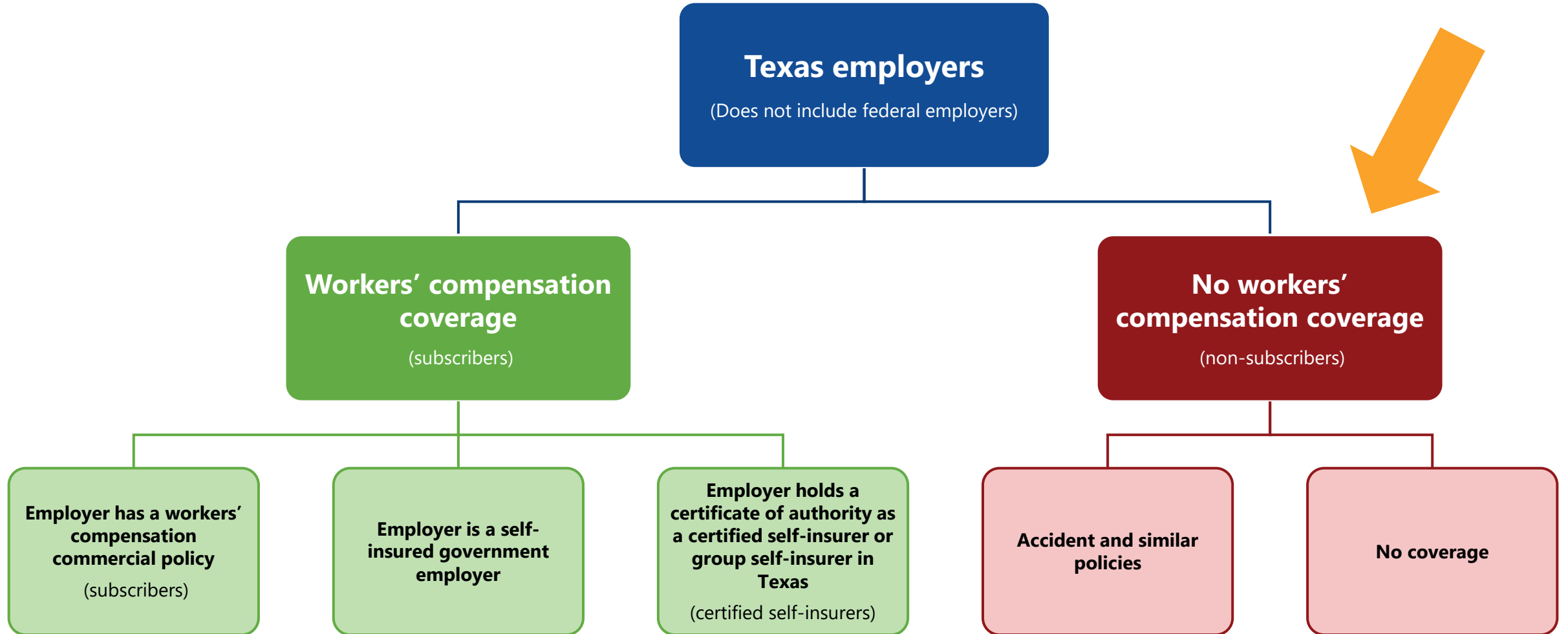
Texas framework for workers' compensation

- State-regulated.
- Coverage is voluntary for most employers.





Texas framework for workers' compensation



Texas Labor Code Section [401.011](#)



Non-covered employers required reporting

- Could be an administrative violation for not filing.

Annual notices

- Posting a notice of non-coverage in the workplace for all employees to see regularly.
- Written notice of non-coverage to new employees.
- Notice of non-coverage to DWC between February 1 and April 30 annually.

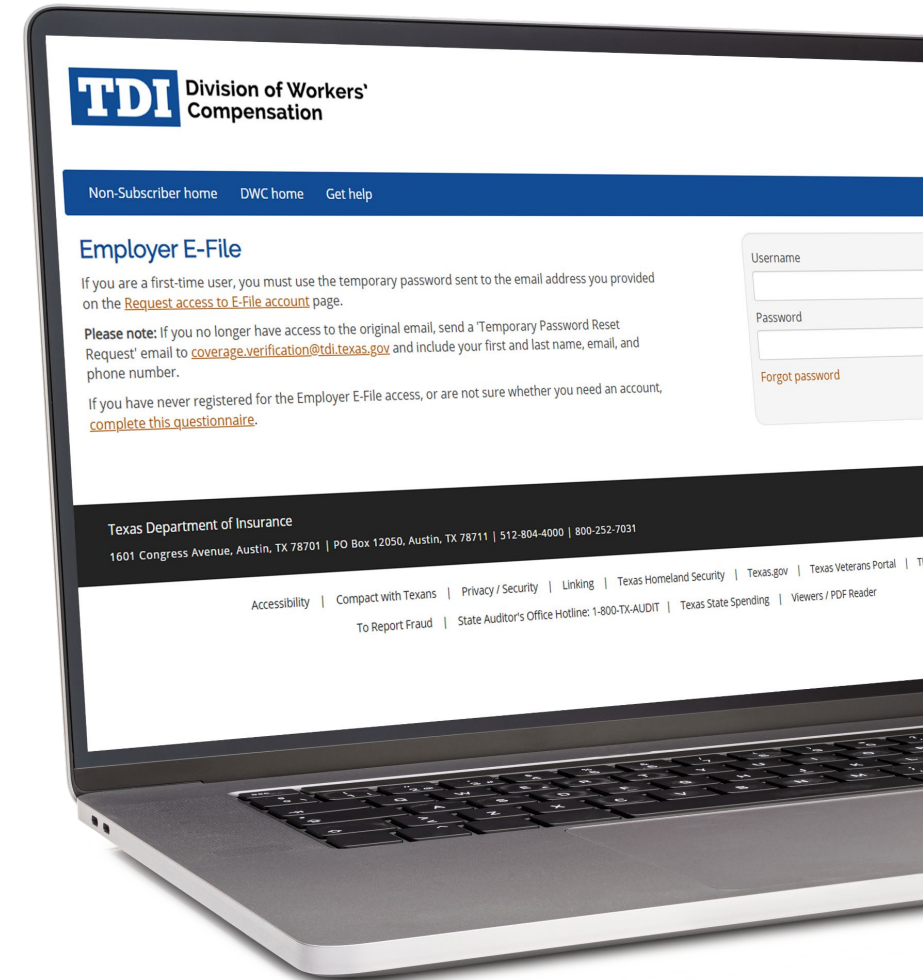
Notify DWC if:

- Employer drops coverage.
- There are injuries or illnesses that result in more than one day of lost time or deaths (required for employers with more than five employees).

