Incident/Injury Reporting Packet

Supervisor's Instructions

Incident Investigation Form
Employer's Report of Occupational Injury or Illness (Form 5020)
Employee's Claim for Workers' Compensation Benefits (DWC Form 1)

Event	Responsible Party	Documentation	Disposition	Timeline
Notification of incident/injury	Affected/Injured Employee (It is the responsibility of the employee to report the incident/injury to his/her supervisor)		To Supervisor	Immediately or as soon as practical
Render first aid or obtain medical treatment for injured employee	Supervisor (Supervisor must make appropriate arrangements to ensure prompt medical treatment is obtained, as necessary.)		Medical Facility, if necessary (See provided list of recommended medical facilities)	Immediately or as soon as practical
If employee is injured, complete workers' compensation forms **In the case of a fatality or serious injury, i.e. loss of body part, permanent disfigurement, or hospitalized over 24 hours, contact Larry Gonzales immediately (975-7283). The Safety Officer will then contact Cal OSHA within 8 hours of incident.**	***Employee*** ***Supervisor*** ***Supervisor (not injured employee)*** ***Supervisor*** **Supervisor**	1. Complete items 1-8 of DWC Form 1 2. Complete items 9-18 of DWC Form 1 3. Complete Form 5020	1. Provide supervisor with DWC Form 1 with items 1-8 completed. 2. Provide the injured worker with the green "Employee's Temporary Receipt" of the DWC Form 1. 3. Fax a copy of each form (DWC Form 1 and 5020) to Workers' Compensation at **292-6447**. 4. Fax a copy of each form (DWC Form 1, 5020) to the Safety Liaison (Felipa Driscoll) at **292-6269.** 5. Forward the originals of each form (5020 and DWC Form 1) to Workers' Compensation via interoffice routing.	Immediately upon completion of paperwork (within 24 hours of injury) Immediately upon completion of paperwork (within 24 hours of injury) Within 24 hours of knowledge. Within 24 hours of knowledge. Within 48 hours of injury.
Investigate incident/injury	***Supervisor or Safety Liaison (Felipa Driscoll)*** ***(with the assistance of the injured employee and other witnesses, as deemed appropriate)***	Incident Investigation Form	E-mail completed form to the Safety Liaison (Felipa Driscoll).	As soon as practical