



WORKER'S COMP CHECKLIST

☐ DWC-1 Claim Form

- Provide employee with the DWC-1 Claim Form as soon as the injury is reported
- Form must be filled out COMPLETELY
- Original form sent to the Risk Management Specialist

☐ Supervisor's Report of Accident Form: Supervisor to fill out

- Employee DOES NOT receive a copy of the Supervisor's Report of Accident Form
- Original form sent to the Risk Management Specialist

☐ Provide injured employee with the list of Concentra locations

☐ Fill out Medical Service Order for employee to take to clinic

☐ PLEASE Notify Risk Management ASAP with the following information: (760) 731-5406 or agaulden@fuesd.org

- Name of injured Employee
- Severity of the injury (ex: employee is being transported by ambulance)
- Injury (Cause, body part, others involved)
- Is employee going to clinic, if so, which location

Getting this information to Risk Management is crucial; this will insure any necessary follow up with the employee, clinic, workers comp adjusters, or contacting OSHA if employee is seriously injured.