

**Directions for Completing the  
Employers' Report of Occupational Injury and Illness**  
**Fax: 530-757-7779**  
**Phone for Assistance: 530-757-3266**

*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 Employee Health Services, the department, or by the injured worker. Please complete the form based on the following:

**Form Initiated by Employee Health Services (EHS):**

1. You will know the form was initiated by EHS if you receive it either in the mail or by fax from the Workers' Compensation Department (WC).
2. Based on this, Workers' Compensation has the initial information needed to start the reporting process.
3. You must now complete the accident investigation. It must be completed within 72 hours from your receipt of the form and returned to WC.
4. 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.
5. 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.

Completing the investigation using the new form:

- **Employer's Statement:** Briefly describe the event 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 be 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 actions should be done to assure that your department has done all that it can do to alleviate this type of injury occurring in the future. Assign the required actions to the appropriate parties and document the date the actions 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.

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

1. This form should be completed as soon as there is notification that an injury or illness occurred. It is recommended, but not mandatory, that the employee completes this form. Whether the employee completes the form or not, the injury or illness must still be reported. (If the employee refuses to complete the form and the supervisor or 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 copy and mail or fax the form with the two completed sections, the Employee Data and Statement to WC within 24 hours of notification of injury. The accident investigation must occur within 72 hours.
4. Return to the section "Initiated by Employee Health Services," #4, and continue with the directions on how to complete the accident investigation.

Need Help?

Please call any of the following in Workers' Compensation:

Kim Sieg: 757-3266  
Valerie Jensen: 757-3264  
Linda Bullis: 752-4201  
Marcy Best: 757-3262