

SECTION C

EMPLOYEE INJURY REPORTING PROCEDURE

- 1.0 If medical treatment is needed, refer injured employee to medical facility listed on "Medical Panel".
- 2.0 Complete Employee's Claim for Workers Compensation Benefits [Form 1](#) and Employer's Report of Occupational Injury or Illness and send three copies to the business office. This report must be submitted within 24 hours after an injury. Do not wait for the report from the doctor. The business office will then forward two copies to Workers' Compensation Administrators.
- 3.0 Complete [SIPE Form 6-588](#), Employees and Supervisors Report of Industrial Injury/Illness, and forward to the district office. The district should forward a copy to SIPE safety via email (sipe@sbceo.org). Form can be found in Safety forms on our website (sbsipe.org)
 - (a) In case of a serious accident (in patient hospitalization, amputation, etc.) telephone the district office. Per CCR Title 8 § 342 Every employer shall report immediately by telephone or telegraph (email) to the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment.
 - Report an accident to Cal OSHA Van Nuys District Office
6150 Van Nuys Blvd Suite 405
Van Nuys, Ca. 91401
818-901-5413
Email: caloshaaccidentreport@tel-us.com
 - (b) Immediately means as soon as practically possible but not longer than **8 hours** after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.
 - (c) *Cal OSHA defines serious injury* (§330): Serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires **inpatient hospitalization** for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.
- 3.1 The district office should notify SIPE safety within 48 hours.

4.0 When reporting an accident to CAL/OSHA call (818) 901-5403 or email caloshaaccidentreport@tel-us.com, have the following information ready:

1. Time and date of accident/event.
2. Employer's name, address, and telephone number.
3. Name and job title of the person reporting the accident.
4. Address of accident/event site.
5. Name of person to contact at accident/event site.
6. Name and address of injured employee(s).
7. Nature of injuries.
8. Location where injured employee(s) was/were taken for medical treatment.
9. List and identity of other law enforcement agencies present at the accident/event site.
10. Description of accident/event and whether the accident scene or instrumentality has been altered.

4.1 Document calls with the name of the Cal-OSHA contact, the date and time of the call, and provide information to district office.

5.0 When an employee leaves work and returns to work as a result of a job injury, the business office must be notified each time. This may be done by telephone or memorandum.

6.0 Correspondence or bills relating to injuries should be sent to:

Workers' Compensation Administrators
265 East Donovan
Santa Maria, CA 93458
(805) 922-9157

7.0 Injured employees should contact Workers' Compensation Administrators if they need assistance or have questions. Do not give injury information to anyone other than Worker's Compensation Administrators or Cal OSHA.