28 Texas Administrative Code (TAC) Section [110.101](#)
Labor Code Section [406.004](#)

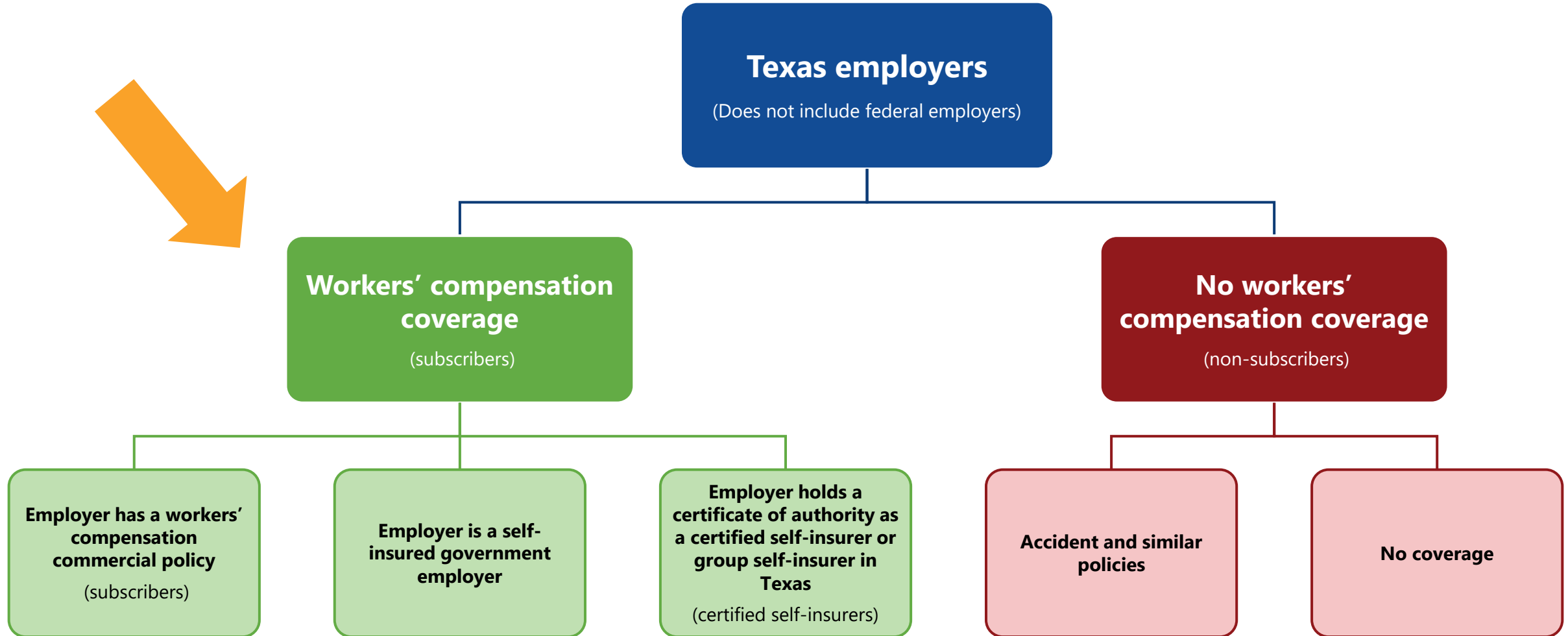
Employer E-File

- DWC's new online reporting tool for non-subscribers.
- Employers can file, save, and manage annual non-subscriber notices online, 24 hours a day.
- Employers can also use Employer E-File to report workplace injuries, illnesses, and deaths as Texas law requires.





Texas workers' compensation coverage



Labor Code Section [401.011](#)



DWC overview



workers'
compensation
rates down

81%

since 2003



percent of private
employers with
workers' compensation

76%

in 2024



health care
costs down

**\$338
million**

since 2012



percent of claims
receiving initial care
in seven days or less

82%

in 2022



number of
prescriptions
down

73%

since 2009

Source: [DWC Biennial Report to the 89th Texas Legislature](#), November 2024



DWC overview – RTW



percent of injured
employees who
returned to work six
months after injury

84%

in 2022



percent of injured
employees who
returned to work one
year after injury

91%

in 2022

Source: [DWC Biennial Report to the 89th Texas Legislature](#), November 2024



General definitions

An **injury** is damage or harm to the physical structure of the body and a disease or infection naturally resulting from the damage or harm. The term includes an occupational disease.

Labor Code Section [401.011](#)



General definitions

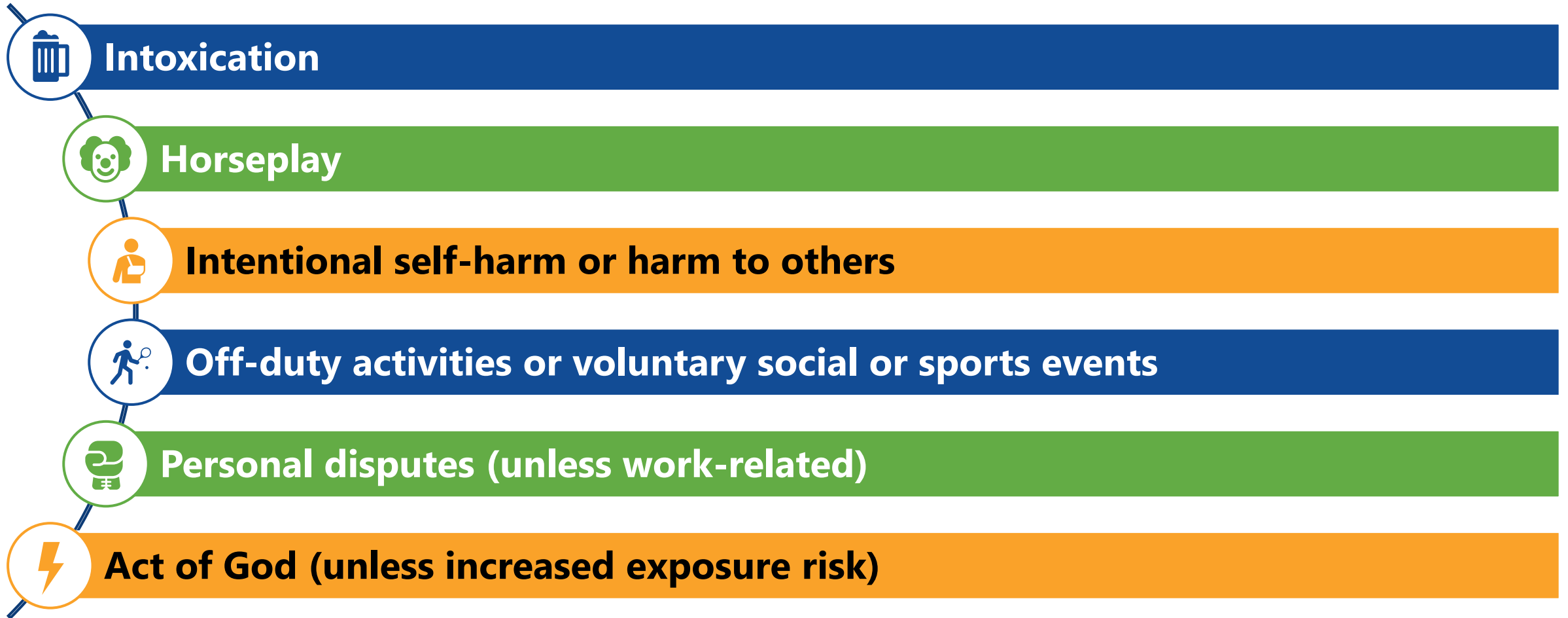
A **compensable injury** is an injury or illness that happened while the injured employee was performing duties related to their employment.

An injury is in the **course and scope of employment** when an employee is doing activities related to the business of their employer and while furthering the interests of their employer when they get injured.

Labor Code Section [401.011](#)



Exceptions to liability



Labor Code Section [406.032](#)

Regardless of fault



Labor Code Section [401.011](#)

