

Workers Compensation Reporting Instructions

***Make copy to give to employee and give original to HR**

Provide employee with:

1. **Workers' Compensation Claim Form (DWC 1)** * Please see next page for instructions on completing the form
2. **Medical Provider Network (MPN) Notification**
3. **MPN Acknowledgement of Receipt***
4. **Rights to Workers' Compensation Benefits**
5. **Concentra Form or Treatment Waiver Form**

Have employee fill out and sign top part of the last page of the **DWC 1**.

Include the exact description of the injury, where, when, what body part in detail (ex. Right thumb palm side), if there are any witnesses. Make sure the employee signs.

Complete the employer section of the **DWC-1**

Provide a copy of completed **DWC-1** to employee

Have employee sign **MPN Acknowledgment**

Fill out top section and sign **Concentra form**

Give **Concentra form** to employee and call clinic to let them know that the employee is coming

Ontario (Milliken) – (909) 390-2799

Ontario (Inland Empire Blvd) – (909) 945-5011

The employee might require transportation or an ambulance, depending on the circumstances and the nature of the injury. If they are being driven, it's important to have someone to stay with them. Please reach out to HR if you believe emergency contacts need to be notified.

Instructions for Completing the DWC-1 Form (Workers' Compensation)

The DWC-1 Form is required in California when an employee reports a work-related injury or illness. Managers play an important role in ensuring the form is completed correctly and submitted on time.

1. Provide the Form Immediately

- When an employee reports a work-related injury or illness, you must provide them with the DWC-1 Claim Form and Notice of Potential Eligibility within one working day.
- The form must be offered even if you are unsure whether the claim will be accepted.

2. Employee Completes the Top Portion

The employee fills out the "Employee" section (top half) of the form:

- Name, address, phone number
- Date and time of injury/illness
- Location where the event occurred
- Description of injury/illness and affected body parts
- Signature and date

Encourage the employee to be as specific as possible.

3. Manager Completes the Employer Portion

Once the employee returns the form, the manager (or HR/Breanna Callaghan or Amber Rardin) must complete the "Employer" section (bottom half):

- Employer Information
 - Company name, address, and phone number
 - Name and title of the person completing the form
- Injury Information
 - Date the employer first received notice of the injury/illness
 - Date employer provided the DWC-1 to the employee
 - Name and address of the insurance carrier or claims administrator
- Certification
 - Print your name, sign, and date and provide copy to employee

Return copies to HR

Reminder for Managers: Your role is not to determine whether the injury is valid. Your responsibility is to ensure the form is completed, submitted promptly, and that the employee receives the required information.

Next Steps for HR

4. Distribute Copies

Once both sections are complete:

- Send the original form to the workers' compensation insurance carrier or claims administrator immediately.
- Provide a copy to the injured employee for their records.
- Retain a copy for the company's files.

5. Next Steps

- Remind the employee they may be eligible for medical treatment and benefits while their claim is reviewed.
- Follow company policy and OSHA requirements for reporting and recordkeeping.
- Direct any questions to the workers' comp administrator.