

## Initial Injury/Illness Reporting Check List

Questions contact Department's HR or Risk Management 650-723-7400

### Any Death or Serious Injury/Illness Reporting

✓ <b>Death or Serious Injury/Illness</b>	Time line	Call
Cal/OSHA defines an injury/illness as serious if it results in permanent disfigurement, dismemberment, or hospitalization expected to last more than 24 hours.	Immediately	<b>650-725-9999</b> Environmental Health & Safety <b>Emergency 24 Hour Hot Line</b>

### University Worker (Employee, Staff, Faculty, Working Student) - Injury/Illness Reporting

✓ <b>Medical Attention</b>	Hours	Call
Emergency	24 HRS	911 (9-911 when using University phone system)
Non-emergency	M-F 8 AM-5 PM M-F 5 PM-8 AM Weekend 24 HRS	650-725-5308 – University Occupational Health Center (SUOHC) <a href="http://www.stanford.edu/dept/EHS/prod/researchlab/IH/SUOHC/index.html#Location">http://www.stanford.edu/dept/EHS/prod/researchlab/IH/SUOHC/index.html#Location</a> Walk-in Stanford Hospital Emergency Room Walk-in Stanford Hospital Emergency Room

✓ <b>Forms</b>	Time line	Who fills out	Where to send
SU 17 <a href="http://www.stanford.edu/dept/EHS/prod/general/su17.pdf">http://www.stanford.edu/dept/EHS/prod/general/su17.pdf</a>	Within 24 HRS	Supervisor & Worker	Fax to 650-723-9456. Original to Mail Code 6207
DWC 1 <a href="http://www.stanford.edu/dept/Risk-Management/docs/forms/Employee_Claim%20 Form DWC1.pdf">http://www.stanford.edu/dept/Risk-Management/docs/forms/Employee_Claim%20 Form DWC1.pdf</a>	Provide to Worker within 24 HRS	Supervisor per first page instruction sheet. **Worker completes & signs <b>only</b> if filing a claim.**	Fax to 650-723-9456. Original to Mail Code 6207* (*Only after Worker completes & signs.)
5020 (must be typed – “PCWord version” available in link below) <a href="http://www.stanford.edu/dept/Risk-Management/docs/forms/5020.html">http://www.stanford.edu/dept/Risk-Management/docs/forms/5020.html</a>	Only if seeking Medical attention or Losing time. Within 48 HRS	Supervisor, HR, or Admin. – Not Worker	Original to Mail Code 6207

✓ <b>Off Work</b>	Time line	Contact
Worker is or will be losing time beyond the date of injury.	Within 24 HRS	Disability and Leave Services (DLS) and/or Department's Human Resource (HR)

### Visitor, Contractor, or non-work related Student Injury/Illness Reporting

✓ <b>Form</b>	Time line	Who fills out	Where to send
SU17B <a href="http://www.stanford.edu/dept/EHS/prod/general/su17b.pdf">http://www.stanford.edu/dept/EHS/prod/general/su17b.pdf</a>	Within 24 HRS	Involved Party &/or University Contact	Fax to 650-723-9456 Original to Mail Code 6207