



WORKER'S COMPENSATION ACCIDENT/INJURY CHECKLIST

SCHOOL SITE OR LOCATION	DATE OF ACCIDENT/INJURY	DATE REPORTED
NAME OF INJURED EMPLOYEE	INJURED EMPLOYEE SCHOOL/DEPARTMENT	

IF INJURY IS LIFE THREATENING, DIAL 9-1-1 OR TAKE EMPLOYEE TO THE EMERGENCY ROOM

Initials	Provide basic First Aid, if possible. (If employee wishes to decline treatment, a "Declined Medical Treatment" form must be completed and signed.)	
Initials	If the injured worker is referred to the designated clinic. Worker proceeds to Kaiser or Concentra.	
Initials	Hand the following items to the injured worker: <ul style="list-style-type: none"> "Employee's Report of Occupational Injury or Illness" for immediate completion "Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility" – Fill in Item #12 and give employee the "Temporary Receipt". The rest of the "Employer" section is completed at the District Office. "Facts About Workers' Compensation" pamphlet 	
Initials	Accident Investigation Report form and submits to Risk Management	
Initials	Check injured employee forms for completeness and make copies for employee and office files: <ul style="list-style-type: none"> "Workers' Compensation Claim form (DWC-1) & Notice of Potential Eligibility" "Employee's Report of Occupational Injury or Illness" Or, if injured employee declined treatment <ul style="list-style-type: none"> "Declined Medical Treatment" 	
Initials	Send the following items to Risk Management: <ul style="list-style-type: none"> "Workers' Compensation Accident/Injury Checklist" "Site/Supervisor's Accident Investigation Report" "Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility" "Employee's Report of an Occupational Injury or Illness" "Declined Medical Treatment" if applicable) 	
PREPARER NAME (PRINT)	SIGNATURE	DATE