

Instructions for Employer's First Report (EFR) (On-line reporting system)

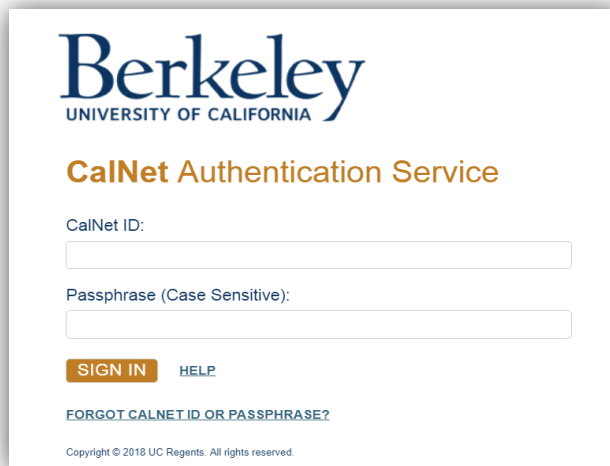
Part 1: How to Report a Work-Related Injury or Illness

Go to: ehs.ucop.edu/efr



The image shows the InCommon login interface. At the top left is the InCommon logo. To its right, it says "You are accessing:" followed by "ermssp.ucop.edu". Below this, a blue banner contains the text "Select your School, Organization, or Identity Provider:". Under the banner is a dropdown menu with "University of California, Berkeley" selected. Below the dropdown is a "NEXT" button. Further down are three radio button options: "Do not remember my selection", "Remember my selection for this session only", and "Remember my selection permanently". At the bottom right of the main content area are links for "About InCommon" and "Help". The footer contains copyright information: "© Copyright 2011, InCommon, LLC | incommon.org | InCommon: Identity and Access for Research and Education".

- Scroll and select “University of California, Berkeley”
- Click “Next”



The image shows the Berkeley CalNet Authentication Service login page. At the top is the Berkeley University of California logo. Below it is the heading "CalNet Authentication Service". Underneath are two input fields: "CalNet ID:" and "Passphrase (Case Sensitive):". Below the input fields are two buttons: "SIGN IN" and "HELP". At the bottom, there is a link "FORGOT CALNET ID OR PASSPHRASE?". The footer contains the text "Copyright © 2018 UC Regents. All rights reserved."

- Sign-in with your CalNet ID
- Click “Sign In”

Personal

Create Claim - Enables you to report a new injury or illness incident for any University of California employee.



Create Claim

Report new injury or illness incident

My Claims - Allows you to view your personal claims.



My Claims

View personal claims

- Click “Create Claim”

Create Claim - Select Profile

- ☐ I am the Employee who experienced the occupational Injury/Illness.
- ☐ I am the Supervisor of the employee who experienced the occupational injury/illness.
- ☐ I am neither of the above.

Continue to Incident Report

Cancel

PLEASE NOTE: Completing this form is not an admission of university liability. It is a tool to gather all relevant facts so the incident may be investigated.

- Select who is entering this claim
- Click “Continue to Incident Report”

New Incident Report - Employee Information

Part 1 of 2

Please address/complete the highlighted fields and resubmit the form.

*Employee:

Search by Last Name, First Name

Job Title:

Job title

Email Address:

Email address

Work Phone:

xxx-xxx-xxxx

Home Phone:

xxx-xxx-xxxx

Home Address 1:

Address line 1

Home Address 2:

Address line 2

City:

City

State:

CA

Postal code:


Postal code

All fields marked with an (*) must be completed

- Enter as much information as possible
- Employee name box is an active field. Begin typing last name, then select name after it appears
- Once employee name is entered, some of the other boxes will autofill

Continued...

Employment Type: Choose one of the following... ▾

Date Of Birth: mm/dd/yyyy 

*Gender: ☐ Female ☐ Male ☐ Other

Marital Status: Choose one of the following... ▾

Employee Work Hours: hours/day hours/day days/week days/week

Supervisor: Search by Last Name, First Name
If you are unable to locate your supervisor, please select another supervisor from your department.

Supervisor's Email Address: Enter an email address

*Supervisor's Phone: xxx-xxx-xxxx

[Continue to Part 2 ➔](#) [Cancel](#)

- Continue to enter as much information as possible
- Enter supervisor information. If you are the supervisor, it will autofill your name and email.
- Add supervisor's phone number.
- Click “Continue to Part 2”

New Incident Report - Employee Information

Part 2 of 2

Employer Knowledge Date:

mm/dd/yyyy



Date when employer first became aware of the incident

*Date of injury or onset of illness:

mm/dd/yyyy



Time of injury or illness:

-- ▾

-- ▾

-- ▾

please enter best guess

Building in or near where the incident
happened (if applicable):

Enter the first few letters of a building name to search.

*Location where injury or illness occurred:

- Enter as much information as possible
- Building field is active. Begin typing building name, then select name after it appears
- For location, be specific as possible. For example, “*On Campanile Way in front of the stairs to Valley Life Science Building (southeast corner)*”

Continued...

*Were others injured?

☐ Yes ☐ No

*BioHazard Material Exposure?

☐ Yes ☐ No

(ie. Needle Stick, Animal Bite, Infectious Exposure)

*Chemical Exposure?

☐ Yes ☐ No

*Injury/Illness and Body Parts:

If this injury was caused by a trip or fall, was the employee wearing shoes provided by the Slip-Resistant Footwear Program?

☐ Yes ☐ No

What equipment, materials or chemicals were involved in the injury or illness?

*Explain in detail how the injury/illness occurred. Be specific about activities and tasks being performed at the time of the injury or onset of illness:

- Continue to enter as much information as possible
- Specific details as to the incident and how the injury occurred are especially important

Continued...

- For example, instead of writing “*employee cut finger opening box*” be specific with all details and write, “*employee cut tip of index finger on left hand while opening a box of paper using a box cutter*”

Continued...

Who witnessed the injury or circumstances causing the illness. Please list first and last name(s):

*Medical Treatment:

- ☐ Outpatient Treatment by Clinic, Doctors' Office, or Hospital
- ☐ Emergency Room
- ☐ Overnight Inpatient Hospitalization
- ☐ First Aid, no medical care

← Return to previous

Save

- Continue to enter as much information as possible
- After all available information has been entered, click “Save”

- You have now created a claim
- You do not need to contact the Disability Management office (workers' compensation) unless you have a question or concern
- Questions? Contact Be Well at Work- Disability Management (643-7921)

- If you are a supervisor or responsible for incident investigation, please complete the “Employer Investigation” section in the EFR
- For assistance, please see the Employer Investigation Instructions