

PROCEDURES FOR REPORTING JOB-RELATED INJURIES AND ILLNESSES

▶ On the date of knowledge or notification of a work related injury or illness, contact the Risk Management Division to report it immediately

Main Number: 530.886.2600
Fax: 530.886.2609

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- Complete the "***Injury and Illness Report***" and fax to 530.886.2609. Forward for supervisor and department head signatures. Mail hard copy to Risk Management. Retain a copy for your file.

Please include:

- Name of injured worker
- Date and time of injury – or date and time of your knowledge of the injury
- Injured worker's normal work hours
- Is the injured worker losing time, or working reduced hours? Provide details.
- A specific description of the accident and nature of the injury.
- In the event of a "serious" or fatal injury, if unable to reach Risk Management, insure the injury is reported to Cal-OSHA within 8 hours of its occurrence.
Serious injury or illness includes a fatality, an amputation of a part of the body (example, finger), disfigurement, or in-patient hospitalization for more than 24 hours for other than observation. If unable to reach Risk Management, a member of management should report all serious or fatal on-the-job injuries to Cal/OSHA by calling 916-263-2800, within 8 (eight) hours of their occurrence and leave a message for R.M.
- Was medical treatment provided? If so, provide the name & phone number of the medical provider.
- Include phone number(s) and department where the injured employee and his/her supervisor can be reached.
- INMATE WORKERS, WORK RELEASE AND VOLUNTEERS: Provide social security number, date of birth, home address and phone number. For Work Release, provide knowledge of current jobs and date they began their assignment
- Provide a "***DWC-1***" Form, "***Employee's Claim for Workers' Compensation Benefits***" to the injured worker within 24 hours of being noticed of injury. Write the injured worker's name on line 1, fill in Lines 11, 12, 16, 17, and 18, and FAX + SEND your copy to Risk Management immediately.
- Notify Risk Management of information pertaining to the injury in order to assist in the timely delivery of benefits. For example, changes in work restrictions, time lost as a result of the injury (not including doctor appointments) whether modified duty can be provided, and the names of treating doctors. Send all original claim forms, work restrictions and reports to R.M.

Placer County has a written Modified Duty Program. Contact us to obtain a copy.