



WORKERS' COMPENSATION PROCEDURE CHECKLIST FOR DEPARTMENT MANAGERS

Reporting a Work Injury and Seeking Treatment

Emergency (blood loss, unconscious, etc.)

- Call 911
- Call Eliana (562) 985-8009 or Rosa (562) 276-3551 (cell) to notify about the employee injury/illness
- After employee has been taken make sure you follow-up with all the reporting as a non-emergency document procedure (see below)

Non-Emergency

Employee wants to seek medical treatment, please do the following:

- Employee needs to complete the **Employee Accident Report** and signed by Manager and employee
- Employee needs to complete the **DWC1 Form** and sign
- Give employee directions to **M.O.M.S.**
- Complete the **Authorization for Examination of Treatment** form for M.O.M.S (Make 1 copy for H.R.)
- Provide the **Temporary Prescription Form** for prescribed medication (Make 1 copy for H.R.)
- Submit Employee Accident Report, DWC1 Form, and a copy of the Authorization for Examination of Treatment for M.O.M.S. to Human Resources **within 24 hours or one business day of injury/illness**
- HR will confirm if the employee will be able to return to work for next schedule shift, make any arrangements for modified duty (if possible), or if the employee is not able to return to work
- Pay employee for date of injury/illness if they are unable to complete their scheduled shift (Enter hours in ADP as regular hrs.)
- Managers complete the **Accident Investigation Form** sign and turn it in to Human Resources
- Call/email Eliana or Rosa to notify her about the employee injury/illness

Reporting a Work Injury and Not Seeking Treatment

- Employee needs to complete the **Employee Accident Report** and signed by Manager and employee.
- Managers complete the **Accident Investigation Form** sign and turn it in to Human Resources



- Return Employee Accident Report Form and Accident Investigation Form to Human Resources **within 24 hours or one business day of injury/illness**
- Pay employee for day of injury/illness if they are unable to complete their scheduled shift (Enter hours in ADP as regular hrs.)

****Managers please make sure all forms are filled out correctly since time is critical when reporting these incidents to our insurance company*****