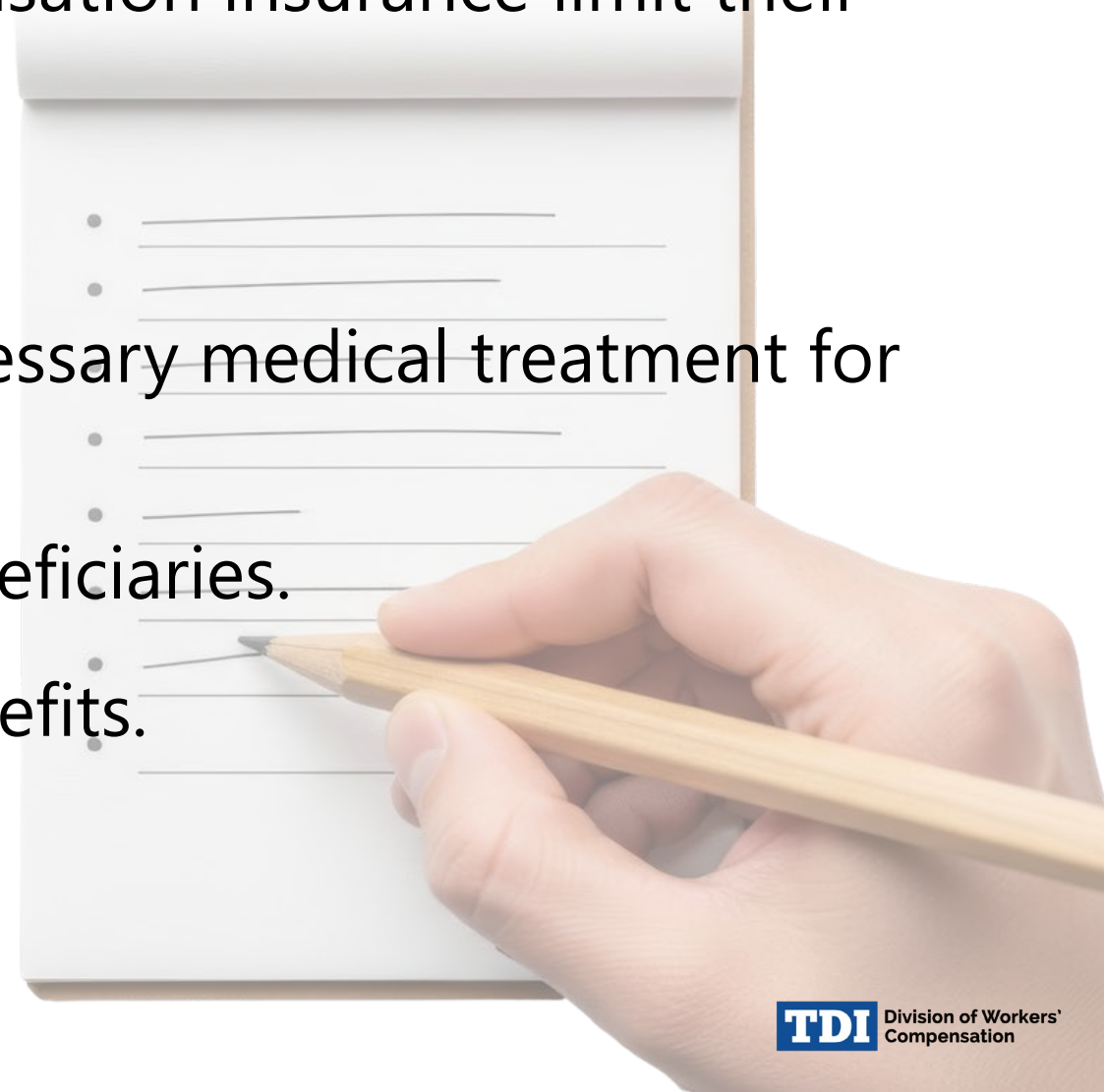


What workers' compensation does

Employers that provide workers' compensation insurance limit their liability.

Workers' compensation:

- ✓ Provides lifetime reasonable and necessary medical treatment for the compensable injury.
- ✓ Pays death and burial benefits to beneficiaries.
- ✓ Pays weekly income replacement benefits.





What workers' compensation does

Workers' compensation:

- ✓ Pays impairment and lifetime benefits.
- ✓ Limits the employer's liability for work-related injuries or illnesses by:
 - Protecting the employer.
 - Protecting the employees.
- ✓ Provides dispute resolution.



Your workers' compensation premium

- Industry
- Payroll
- Past three years of experience (cost)



Your experience
modifier

**Fewer injuries and eliminating unnecessary
lost time means lower cost.**

Controlling your costs

Costs



Severity and frequency of injuries and illnesses



Medically-unnecessary lost time



Solutions



Safety culture and training



Enforceability and accountability



Stay at work (SAW) and return to work (RTW)

Ensure a safe workplace.

Employers must take all actions reasonably necessary to ensure a safe workplace and take all steps reasonably necessary to protect the life, health, and safety of employees.



Occupational Safety and Health Act of 1970



What is your safety culture?



Before an injury, build your culture.

Post notices of coverage
(Notice 6, *Notice to
Employees Concerning
Workers' Compensation in
Texas*).

Educate, inform,
and remove
surprises.

Know what to
expect and what to
do.

Involve your
employees.

Designate and train
a contact.

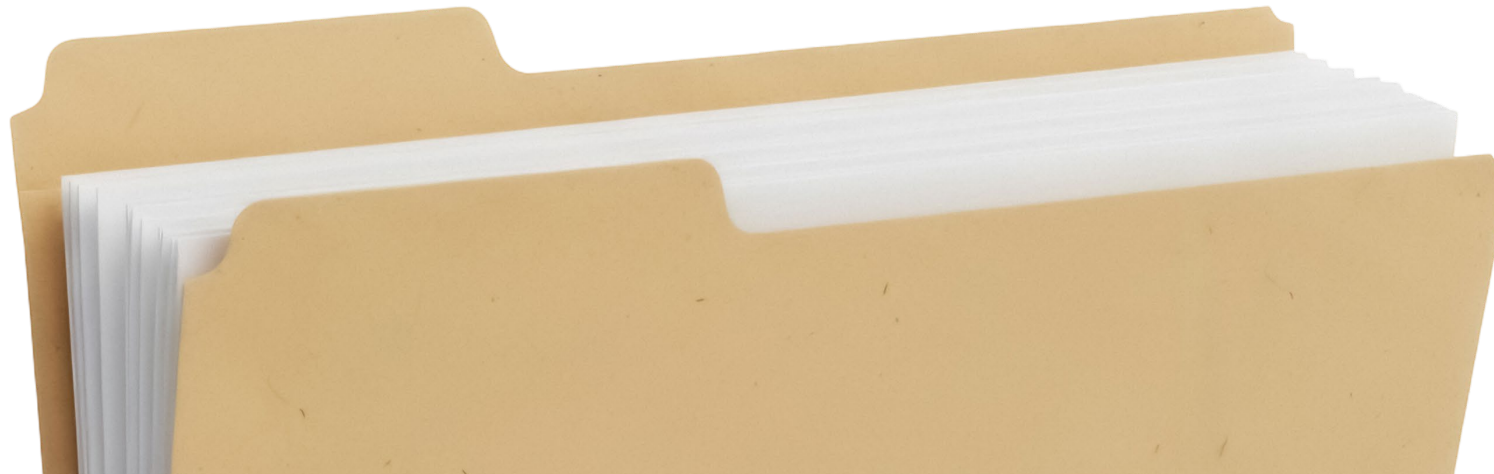
Hold supervisors
and managers
accountable.

An employer must report to DWC when:

An employee died.

An employee missed more than one day of work due to a workplace injury.

The employer found out about the work-related illness.





- File the DWC Form-001, *Employer's First Report of Injury or Illness*, to your insurance carrier.
- Provide a copy of the DWC Form-001 and the *Injured Employees Rights and Responsibilities* [document](#) to your employee.
- File the DWC Form-003, *Employer's Wage Statement*, to your insurance carrier when applicable.

