

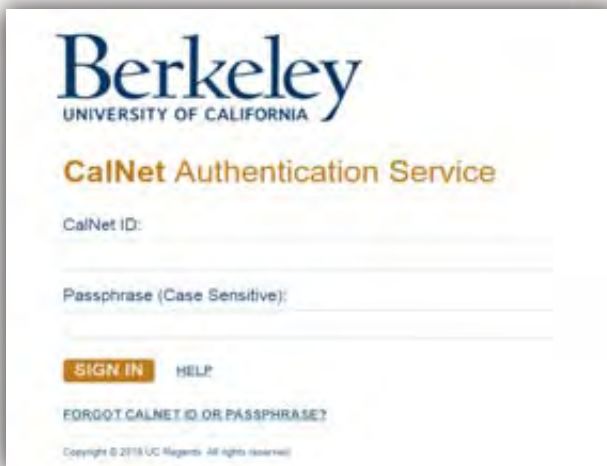
# Instructions for Employer's First Report (EFR) (On-line reporting system)

Part 2: Employer Investigation

Go to: ehs.ucop.edu/efr



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



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

If you are already logged in, you will not have to complete these two steps

**Personal**

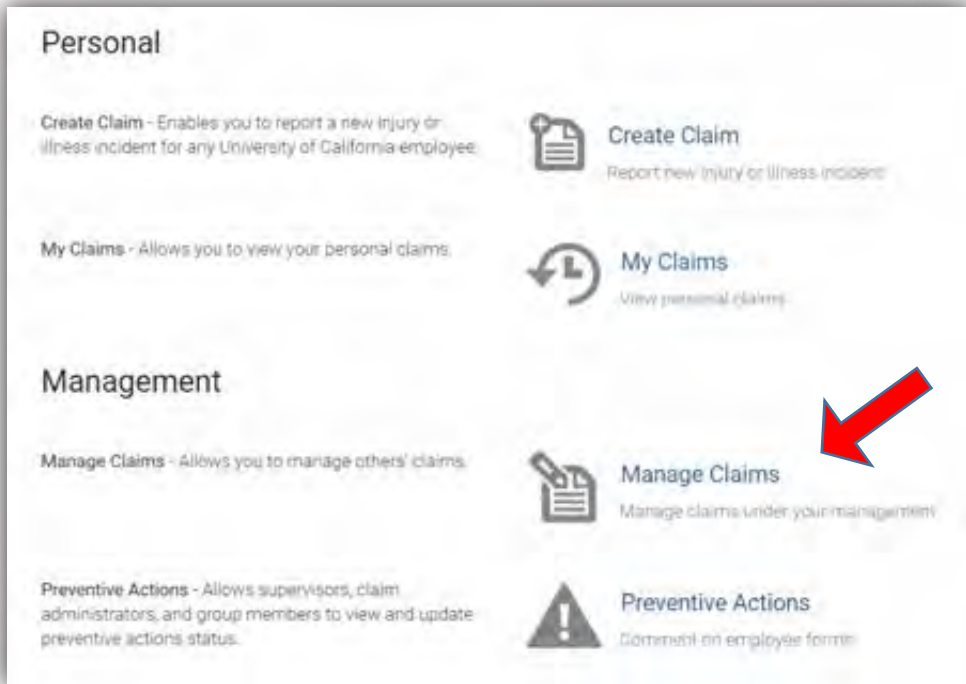
**Create Claim** - Enables you to report a new injury or illness incident for any University of California employee.

**My Claims** - Allows you to view your personal claims.


**Management**

**Manage Claims** - Allows you to manage others' claims.

**Preventive Actions** - Allows supervisors, claim administrators, and group members to view and update preventive actions status.



- Click “Manage Claims”
- You will now see a list of your employees’ claims

- Click the name of the employee for whom you are completing the investigation
- 

**Manage Claims**

Reports submitted in last # of days:

Reports submitted for:

Name	Department	Supervisor	Injury Date	Created Date	Claim Number	Work Status	Investigation Complete	PDF
SCOTT, GRETCHEN	UNIVERSITY HEALTH SERVICES	IMAZUMI, MIKE	10/25/2018	10/25/2018		Work Status		
KELLY, MARY	UNIVERSITY HEALTH SERVICES	IMAZUMI, MIKE	10/23/2018	10/25/2018		Work Status		

### Employee Incident Report & Employer Investigation

Employee Information   Investigation Information   Document Information   Attachment Information

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.

