

# Incident Report

## for the Injured Worker

If an employee accident occurs  
please **immediately** notify

**Rhonda Breaux**

PUSD/PCOE Payroll Department @

(530)283-6500 ext. 5223 or

rbreaux@pcoe.k12.ca.us

Fax: (530)283-6530

To Be Completed by Employer:

Employee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ a.m./p.m.

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_ a.m./p.m.

Accident Location: \_\_\_\_\_

Type of Injury and Body Part Affected (Be specific): \_\_\_\_\_

Is Employee Seeking Medical Treatment?: \_\_\_\_\_ If Yes, Name of Designated Medical Facility: \_\_\_\_\_

Did Injured Leave Work? \_\_\_\_\_ Date: \_\_\_\_\_ Time Reported: \_\_\_\_\_ a.m./p.m.

Did Injured Return to Work? \_\_\_\_\_ Date: \_\_\_\_\_ Time Reported: \_\_\_\_\_ a.m./p.m.

1. Describe in detail how the accident/injury occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Names of witnesses?  
\_\_\_\_\_  
\_\_\_\_\_

3.  Yes  No Safety hazard has been identified.  
If yes, repair/corrected date: \_\_\_\_\_  
OR Maintenance Work Order date: \_\_\_\_\_

If no safety hazard was involved, please described what steps have been taken to prevent similar incidents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use Only: Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

## First Aid Claims

Labor Code 5401 defines “**First Aid**” as any one-time treatment of minor scratches, cuts, burns, splinters, or other minor industrial injuries.

California Code of Regulations section 9780 (f) and section 14311 (c) define “**First Aid**” as any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, ect... **which do not ordinarily require medical care**. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first aid, even though provided by a physician or registered professional personnel.

For injuries occurring on or after January 1, 1994, meeting the above definitions of “**First Aid**”, the employer had the option to pay for the medical treatment and avoid the establishment of a workers’ compensation claim. The employer should request that the medical provider forward the “Physician’s First Report” and bills directly to them. The employer should keep a log of any First Aid injuries.

If the injured worker is seen by a physician or other health care provider a second time, for anything other than for purpose of observation, as a result of this injury, the claim is no longer considered to be a “**First Aid**” claim. The employer is now required to provide this information to the Workers Comp. claims administrator (*Keenan & Associates*).

The following treatments CANNOT be considered as “**First Aid**”:

- ☞ Prescription Medications (anything that needs taken for more than one day)
- ☞ X-Rays
- ☞ Sutures
- ☞ Surgical removal of foreign bodies
- ☞ Injections (with the exception of Tetanus shots, if only treatment provided)
- ☞ Treatment or testing for blood to blood contact
- ☞ Temporary Disability prescribed

This form to be completed for any “First Aid” Claims as well as “just to have on file” accidents!

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