DWC Form-001

TDI Division of Workers' Compensation DWC001

Complete if known:
DWC claim # _____
Insurance carrier claim # _____

Employer's first report of injury or illness

Part 1: Injured employee information

1. Name (first, middle, last)		2. Address (street or PO box, city, state, ZIP code)	
3. Phone number	4. Email address	5. Social Security number (XXX-XX-XXXX)	6. Date of birth (mm/dd/yyyy)
7. Marital status		8. Sex ☐ Female ☐ Male ☐ Unknown	
9. Spouse's name (first, middle, last)		10. Number of dependent children	
11. Does the employee speak English? ☐ Yes ☐ No If no, specify language			
12. Doctor's name (first, last)		13. Doctor's mailing address (street or PO box, city, state, ZIP code)	

Part 2: Injury information

14. Date of injury or illness (mm/dd/yyyy)	15. Time of injury : ☐ a.m. or ☐ p.m.	16. First day absent from work (mm/dd/yyyy)
17. Supervisor's name (first, last)		18. Date injury reported (mm/dd/yyyy)
19. Nature of injury or illness (Examples: cut, burn, bruise, fracture, sprain, chemical burn. For more than one injury, list the most serious injury.)		20. Body parts affected
21. Describe in detail how and why the injury, illness, or death occurred (Include the events leading up to the injury or illness, state the actual injury, and list the reasons why the accident or injury occurred.)		
22. Reported cause of injury (Examples: overexertion due to lifting or pushing, slip, trip, fall)		
23. Was the employee doing their regular job? ☐ Yes ☐ No		
24. Address and name of the location where the injury, exposure, or death occurred (business name, street or PO box, city, state, ZIP code)		
25. List all witnesses (first, last names)		

DWC001 Rev. 10/24 Page 1 of 3



DWC Form-003

TDI Division of Workers' Compensation DWC003

Complete if known:
DWC claim # _____
Insurance carrier claim # _____

Employer's wage statement

Section 1: Injured employee information

1. Name (first, middle, last)	2. Social Security number (last four digits) XXX-XX-XXXX
3. Address (street or PO box, city, state, ZIP code)	4. Phone number
5. Date of injury (mm/dd/yyyy)	6. Date of hire (mm/dd/yyyy)
7. First day of missed work (mm/dd/yyyy)	8. Returned to work on (mm/dd/yyyy) ☐ Has not returned to work

Section 2: Employer information

9. Name	10. Address (street or PO box, city, state, ZIP code)
11. Phone number	12. Federal tax ID number
13. Printed name (person submitting form)	14. Job title (person submitting form)

Section 3: Employment status at the time of injury

15. Check all that apply:

- ☐ **Full-time:** The employee regularly works 30 hours or more per week.
- ☐ **Part-time regular course of conduct:** The employee regularly works less than 30 hours per week.
- ☐ **Part-time not regular course of conduct:** The employee's work history for the 12-month period before the date of injury shows part-time and full-time work.
- ☐ **Seasonal:** The employee does temporary work to meet the employer's needs during certain times of the year.
- ☐ **Apprentice:** The employee is learning a new skilled trade by on-the-job training and studies.
- ☐ **Minor:** The employee is under 18 years of age and not married or emancipated by court action.
- ☐ **Student:** The employee is enrolled in a course of study (such as high school, college, or technical training).
- ☐ **Trainee:** The employee is being trained for the job they were originally hired to do.

DWC003 Rev. 10/22 Page 1 of 4



After an injury or illness, the employer:

- ✓ Investigates.
- ✓ Maintains continuous positive communication with injured employees.
- ✓ Monitors claims regularly.
- ✓ Attends hearings.
- ✓ Supports working while recovering.





Medically-unnecessary lost time

Shift from waiting until 100% healed → help employees work safely during recovery

Cost

- Income benefits.
- Medical bills.
- Staff turnover.
- Training costs.
- Delays.
- Premiums.

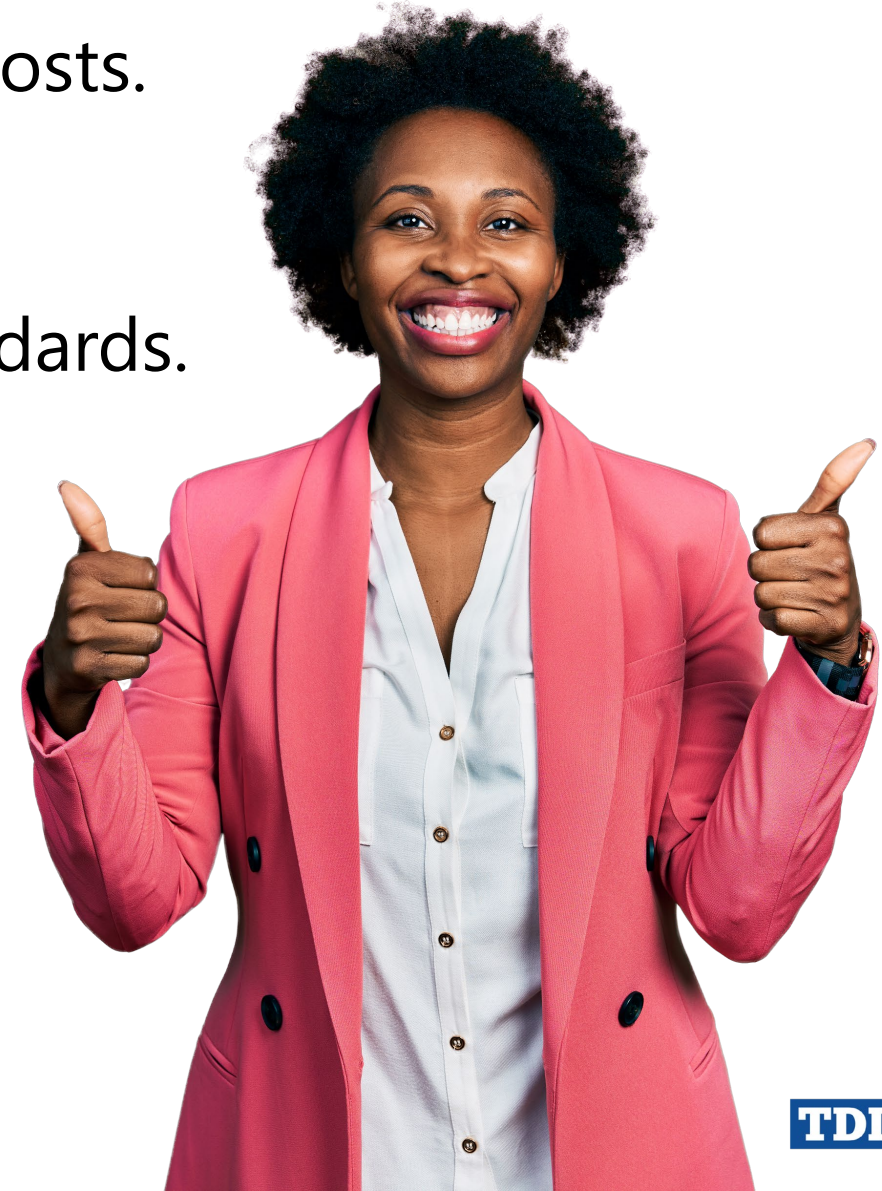
Solutions

- SAW.
- RTW.



Benefits to employers

- ✓ Reduce costly turnover and training costs.
- ✓ Reduce absences.
- ✓ Maintain quality and production standards.
- ✓ Reduce workers' compensation and business costs.
- ✓ Pay wages for work – not benefits.
- ✓ **Employees heal better and faster.**





Benefits to employees

- ✓ More likely to retain job-related benefits.
- ✓ Avoid financial difficulty.
- ✓ Keep job skills up to date.
- ✓ Stay in better physical and mental condition.
- ✓ More likely to stay employed.
- ✓ Avoid becoming isolated and depressed.





Isolation is not a treatment plan





Medical disability and work disability

Work disability is **not** the same thing as medical disability.

Medical disability (objective)

- Doctor determines RTW.
- Objective causes.
- Measurable.

Work disability (subjective)

- The employee chooses RTW.
- Personal causes.
- Relationship with supervisors and coworkers.
- No transitional duty available.
- Lack of tolerance and pain.



