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

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

- Sign-in with your CalNet ID
- Click “Sign In”
• Click “Create Claim”

• Select who is entering this claim
• Click “Continue to Incident Report”
New Incident Report - Employee Information

Part 1 of 2

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Employee:</td>
<td>Search by Last Name, First Name</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Job title</td>
</tr>
<tr>
<td>Email Address:</td>
<td>Email address</td>
</tr>
<tr>
<td>Work Phone:</td>
<td>xxx-xxx-xxxx</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>xxx-xxx-xxxx</td>
</tr>
<tr>
<td>Home Address 1:</td>
<td>Address line 1</td>
</tr>
<tr>
<td>Home Address 2:</td>
<td>Address line 2</td>
</tr>
<tr>
<td>City:</td>
<td>City</td>
</tr>
<tr>
<td>State:</td>
<td>CA</td>
</tr>
<tr>
<td>Postal code:</td>
<td>Postal code</td>
</tr>
</tbody>
</table>

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

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

• 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”
• 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