



**WORKERS' COMPENSATION  
DIVISION**  
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## WORKERS' COMPENSATION DIVISION INJURY CHECKLIST

- \_\_\_\_\_ 1. Provide the employee with the three mandatory State documents: 1) The DWC-1 Employee Claim Form, 2) the Notice of Potential Eligibility Form; and 3) The Facts For Injured Workers Pamphlet [NOTE: The Notice of Potential Eligibility form will print out as part of the DWC-1 Form.]
- \_\_\_\_\_ 2. Have the employee fill out the Workers' Compensation Acknowledgement Form (WC-35) and return it.
- \_\_\_\_\_ 3. Forms must be provided within 24 hours of knowledge of injury
- \_\_\_\_\_ 4. Call 1 (888) 826- 7835 to report an injury or illness. Obtain the name and address of the medical facility from the Intake Worker where employee should be sent for treatment.
- \_\_\_\_\_ 5. Prepare Medical Service Order Form (WC-5) and send with employee to the clinic/facility.
- \_\_\_\_\_ 6. If employee returns the Employee Claim Form for Workers' Compensation Benefits (DWC-1) make a copy of the form for employee. On the back of the employee's copy date and initial the copy and give it to the employee before completing bottom of form.
- \_\_\_\_\_ 7. Complete the employer's section [bottom half] on the Employee's Claim Form for Workers' Compensation Benefits (DWC-1). Make a copy of the completed form for the employee and for your records. If sending a copy to the employee, send this via certified mail.
- \_\_\_\_\_ 8. Forward the original of the Employee Claim Form for Workers' Compensation Benefits (DWC-1) to the Workers' Compensation Division.
- \_\_\_\_\_ 9. Complete the Immediate Supervisor's Report of Employee Injury (Safety Form 674). Forward a copy of the form to the Workers' Compensation Division and another to Safety.
- \_\_\_\_\_ 10. Contact the Workers' Compensation Division by phone, FAX or e-mail as soon as the employee is taken off of work, or released to return to work. Forward any correspondence to the Worker's 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.**