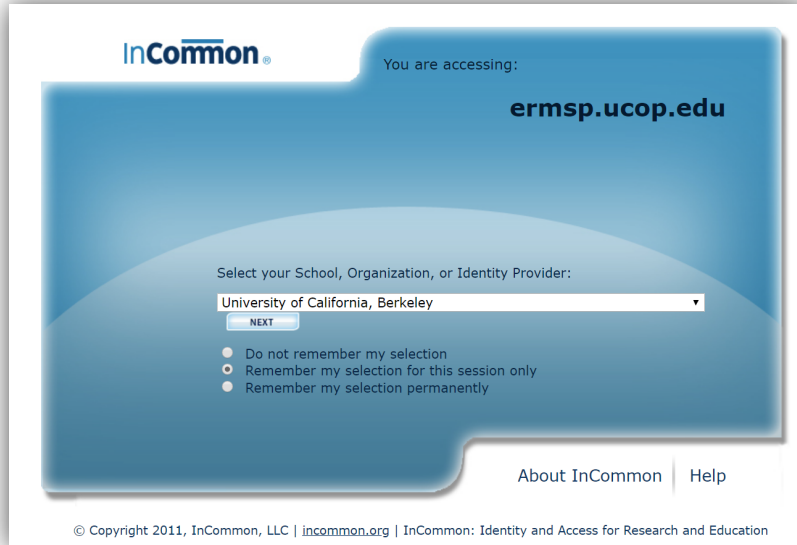


Instructions for Employer's First Report (EFR) (On-line reporting system)

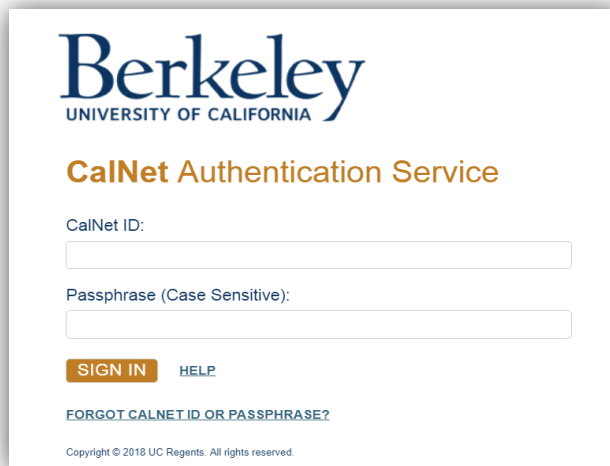
Part 2: Employer Investigation

Go to: ehs.ucop.edu/efr



The image shows the InCommon login page. At the top left is the InCommon logo. To its right, it says "You are accessing:" followed by "ermssp.ucop.edu". Below this, there is a section titled "Select your School, Organization, or Identity Provider:". Under this title 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". At the very bottom, there is a copyright notice: "© 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 title "CalNet Authentication Service". Underneath is the label "CalNet ID:" followed by a text input field. Below that is the label "Passphrase (Case Sensitive):" followed by another text input field. At the bottom left is a "SIGN IN" button, and to its right is a "HELP" link. Below these is a link that says "FORGOT CALNET ID OR PASSPHRASE?". At the very bottom, there is a small copyright notice: "Copyright © 2018 UC Regents. All rights reserved."

- 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.



Create Claim

Report new injury or illness incident

My Claims - Allows you to view your personal claims.



My Claims

View personal claims

Management

Manage Claims - Allows you to manage others' claims.



Manage Claims

Manage claims under your management

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



Preventive Actions

Comment on employee forms



- 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:

30

60

120

All

Custom Range

Reports submitted for:

Search by Last Name, First Name

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

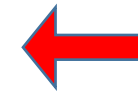
Employer Knowledge Date: October 25, 2018

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)

☐ 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”