

# Electronic First Report V2

**NEW CLAIM CREATION**

April 2014

# New Claim Creation

(1) Navigate to: <https://ehs.ucop.edu/efr>

## Employer's First Report of Injury

A University of California EH&S System

Home

Log in | Dev Tools

## Employer's First Report

Employer's First Report is web based application that allows employees to report work-related injury or illness. This application allows claim administrators and supervisors to track initial causes of injuries and verify that corrective actions have been taken to reduce the likelihood of repeat injuries.

University policy requires that any work-related injury or illness be reported to Workers' Compensation within 24 hours.

**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.**

If you have any problems accessing the Employer's First Report of Injury or Illness, please contact. [UC ERM Help Desk](#).

Login

(2) Login to EFR



## New Claim Creation

InCommon®

You are accessing:  
**ermisp.ucop.edu**

(3) Select UC Davis then click on "Next"

Select your School, Organization, or Identity Provider:

University of California, Davis

- Do not remember my selection
- Remember my selection for this session only
- Remember my selection permanently

[About InCommon](#) | [Help](#)

# New Claim Creation

## Employer's First Report of Injury

A University of California EH&S System

[Home](#)

### 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 administrator, and group members view and update preventive actions status



[Preventive Actions](#)

Comment on employee forms

**Work Status** - Allows supervisors, claim administrator, and group members to update employee work status information.



[Work Status](#)

View and update employee work status

(4) Create New Claim



## New Claim Creation

### Create Claim - Select Profile

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- I am the **Employee** who experienced the occupational Injury/Illness.
- I am the **Supervisor** of the employee who experienced the occupational injury/illness.
- I am **neither** of the above.

[Continue to Incident Report](#)


[Cancel](#)

PLEASE NOTE: Completing this form is not an admission of university liability. It is a tool to

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(5) Identify who is creating the new claim.



(6) Continue to new claim



# New Claim Creation

Part 1 of 2

This is an active search field

Employee:

Job Title:

Email Address:

Work Phone:

Home Phone:

Home Address 1:

Home Address 2:

City:

State:

Postal code:

Employment Type:

Date Of Birth:

Gender:  Female  Male

Marital Status:

Supervisor: **ANDIE KWUN CHUN CHEUNG** (re-assign)

Supervisor's Email Address:

Supervisor's Phone:

(7) Enter identification information.

State:

Postal code:

Employment Type:

Date Of Birth:

- Not Applicable
- Employee
- Student Employee
- Volunteer

Gender:  Female  Male

Marital Status:

Supervisor: **ANDIE KWUN CHUN CHEUNG** (re-assign)

Supervisor's Email Address:

Supervisor's Phone:

Employment Type is drop-down selection.

## New Claim Creation

Supervisor: **ANDIE KWUN CHUN CHEUNG**

Supervisor's Email Address:

Supervisor's Phone:

Work Hours:

(8) Finish all entry information then continue to Part 2.

# New Claim Creation

## New Incident Report - Employee Information

Part 2 of 2

Date of injury or onset of illness:

Injury/Illness Date



Time of injury or illness:

-- ▾

-- ▾

-- ▾

please enter best guess

Did the incident happen on campus?

Yes  No

Location where injury or illness occurred:

Were others injured?

Yes  No

Body Part(s) Affected:

(9) Enter incident date and incident specifics.





# New Claim Creation

## New Incident Report - Employee Information

Part 2 of 2

Date of injury or onset of illness:

Injury/Illness Date 

Time of injury or illness:

-- -- -- please enter best guess

Did the incident happen on campus?

Yes  No

Location where injury or illness occurred:

Were others injured?

Yes  No

Body Part(s) Affected:

(10) On Campus incidents can be identified by searchable building list.

Did the incident happen on campus?  Yes  No

Building where injury or illness occurred: hoagland Hall

Location where injury or illness occurred: Hoagland Hall  
Hoagland Annex

# New Claim Creation

(11) Finish entry of incident details.

What equipment, materials or chemicals were involved in the injury or illness?

Explain in detail how the injury/illness occurred. Be specific activities and task being performed at the time of the injury or onset of illness:

Who witnessed the injury or circumstances causing the illness. Please list first and last name(s):

Medical Treatment:

- First Aid, no medical care
- Outpatient Treatment by Clinic, Doctors' Office, or Hospital
- Emergency Room
- Overnight Inpatient Hospitalization

Medical Treatment:

- First Aid, no medical care
- Outpatient Treatment by Clinic, Doctors' Office, or Hospital
- Emergency Room
- Overnight Inpatient Hospitalization

Medical Treatment Provider:

- UC Davis Occupational Health Clinic
- Sutter Davis Hospital ER
- UC Davis Medical Center
- Other (Name/Phone)

← Return to previous

Save

(11) Medical treatment box will open Treatment Provider detail box.