Medically-unnecessary absences

**Family or personal
problems**

Fear

**Just don't want to
go to work**

The job

Work environment



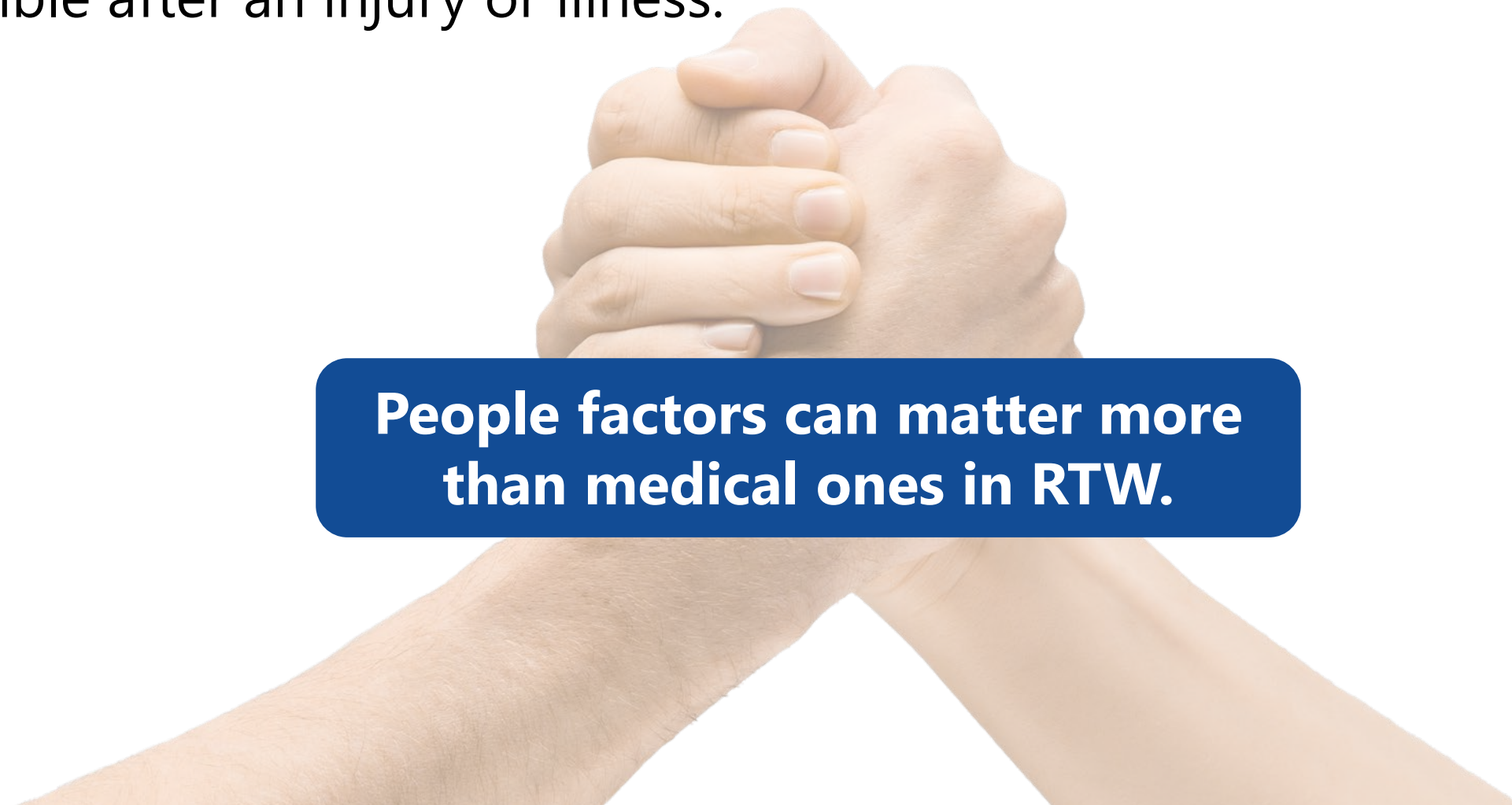
Who is leading matters





The goal

Help injured employees recover and get back to work as soon as possible after an injury or illness.



**People factors can matter more
than medical ones in RTW.**

Employers don't:

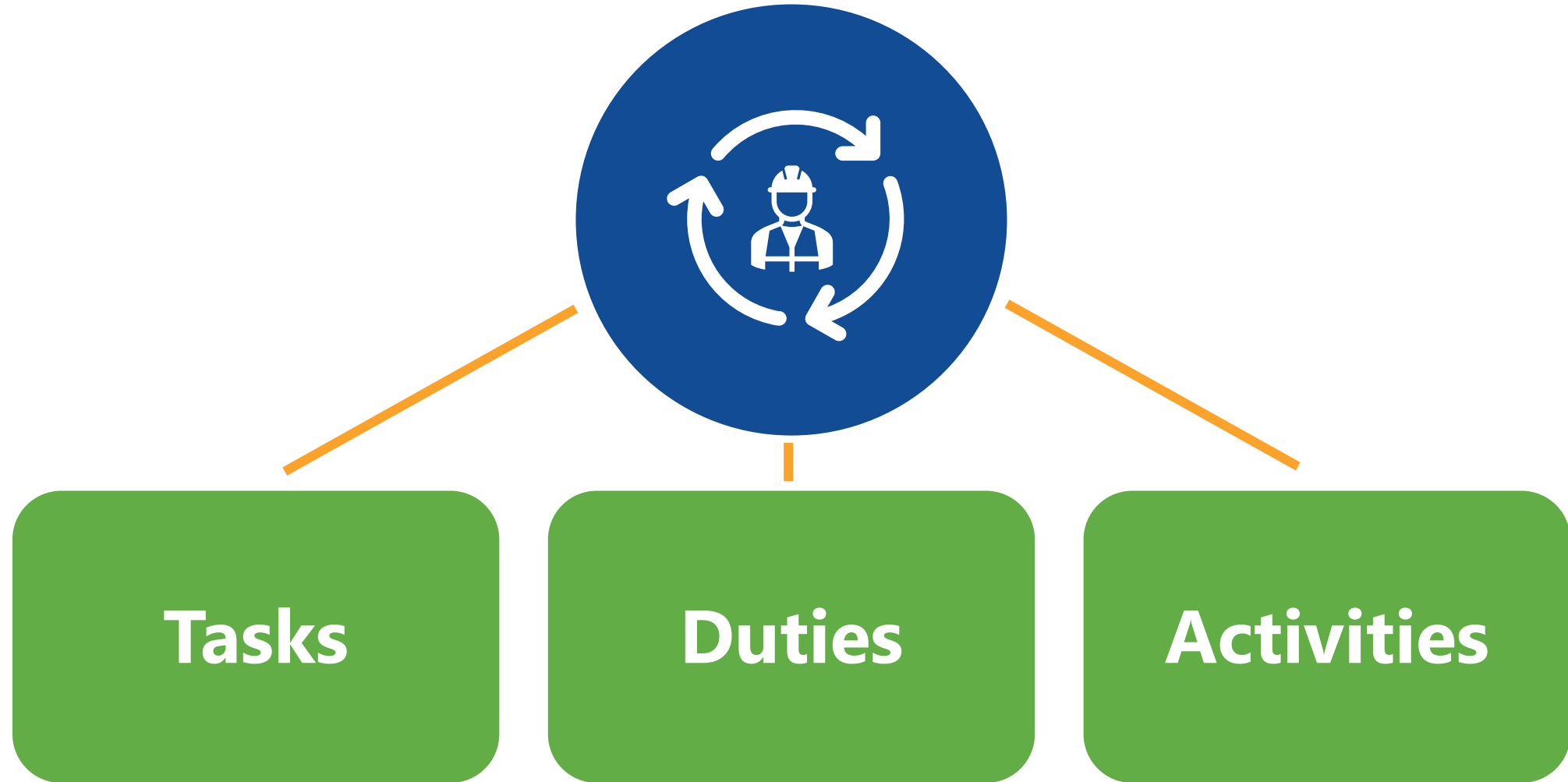
- Retaliate.
- Direct medical care.
- Determine compensability.
- Wait for the doctor to say the employee is 100%.

Employers do:

- Get the employee's input and agreement on RTW.
- Understand and address work disability issues.



