

Employee Injury or Illness Reporting Process

Work Related Accident or Incident
Immediately do the following:

Emergencies: Call 911 (any device)
Contact EH&S at (818) 677-2401

**Employee
(including Student Employee)
Responsibilities**

**Supervisor
Responsibilities**

Immediately: Report all close calls, near misses, and incidents resulting in injury or illness to your supervisor.

Immediately: Arrange for medical care/evaluation at the Klotz Student Health Center (First Aid only) or Kaiser on the Job location and **Contact EH&S at x2401.**

Within 24 hours: Complete *Supervisor's Injury/Illness Investigation Form (620)* with Supervisor.

Within 24 hours: Complete *Supervisor's Injury/Illness Investigation Form (620)* with Employee.



Within 24 hours: Complete *Worker's Compensation Claim Form (DWC-1)* lines 1-9 with Supervisor.

Within 24 hours: Complete *Worker's Compensation Claim Form (DWC-1)* lines 10-18 with Employee. Provide Employee a copy of the DWC-1 form





To file a Worker's Compensation Claim, return completed DWC-1 form to Human Resources:
Last names A-L: deborah.stewart@csun.edu
M-Z: joyce.dacher@csun.edu

Attach a copy of the DWC-1 form to the Supervisor's Injury/Illness Investigation form

Follow-up care/Appointments

Send a copy of the Supervisor's Injury/Illness Investigation form and DWC-1 simultaneously to:
EH&S at ehs@csun.edu
HR: **Last names A-L:** deborah.stewart@csun.edu
M-Z: joyce.dacher@csun.edu

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| <p>Reporting Injury/Illness</p>  <p>(click or scan)</p> | <p>Questions? EH&S: (818) 677-2401 HR: (818) 677-2101</p> | <p>CSUN Worker's Compensation</p>  <p>(click or scan)</p> |
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