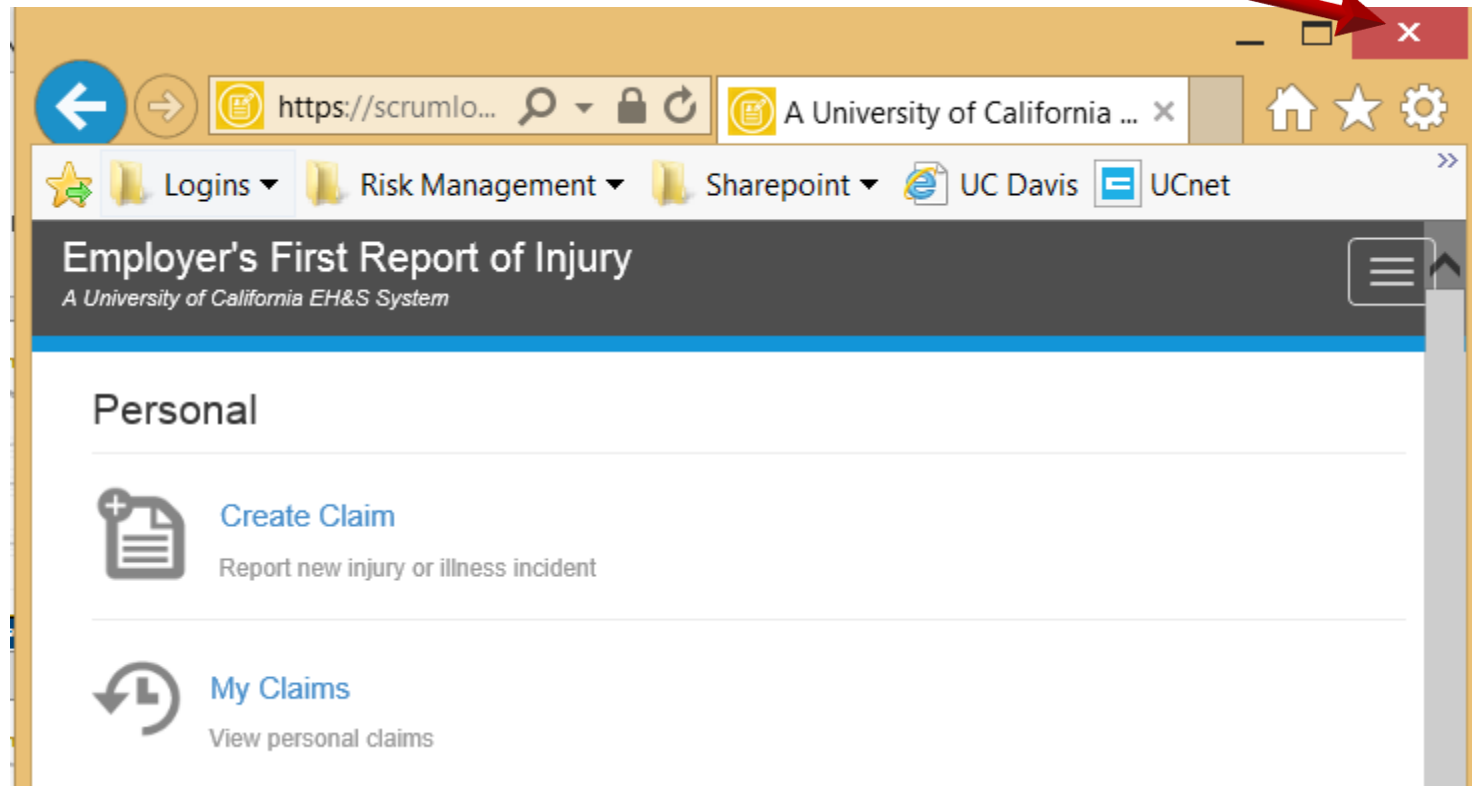
← Return to previous

Save

(12) Finish New Claim entry.

## New Claim Creation

(12) Close Browser



## New Claim Creation

**DONE!**