Transitional duty



Employer's RTW guide

RETURN TO WORK **WORKS** FOR YOU & YOUR EMPLOYEES

Lowers your cost
Eliminates lost time
Helps employees recover

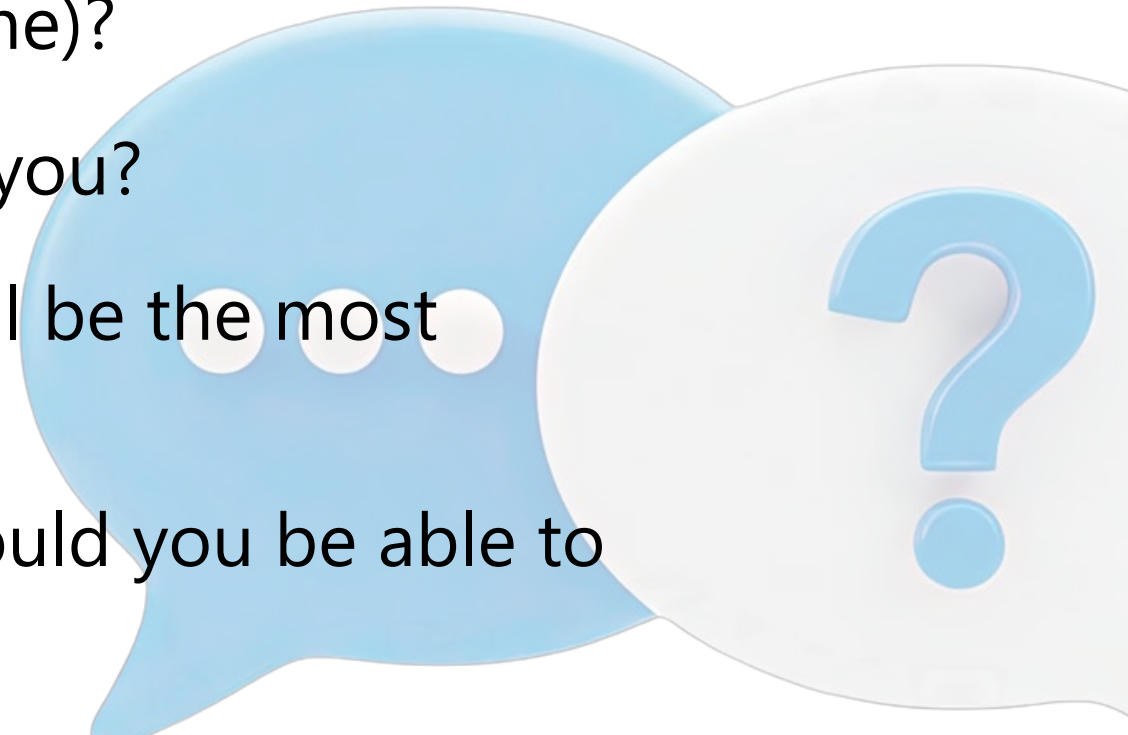


tdi | Division of Workers' Compensation



Have meaningful conversations with the injured employee.

- How do you feel (better, worse, the same)?
- Why is returning to work important to you?
- What parts of your job do you think will be the most challenging for you while recovering?
- If you didn't have those parts to do, would you be able to work?
- What parts of your job do you think you can do?



Transitional duty



Restrictions = harm or safety risk

Limitations = things the injured employee simply can't do



Changes to consider:

- Hours worked.
- Days worked.
- Duties and responsibilities.
- Workplace modifications.
- Some combination of these.



Real transitional assignments

- **Modified regular duties** – usual tasks adapted to fit restrictions.
- **Alternative job functions** – different duties from their regular position.
- **Temporary reassignment** – short-term placement in another role.
- **Coworker support tasks** – others assist with duties.
- **Adapted work methods** – new ways to do existing tasks.



Think outside the box





Description of injured employee's employment

Employers may complete the DWC Form-074, *Description of Injured Employee's Employment*, to help explain:

- Pre-injury job functions, tasks, activities, and physical duties.
- Any available transitional jobs.

DWC Form-074

TDI Division of Workers' Compensation PO Box 12050 Austin, TX 78711 800-252-7031 tdi.texas.gov/wc		Treating Doctor Name Treating Doctor Telephone Number Treating Doctor Fax Number Treating Doctor E-mail	
DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT (DWC Form-074) Send the completed DWC Form-074 to the requestor. Do not send a copy to TDI-DWC.			
I. CONTACT INFORMATION			
1. Injured Employee Name (First, Last, M.I.)		2. Date of Injury (mm/dd/yyyy)	
3. Social Security Number (last four digits)		4. Employer Name	
5. Employer Mailing Address		6. Employer Telephone Number	
7. Name of employer's contact person		8. Employer contact person's schedule (availability to speak to the doctor)	
9. Employer contact person's telephone number		10. Employer contact person's fax number	
11. Employer contact person's e-mail address			
II. DESCRIPTION of the injured employee's job functions and duties, specific tasks, work activities and physical responsibilities, at time of injury. To be completed by employer representative who has knowledge of the injured employee's job.			
1. Employee's Occupation/Job Title			
2. Would you, the employer, consider providing modifications to current job, as described above, including schedule changes, part-time work, and reduced production requirements, as well as providing alternate work assignments in accordance with the treating doctor's instructions? (Yes / No) (By complying with this request, the employer is not making a request for return to work, a job offer or admitting compensability.)			
3. POSTURE		4. MOTION	
Max Hours per day: 0 2 4 6 8		Max Hours per day: 0 2 4 6 8	
Standing		Overhead reaching	
Walking		Keyboarding / mouse	
Climbing stairs/ladders		Driving	
Grasping/squeezing		5. LIFT/CARRY REQUIREMENTS	
Bending/Sloping		Lifts or carries objects weighing _____ lbs. _____ oz.	
Twisting		per day, week or month	
Pushing/Pulling		Perform no lifting/carrying	
Reaching			
Twisting			
6. TOOL/EQUIPMENT OR MACHINERY		7. ENVIRONMENT	
Frequency of use		Frequency of exposure (hours per day)	
NA Occasional Frequent Constant		0 2 4 6 8	
Hand tools, manual		Heat	
Hand tools, power		Cold	
Fork lift / other heavy machinery		Noise	
Other		Vibration	
Additional information (include specific tasks, etc. employer may attach additional information describing job functions and duties specific tasks, work activities and physical responsibilities of the job or any other jobs that might be available for the employee.)			
Employers may be eligible for reimbursement for expenses they incur to return employees to work. Information about the Employer Return-to-Work Reimbursement program is available at http://www.tdi.texas.gov/wc/rtr/ .			
9. Date description of employment requested		10. Date sent to treating doctor/requestor	

DWC074 Rev 08/09



Description of injured employee's employment

DWC Form-074

II. DESCRIPTION of the injured employee's job functions and duties, specific tasks, work activities and physical responsibilities, at time of injury. To be completed by employer representative who has knowledge of the injured employee's job.

1. Employee's Occupation/Job Title									
2. Would you, the employer, consider providing modifications to current job, as described above, including schedule changes, part-time work, and reduced production requirements, as well as providing alternate work assignments in accordance with the treating doctor's instructions? ☐ Yes ☐ No (By complying with this request, the employer is not making a request for return to work, a job offer or admitting compensability.)									
3. POSTURE					4. MOTION				
Max Hours per day: 0 2 4 6 8					Max Hours per day: 0 2 4 6 8				
Standing					Walking				
Sitting					Climbing stairs/ladders				
Kneeling/Squatting					Grasping/squeezing				
Bending/Stooping					Wrist flexion/extension				
Pushing/Pulling					Reaching				
Twisting									
5. LIFT/CARRY REQUIREMENTS									
☐ Lifts or carries objects weighing _____ lbs. _____ oz. per day, week or month ☐ Performs no lifting/carrying									
6. TOOLS/EQUIPMENT OR MACHINERY					7. ENVIRONMENT				
Frequency of use					Frequency of exposure (hours per day)				
N/A Occasional Frequent Constant					0 2 4 6 8 0 2 4 6 8				
Hand tools, manual					Heat				
Hand tools, power					Cold				
Fork lift / other heavy machinery					Noise				
Other					Other				
					Vibration				
8. Additional information (include specific tasks, etc.; employer may attach additional information describing job functions and duties, specific tasks, work activities and physical responsibilities of the job or any other jobs that might be available for the employee.)									





