

Supervisor's Workers' Compensation Claim Checklist

- IMMEDIATELY** refer injured employee for treatment to Kaiser Occupational Medicine @ 415-444-2900 or to the employee's personal physician, if pre-designated by the employee—or to the nearest emergency room in case of emergency.
- WITHIN 24 HOURS OF NOTICE OF A WORK INJURY/ILLNESS** provide the injured employee (in person or by First Class mail) with the [Employee's Claim for Workers' Compensation Benefits \(Form DWC-1\)](#) and complete line #'s 1 & 12 on form. Retain a copy in the Dept. file.
- Complete [Employer's Report of Occupational Injury or Illness \(Form 5020\)](#).
- Complete [Employee Accident/ Injury/Illness Investigation Report Form – PMR 42 – Form 1](#).
 - *Take immediate action to correct any hazardous situation.* (Contact the Safety Officer @ 473-5056 for assistance.)
 - *Preserve all evidence of faulty equipment contributing to injury (take photos if necessary) and notify Workers' Compensation (WC) Analyst @ 473-6148.*
- WITHIN 24 HOURS:** call WC Analyst @ 473-6148 if injury/illness involved: MVA, multiple injured persons, hospitalization, lost work time, a questionable claim.
- WITHIN 2 WORKDAYS:** FAX Form 5020 to WC Analyst @ 473-3729
- AS SOON AS POSSIBLE** send **originals** of the required forms (5020, DWC-1, PMR 42) to Risk Management, Civic Center, Room 421.
- Notify Department Payroll Clerk that a WC is being filed so that the proper integration (if necessary) may take place.
- If injured employee unable to resume regular work at any time contact WC Analyst and advise if Dept will be able to provide Temporary Modified Duty (transitional work assignment). [*Temporary Modified Duty shall NOT exceed a 90 day aggregate period.]
- Refer injured employee (by calling his/her home, if needed) to:
 - Payroll regarding integrating leave with WC benefits
 - HR Employee Benefits Supervisor @ 473-5047 regarding FMLA, or other benefits if disability exceeds 1 week
 - Inform the employee of his/her responsibility to provide updated work status slips from the treating physician. FAX work status form to TRISTAR @ 925-930-0550 and WC Analyst @ 473-3729. Failure to provide accurate updated information affects an employee's benefits.
- If an Ergonomic Assessment is recommended by the treating physician, make sure that all documented recommendations are implemented timely. (Contact the RM Ergonomic Coordinator at 473-4017 for assistance).