

**WORKERS' COMPENSATION DIVISION
INJURY CHECKLIST**

- _____ 1. Call 1 (888) – 826-7835 to report an injury or illness. The Intake Worker from the call center will notify you of the name and address of the medical facility where the employee should be sent for treatment. Prepare a Medical Service Order Form (WC-5) and send it with the employee to the clinic/facility.

- _____ 2. Provide the employee with the Employee Claim Form for Workers' Compensation Benefits (DWC-1) [This form is in triplicate]. The Form should be provided when the injury is reported, or within 24 hours of when the injury is reported. Obtain the employee's signature on the County Acknowledgement Form (WC-35). Send the Acknowledgement Form to the Workers' Compensation Division.

- _____ 3. Provide the pamphlet "Facts For Injured Workers" to the employee when the injury is reported or within 24 hours of when the injury is reported.

- _____ 4. If the employee returns the Employee Claim Form for Workers' Compensation Benefits (DWC-1), date stamp the back of the form and give the Green copy to the employee [Employee's Temporary Receipt] before completing the bottom of the form.

- _____ 5. Complete the employer's section [bottom half] on the Employee's Claim Form for Workers' Compensation Benefits (DWC-1). Give or send the pink copy of the form marked "Employee's Copy" to the employee. If sending the pink copy to the employee, send this via certified mail.

- _____ 6. Forward the original (white copy) of the Employee Claim Form for Workers' Compensation Benefits (DWC-1) to the Workers' Compensation Division. Keep the yellow copy for your records.

- _____ 7. Complete the Immediate Supervisor's Report of Employee Injury (Safety Form 674) Forward the original and yellow copy of the form to the Workers' Compensation Division.

- _____ 8. Complete the Workers Compensation Lost Time Report (WC-6) and submit the form along with original off work order to the Workers' Compensation Division.

In case of death, heart attack, stroke, life or limb threatening injury/illness, immediate hospitalization, amputation call the Workers' Compensation Division at (951) 955-3530 or (951) 955-5864 and Safety at (951) 955-3520.