Treating doctor's role



- ✓ Provide medical care for an injury.
- ✓ Communicate to the employer and others by completing DWC Form-073, *Work Status Report*.
- ✓ Identify any restrictions and help the injured employee know what they **can** do.
- ✓ Support and encourage SAW and RTW.

DWC Form-073

TDI Division of Workers' Compensation PO Box 12050 Austin, TX 78711 800-252-7031 tdi.texas.gov/wc		Treating Doctor Name Treating Doctor Telephone Number Treating Doctor Fax Number Treating Doctor E-mail
DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT (DWC Form-074) Send the completed DWC Form-074 to the requestor. Do not send a copy to TDI-DWC.		
I. CONTACT INFORMATION		
1. Injured Employee Name (First, Last, M.I.)	2. Date of Injury (mm/dd/yyyy)	3. Social Security Number (last four digits) XXX-XX-
4. Employer Name	5. Employer Mailing Address	
6. Employer Telephone Number	7. Name of employer's contact person	
8. Employer contact person's schedule (availability to speak to the doctor)	9. Employer contact person's telephone number	
10. Employer contact person's fax number	11. Employer contact person's e-mail address	
II. DESCRIPTION of the injured employee's job functions and duties, specific tasks, work activities and physical responsibilities, at time of injury. To be completed by employer representative who has knowledge of the injured employee's job.		
1. Employee's Occupation/Job Title		
2. Would you, the employer, consider providing modifications to current job, as described above, including schedule changes, part-time work, and reduced production requirements, as well as providing alternate work assignments in accordance with the treating doctor's instructions? (Yes / No) (By complying with this request, the employer is not making a request for return to work, a job offer or admitting compensability.)		
3. POSTURE		
Max Hours per day: 0 2 4 6 8	Max Hours per day: 0 2 4 6 8	Max Hours per day: 0 2 4 6 8
Standing	Walking	Overhead reaching
Sitting	Climbing stairs/ladders	Keyboarding / mouse
Kneeling/Squatting	Grasping/squeezing	Driving
Bending/Sloping	Twist flexion/extension	5. LIFT/CARRY REQUIREMENTS
Pushing/Pulling	Reaching	per day, week or month
Twisting		Performs no lifting/carrying
6. TOOL/EQUIPMENT OR MACHINERY		
Frequency of use	NA	Occasional
Frequency of use	Occasional	Frequent
Frequency of use	Frequent	Constant
Frequency of use	Constant	Frequency of exposure (hours per day)
Hand tool, manual		Heat 0 2 4 6 8
Hand tool, power		Cold
Fork lift / other heavy machinery		Noise
Other		Vibration
Additional information (include specific tasks, etc. employer may attach additional information describing job functions and duties specific tasks, work activities and physical responsibilities of the job or any other jobs that might be available for the employee.)		
Employers may be eligible for reimbursement for expenses they incur to return employees to work. Information about the Employer Return-to-Work Reimbursement program is available at http://www.tdi.texas.gov/wc/rtrw/ .		
9. Date description of employment requested		10. Date sent to treating doctor/requestor





Work status form

DWC Form-073

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)		
13. The injured employee's medical condition resulting from the workers' compensation injury:		
☐ a) will allow the employee to return to work as of ____/____/____ without <u>restrictions</u> ; OR		
☐ b) will allow the employee to return to work as of ____/____/____ with <u>the restrictions</u> identified in PART III, which are expected to last through ____/____/____; OR		
☐ c) has prevented and still prevents the employee from returning to work as of ____/____/____ and is expected to continue through ____/____/____.		
The following describes how this injury prevents the employee from returning to work:		
III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)		
14. Posture Restrictions (if any):		
Max hours per day 0 2 4 6 8 Other: _____		
Standing ☐ ☐ ☐ ☐ ☐		
Sitting ☐ ☐ ☐ ☐ ☐		
Kneeling/squatting ☐ ☐ ☐ ☐ ☐		
Bending/stooping ☐ ☐ ☐ ☐ ☐		
Pushing/pulling ☐ ☐ ☐ ☐ ☐		
Twisting ☐ ☐ ☐ ☐ ☐		
Other: _____		
15. Restrictions Specific To (if applicable):		
☐ Left hand/wrist ☐ Left leg		
☐ Right hand/wrist ☐ Right leg		
☐ Left arm ☐ Back		
☐ Right arm ☐ Left foot/ankle		
☐ Neck ☐ Right foot/ankle		
Other: _____		
17. Motion Restrictions (if any):		
Max hours per day 0 2 4 6 8 Other: _____		
Walking ☐ ☐ ☐ ☐ ☐		
Climbing stairs/ladders ☐ ☐ ☐ ☐ ☐		
Grasping/squeezing ☐ ☐ ☐ ☐ ☐		
Wrist flexion/extension ☐ ☐ ☐ ☐ ☐		
Reaching ☐ ☐ ☐ ☐ ☐		
Overhead reaching ☐ ☐ ☐ ☐ ☐		
Keyboarding ☐ ☐ ☐ ☐ ☐		
Other: _____		
18. Lift/Carry Restrictions (if any):		
☐ May not lift/carry objects more than ____ lbs. for more than ____ hours per day.		
☐ May not perform any lifting/carrying.		
Other: _____		
19. Misc. Restrictions (if any):		
☐ Max hours per day of work: _____		
☐ Sit/stretch breaks of ____ per ____		
☐ Must wear splint/cast at work		
☐ Must use crutches at all times		
☐ No driving/operating heavy equipment		
☐ Can only drive automatic transmission		
☐ No skin contact with: _____		
☐ No running		
☐ Dressing changes necessary at work		
☐ No work / ____ hours/day work:		
☐ in extreme hot/cold environments		
☐ at heights or on scaffolding		
☐ Must keep _____		
☐ elevated ☐ clean & dry		
20. Medication Restrictions (if any):		
☐ Must take prescription medication(s)		
☐ Advised to take over-the-counter meds		
☐ Medication may make drowsy (possible safety/driving issues)		
16. Other Restrictions (if any)		





Bona fide offer of employment (BFOE)

Some employers work with their adjuster to create a written job offer for modified work that matches an injured employee's medical restrictions.

BFOEs must include:

- Current work status report ([DWC Form-073](#)) supporting the offer.
- Job, location, schedule, and pay.
- **Specific** physical demands and time requirements.
- Statement that the employer will assign only tasks matching the injured employee's abilities, knowledge, and skills – with training provided as needed.

28 TAC Section [129.6](#)



The value of part-time work – everybody wins!

At home full-time

Employer gets:

- No work, overtime, or temp costs.
- Pays **\$350** in income benefits.
(AWW \$500 x .70 = \$350)

Employee gets:

- **\$350** in income benefits.
- Slower recovery.

