Workers’ Compensation
Accident / Injury Checklist

☐ Done ☐ N/A Complete the Supervisor’s Report of Employee Injury and Accident Investigation Report.

☐ Done ☐ N/A If the injured worker requires transport by ambulance, IMMEDIATELY call Benefits Management and provide them with a “heads up” concerning the industrial injury. Referral to Hoag Hospital can be made if the emergency is of a serious nature and US Healthworks facilities are not immediately available. Please contact Benefits Management for referrals to Hoag.

☐ Done ☐ N/A If the injured worker requires medical attention, have the injured worker complete the top portion of the Employee Claim for Workers’ Compensation Benefits DWC-1 Form (numbers 1-8).

☐ Done ☐ N/A Complete the bottom portion of the Employee Claim for Workers’ Compensation Benefits DWC-1 Form (numbers 9-18). It is VERY IMPORTANT that numbers 11 and 12 are completed by you.

☐ Done ☐ N/A Complete a Referral for Medical Services Form and refer the injured worker to the frontline provider, US Healthworks.

☐ Done ☐ N/A Give the injured worker the Medical Provider Network packet of information. This information is available in either English or Spanish.

☐ Done ☐ N/A Complete the Employer’s Report of Occupational Injury or Illness Form (5020) as completely as possible. This form is to be completed by the EMPLOYER, not the employee.

☐ Done ☐ N/A Forward all completed forms to Benefits Management immediately. DO NOT HOLD ON TO ANY OF THE FORMS as this will cause a delay in the filing of the claim.

☐ Done ☐ N/A Record each accident on your Employee Injury Log and Claim Form Control Register.

☐ Done ☐ N/A Immediately send all Off Work Slips or Modified Duty forms from the doctor to Benefits Management.

☐ Done ☐ N/A Do not allow the injured worker to return to work without providing a doctor’s slip.

☐ Done ☐ N/A You will be notified by the Benefits Management Department if a decision is made to temporarily accommodate an injured worker’s restrictions. Once you have been contacted, make certain the injured worker is following any work restrictions or modifications provided by his / her doctor.

If you should have any questions concerning the necessary forms or procedures, please contact JoAnn Hurtt in the Benefits Department at 714-424-5011.

Form available online at: www.nmusd.us. Click on Departments, then click Human Resources, then click Workers Compensation, then click Forms

Please duplicate as needed 4/26/10 Benefits Dept.