Electronic First Report V2

NEW CLAIM CREATION
April 2014
New Claim Creation

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

Employer's First Report

Employer's First Report is a 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.

(2) Login to EFR
New Claim Creation

(3) Select UC Davis then click on "Next"
New Claim Creation

Personal

Create Claim - Enables you to report a new injury or illness incident for any University of California employee

My Claims - Allows you to view your personal claims

Management

Manage Claims - Allows you to manage others' claims

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

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

(5) Identify who is creating the new claim.

(6) Continue to new claim
This is an active search field

(7) Enter identification information.

Employment Type is drop-down selection.
(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: [Choose the correct time]

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

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

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

(12) Finish New Claim entry.
New Claim Creation

DONE!