Working half-time

Employer gets:

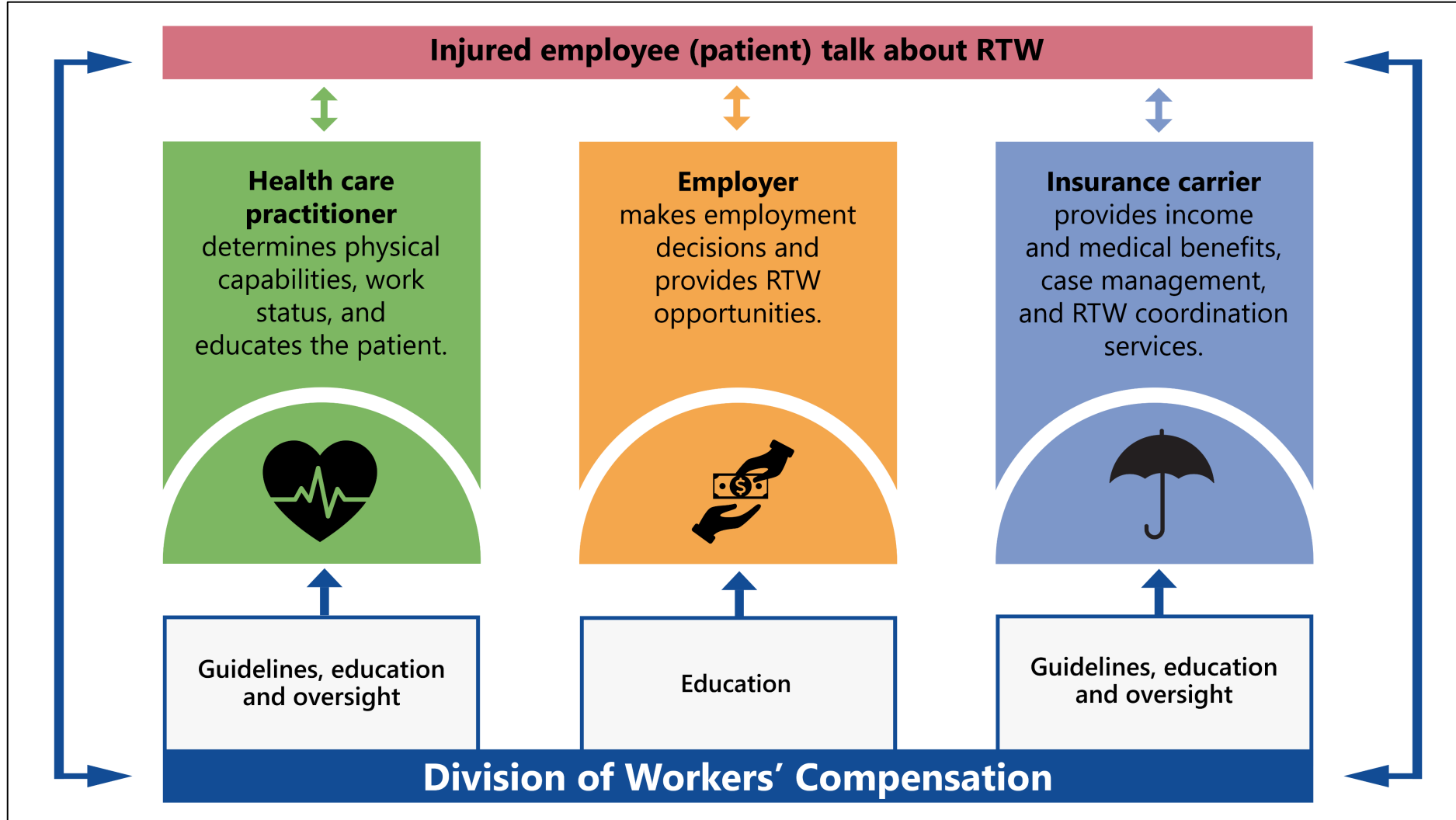
- Real work, may not need overtime or temp.
- Pays **\$175** in income benefits.
(1/2 AWW \$250 x .70 = \$175)

Employee gets:

- \$250 for real work.
- \$175 in income benefits.
(\$250 + \$175 = **\$425**)
- Heals faster.



RTW is a shared responsibility





Summary

RTW as soon as medically appropriate:

**Faster recovery for
the injured
employee.**

**Retain valuable
employees.**

**Reduces employer's
workers'
compensation costs.**

**Avoid replacement
costs.**

Legal protection.

**Better employee
relations.**



DWC resources

Employer webpage with responsibilities and forms:

bit.ly/DWC-employer

TDI Texas Department of Insurance

Workers' Compensation

Home Employees Español Employers Safety Health Care Providers Carriers Media / Public

Workplace Safety Consultations

Free safety consultations

We can help you identify and eliminate safety hazards in your workplace. Learn how thousands of employers have reduced injuries and illnesses with this free resource.

Employer resources

In Texas, private employers can choose to carry workers' compensation insurance coverage, but it is not required in most cases. A workers' compensation insurance policy provides lost wages and medical benefits to employees injured on the job. Except when gross negligence results in a fatality, coverage limits liability if an employee sues your business for damages.

Also use to get employer and safety cases by email.

Employers without workers' compensation insurance coverage	Employers with workers' compensation insurance coverage	Safer workplaces
(also called non-subscribing)		
- Must report to the state that they do not have coverage. - Must also report to DWC any work-related	- Must report to their insurance carrier any work-related injuries resulting in more than one day of lost time, and all work-related illnesses and deaths. - Carriers self-insure	- Free workplace safety consultations (OSHSQ2) - OSHA training calendar - Workplace safety videos and publications



RTW webpage for all system participants:

bit.ly/DWC-RTW

TDI Texas Department of Insurance

Workers' Compensation

Home Employees Español Employers Safety Health Care Providers Carriers Media / Public

Recover at Work

Return to work (RTW)

Returning to work after an injury benefits employers and their employees. DWC can help employers start a successful RTW program and help health care providers support and encourage the safe RTW for injured employees. Contact RTW Services@tdi.texas.gov for details.

Resources en español para el regreso al trabajo.

Return to work

Injured employee RTW guide

A Texas injured employee and her employer work together to make RTW a success.

Returning to Work | Your Guide to Workers' Comp

Returning to Work

The Benefits of Return to Work | Division of Workers' Compensation (DWC)



RTW training for:

- Employers.
- Health care providers.
- Professional associations.



Occupational Safety and Health Consultation (OSHCON) program

- Free confidential workplace safety and health consultations for OSHA compliance.
- Resources, videos, safety training, and courses.
- Field offices across Texas.

Phone: 800-252-7031, option 2

Email: OSHCON@tdi.texas.gov

Webpage: www.txoshcon.com





Safety and Health Achievement Recognition Program (SHARP)

Benefits

- Public recognition.
- Management safety commitment.
- Prevent workplace injuries and illnesses.
- Reduce injury costs.
- Protect company assets.
- OSHA inspection exemption.

Eligibility

- 250 or less worksite employees.
- 500 or less corporate employees.
- Fixed worksite operations.
- Below national average DART/TRC.
- At least one year in operation.
- Full safety and health consultation.





Lone Star Safety program

Benefits

- Public recognition at DWC's annual Texas Workers' Compensation Conference.
- Free OSHA training.
- Local press release.
- Local Texas legislators' notification.
- First-time award presentation.
- Renewal award.
- Digital award seal.

Eligibility

- Employers with workers' compensation coverage.
- Employers without workers' compensation coverage that have five or more employees.
- Participant in SHARP.

Phone: 512-804-4665

Email: HealthSafety@tdi.texas.gov

Webpage: bit.ly/DWC-LoneStar



Office of Injured Employee Counsel (OIEC)

- Free assistance for injured employees who:
 - Have a workers' compensation claim.
 - Are not represented by an attorney.
- Services include assisting, educating, and advocating for the injured employee.

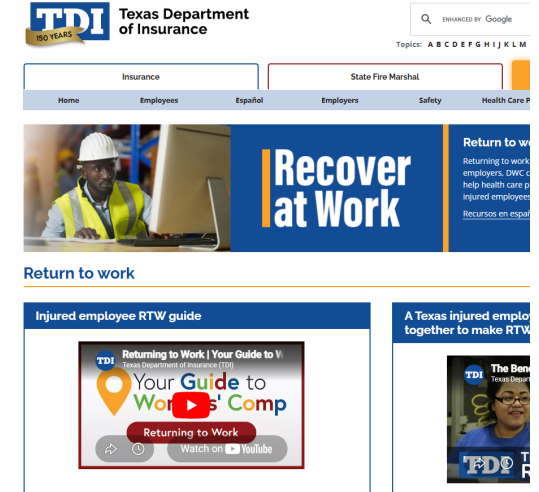
Phone: 866-393-6432

Email: OIECInbox@oiec.texas.gov

Webpage: www.oiec.texas.gov



DWC RTW contact information



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Website

bit.ly/DWC-RTW



CompCourses

Thank you!