

ACCIDENT REPORTS & WORKERS' COMPENSATION

If this is an emergency call 911 immediately

Every UC Davis paid employee seeking medical attention from a work related accident, injury, or illness should go to [Occupational Health Services, Cowell Building](#) on California Avenue across from parking lot #15 during normal business hours. After normal business hours, weekends, or holidays these persons should seek medical attention at Sutter Davis Hospital Emergency room at: [2000 Sutter Place, Davis Ca.](#)

Students working for units or student volunteers seeking attention from a work related accident, injury, or illness should go to the [Student Health and Wellness Center](#) on La Rue road across from the Activities and Recreation Center. After normal business hours, weekends, or holidays these persons should seek medical attention at Sutter Davis Hospital Emergency room at: [2000 Sutter Place, Davis Ca.](#)

All persons not paid directly by UC Davis (visiting scholars or professors, certain researchers on fellowships, volunteers, etc.) who are seeking medical attention should go to Sutter Davis Hospital Emergency room at [2000 Sutter Place, Davis Ca.](#) or make prior arrangements with a medical service provider of his or her choosing.

- **Workplace First Aid:**
 1. NO VISIT to a health facility is required.
 2. No UCD Workmen's Comp Form is initiated.
 3. PI initiates UCD Accident Investigation form.
 4. Copy of UCD Accident Investigation sent to Departmental Safety Coordinator

- **UCD Occupational Health Services, Student Health Center, Sutter Hospital or other emergency medical treatment center:**
 1. FIRST AID ONLY, but no treatment.
 2. UCD Workmen's Comp Form is initiated.
 3. PI initiates UCD Accident Investigation form.
 4. Copy of UCD Accident Investigation sent to Departmental Safety Coordinator

- **UCD Occupational Health Services, Student Health Center, Sutter Hospital or other emergency medical treatment center:**
 1. MEDICAL TREATMENT; injury treatment beyond first aid; no hospitalization
 2. Initiate UCD Workmen's Comp Form (employee sections), must be completed within 24 hours of the accident. Fax employee information to (530)-752-5277. Workmen's Comp (WC) office will then forward the form by campus mail to the departmental HR contact (phoenixHR@ucdavis.edu)

3. PI to complete and sign UCD Workmen's Comp Form ["Employer's Investigation and Statement" section], and give to the department chair to sign and faxed (530)-752-5277 to WC office on campus within 72 hours of receiving the form; mail original to Workers' Compensation Office, Cowell Building, UCD campus mail.
4. Copy of signed UCD Workmen's Comp Form with "Employer's Investigation and Statement" is given to Department Safety Coordinator for IIPP binder
5. PI initiates UCD Accident Investigation form.
6. Copy of UCD Accident Investigation sent to Departmental Safety Coordinator

- **UCD Occupational Health Services, Student Health Center, Sutter Hospital, or other emergency medical treatment center:**

NOTE: Persons that have serious or life threatening injuries should be taken immediately to the nearest emergency room and a report must be filed with EH&S at 752-1493 or 752-1230 after hours

1. SERIOUS INJURY, loss of body part(s), surgery of any kind, hospitalization >24 hours, death
2. SERIOUS INJURY or DEATH: employer or supervisor must file a report of the accident/injury with EH&S at 752-1493 or 752-1230 (after hours) within 8 hours or face a \$5000 fine
3. UCD Workmen's Comp Form(employee sections) is initiated and must be completed within 24 hours of the accident. Fax employee information to (530)-752-5277. WC office will then forward the form by campus mail to the departmental HR contact (phoenixHR@ucdavis.edu)
4. PI to complete and sign UCD Workmen's Comp Form ["Employer's Investigation and Statement" section] and give to the department chair to sign and faxed (530)-752-5277 to WC office on campus within 72 hours of receiving the form; mail original to Occupational Health Services in UCD campus mail
5. Copy of signed UCD Worker's Comp Form with "Employer's Investigation and Statement" is given to Safety Coordinator for IIPP binder
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7. Copy of UCD Accident Investigation sent to Departmental Safety Coordinator