

**Directions for Completing the
Employer's Report of Occupational Injury and Illness**
Fax: 530-752-3439
Phone for Assistance: 530-752-7243

Completion of this form and conducting an accident investigation are required by state law and University policy. Fines can be levied against the University if occupational injuries are not investigated and reported in a timely manner.

This form can be initiated by Occupational Health Services, the department, or by the injured worker.

Form Initiated by Occupational Health Services (OHS):

1. You will know the form was initiated by OHS if you receive it either in the mail or by fax from the Workers' Compensation Department (WC). Therefore, WC has the initial information needed to start the reporting process.
2. You must now complete the accident investigation. It must be completed within 72 hours from your receipt of the form and returned to WC.
3. Accident investigations are an important part of your Safety Program. They provide the feedback to tell you if your Injury and Illness Prevention Plan (IIPP) addresses your work hazards and they will help you to understand how to reduce injuries.
4. The accident investigation process should include at a minimum the supervisor and the injured worker. Safety managers, department managers, other supervisors, safety representatives, and union representatives can also be helpful in completing the investigation.

Complete the investigation using the new form:

- **Employer's Statement:** Briefly describe the event(s) that lead to the injury or illness. Be factual in your documentation, and do not express personal opinions or make generalized statements such as "act of God" or "horses can act crazy."
- **Initial Cause:** Select the best cause(s) of the accident. There may be more than one cause. If none match, check "other" and explain.
- **Contributing Factors and Activities:** There is always more than one contributing factor or activity. Select all that apply, and verify that your assessment is correct. For example, if you select "Lack of training", look at your training documentation, review your IIPP to see if the training addressed this particular work practice, and determine why training was not done. You may need to attach additional pages to document your complete investigation and assessment.
- **Preventive Actions:** Determine what action should be taken to assure that your department has done all that it can do to alleviate this type of injury from

occurring in the future. Assign the required items to the appropriate parties and document the date they will be completed. Be sure to communicate and enlist the help of the person who will be responsible to do the work.

- Signatures: Sign the form and date it based on the day you completed the investigation. Forward the form to your manager or department head. They should sign, date, and return the form to WC either by mail or by fax.

Form Given to Supervisor/Manager or Notification of Injury Given to Supervisor/Manager by an Injured Employee,

1. Complete the form as soon as there is notification that an injury or illness occurred. It is recommended, but not mandatory, that the employee complete the form. However, the supervisor/manager must still report the injury or illness. (If the employee refuses to complete the form and the supervisor/ manager has knowledge of an injury or illness, they must complete the form and report the injury/illness to WC. The supervisor/manager should note the employee's refusal to complete the form).
2. The employee completes the Employee Data and Employee Statement sections of the form. It should be completed in its entirety. In their own words, the employee should state how the illness or injury occurred, where they received medical treatment, and then sign and date the form.
3. The supervisor/manager should fax or copy and mail the form with the two completed sections (Employee Data and Statement) to WC within 24 hours of notification of injury.
4. The accident investigation must occur within 72 hours. Continue with the investigation as outlined in the previous section, item #3.

Need Help?

See examples on how to complete an accident investigation and/ or call any of the following in Workers' Compensation:

Kim Sieg - (530) 752-7243
LaWanna Wade - (530) 752-9218
Eric Kvigne - (530) 752-1247
Robert Wachter - (530) 754-4605