SECTION C

EMPLOYEE INJURY REPORTING PROCEDURE

1.0 If medical treatment is needed, refer injured employee to medical facility listed on "Medical Panel”.

2.0 Complete Employee’s Claim for Workers Compensation Benefits Form 1 and Employer’s Report of Occupational Injury or Illness and send three copies to the business office. This report must be submitted within 24 hours after an injury. Do not wait for the report from the doctor. The business office will then forward two copies to Workers' Compensation Administrators.

3.0 Complete SIPE Form 6-588, Employees and Supervisors Report of Industrial Injury/Illness, and forward to the district office. The district should forward a copy to SIPE safety. Form can be found in Safety forms on our website (sbsipe.org)

4.0 In case of a serious accident, telephone the district office. The district office should notify SIPE safety within 48 hours.

5.0 When an employee leaves work and returns to work as a result of a job injury, the business office must be notified each time. This may be done by telephone or memorandum.

6.0 Correspondence or bills relating to injuries should be sent to:

   Workers' Compensation Administrators
   265 East Donovan
   Santa Maria, CA 93458
   (805) 922-9157

7.0 Injured employees should contact Workers' Compensation Administrators if they need assistance or have questions.

8.0 Give no information concerning injuries to anyone. Refer all such inquiries to Workers' Compensation Administrators.