

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

This form to be completed by agency/supervisor/director. Please e-mail or fax directly to Risk Management and mail original to the Risk Management address indicated below:



COUNTY OF VENTURA
CEO/RISK MANAGEMENT
800 South Victoria Avenue, L#1970 4th floor
Ventura, CA. 93009
(805) 654-3197 (phone) (805)648-9238 (fax)
E-mail: Risk.Management@ventura.org

RISK MANAGEMENT USE ONLY

CLAIM NUMBER

AGENCY CODE

OSHA NO.

FATALITY []

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER section containing fields 1-6: AGENCY NAME, ADDRESS, DEPARTMENT, NATURE OF BUSINESS, TYPE OF EMPLOYER, etc.

EMPLOYEE section containing fields 7-16: EMPLOYEE NAME, HOME ADDRESS, SEX, OCCUPATION, EMPLOYMENT STATUS, GROSS WAGES, etc.

INJURY OR ILLNESS section containing fields 17-37: DATE OF INJURY, TIME OCCURRED, LOCATION, EQUIPMENT USED, etc.

ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

COMPLETED BY SUPERVISOR (TYPE OR PRINT), SIGNATURE, TITLE, DATE

* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.