**Employee Information**

Name: SCOTT, GRETCHEN ()  
Employment Type:

- This “Employee Information” page will display an overview summary of the claim
- Click the “Investigation Information” tab at the top

### Employee Incident Report & Employer Investigation

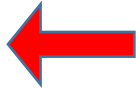
Employee Information   Investigation Information   Document Information   Attachment Information

**Employer Investigation & Statement**

Employer Knowledge Date: October 25, 2018  
Employee Interviewed By:  
Date Employee Interviewed:

- Click on “Employer Investigation & Statement”

- Click on “Employee Interview & Investigation”



### Incident Report: Employer Investigation & Statement

#### Employer Knowledge

**GRETCHEN SCOTT**  
UNIVERSITY HEALTH SERVICES

\*Employer Knowledge Date  
10/25/2018

Date when employer first became aware of the incident

\*Employer Knowledge Comments

**Save** **Cancel**

#### Incident Investigation & Statement

- Employee Interview & Investigation**  
Questionnaire for recording employee interview & statement
- Record Incident Initial Cause**  
Questionnaire for recording incident initial causes
- Record Contributing Factors & Activities**  
Questionnaire for recording incident contributing factors & statement
- Preventive Actions & Statement**  
Record preventive actions & status
- Investigation Completion & Additional Information**  
Set investigation completion & additional information
- Send Investigation Notification**  
Sends a notification related to claim investigation once it's completed

## Employee Interview & Investigation

\*Employee Interviewed By:

Search by Last Name, First Name

Who completed the interview?

\*Date Employee Interviewed:

mm/dd/yyyy



Date when employee was interviewed

How Injury/Illness Occurred:

Explain in detail how the injury/illness occurred and the specific activity being performed at the time

What was Injury, Illness, or Exposure?

Employee declined treatment.

Save

Cancel

All fields marked with an (\*) must be completed

- Enter as much information as possible
- “Employee Interviewed by” box is an active field. Begin typing last name, then select name after it appear
- Click “Save”

### Incident Investigation - Record Initial Causes

- Struck by or against object.
- Caught in/under/between object
- Fall/Slip/Trip
- Patient Handling (Lifting/Movement)  
Choose one of the following.
- Material handling or lifting
- Repetitive motion
- Chemical exposure
- Body fluid exposure
- Biohazard Material Exposure

- Sharps (i.e. needle stick, stab, incision, or skin penetration)  
Please describe: Sharps (i.e. needle stick, stab, incision, or skin penetration)
- Cuts  
Please describe: Cuts
- Animal bite
- Other/Comments (if none of the above is applicable)  
Please describe: Other causes, if any, that are not listed above.

- Select the possible “cause” of this injury or illness
- Multiple causes can be selected
- Provide further details where requested
- Click “Save”

## Incident Investigation - Record Contributing Factors

› Equipment

› Slip-Resistant Footwear

› Personal Protective Equipment

› Training/Experience

› Policy/Procedure

› Work Area

› Employee

› Assistance

› Animal

› Other Factors/Comments (if none of the above is applicable)

Save

Cancel

- Select the possible “Contributing Factors” for this injury or illness
- Multiple contributing factors can be selected
- Each contributing factor field expands by clicking the arrow
- Click “Save”



## Preventive Actions & Statement

### \*Supervisor will

- Develop/revise safety procedures and update IIPP or Chemical Hygiene Plan
- Request ergonomic evaluation
- Order new equipment
- Order new PPE
- Remove equipment from use and/or repair/replace
- Retrain employee before task is reassigned

### Preventive actions status

Preventive actions will be completed by:

IMAZUMI, MIKE

\*Expected date of completion:

mm/dd/yyyy



As a reminder, the Actual Completed Date on the Preventive Actions page must be completed even if no further action is required. The Preventive Actions page can be accessed [here](#) or from the homepage.

Save

Cancel

- Select the “Preventive Action” that will be taken in order to reduce or eliminate the possible reoccurrence of this type of injury or illness
- The above screenshot only shows a partial list of the “preventive actions” choices
- On the right side, indicate who will be responsible for completing the preventive action and by what date
- Click “Save”

## Investigation Completion & Additional Information

Select when Employer Investigation is completed.

Additional Information:

Additional Information (Use this space to add additional details or explanation about the cause(s), contributing factors and preventive actions related to this case):

Save

Cancel

- Check the box when the investigation is completed
- Add any additional information or details
- Click “Save”

- You have now completed your Employer Investigation
- Please see next section on “Preventive Action”