

Work Injury Reporting Contact Information

EMERGENCY: Dial 9-1-1



Workers' Compensation: 818-238-5010

Workers' Compensation Fax: 818-238-5019

City of Burbank Work Injury Reporting Guide EVENINGS / WEEKENDS / HOLIDAYS

If an **EMERGENCY**, dial 9-1-1 immediately

Steps to take following a Work Injury on Evenings, Weekends, and Holidays

<input type="checkbox"/>	Notify your supervisor immediately – even if you feel treatment may not be needed. IF THE INJURY IS SERIOUS OR LIFE THREATENING, CALL 9-1-1 IMMEDIATELY.
<input type="checkbox"/>	If non-emergency treatment is needed, your supervisor will prepare a Medical Service Order (MSO) Form and direct you to the closest medical facility instead of the City's pre-approved facilities (due to limited hours of operation on evenings, weekends, and holidays).  Click here for a list of pre-approved facilities
<input type="checkbox"/>	If the treating physician has given you work restrictions you must adhere to those restrictions at all times, until otherwise noted by the treating physician. <p>a. You must notify the following of your restrictions:</p> <ul style="list-style-type: none">i. Your Supervisorii. Workers' Compensation Division <p>PLEASE NOTE: YOU ARE RESPONSIBLE FOR MAKING AND KEEPING YOUR APPOINTMENTS.</p>
<input type="checkbox"/>	Workers' Compensation must be contacted by your supervisor at the beginning of the next regularly scheduled work day. This notification will also advise the Workers' Compensation team to coordinate continued medical treatment (if required). <u>Be sure to follow up on this notification to avoid delays.</u>
<input type="checkbox"/>	Complete the employee section of the Workers' Compensation Claim Form (DWC 1) and provide it to your supervisor.
<input type="checkbox"/>	Within 48 hours of the injury, complete an Incident Analysis Report (IAR) – Employee's Statement of Incident Form and provide it to your supervisor. ***NOTE: You <u>must</u> complete this form even if you decline treatment.***
<input type="checkbox"/>	If you decide to decline treatment, you will need to complete the Declination of Medical Treatment Form and provide it to your supervisor.
<input type="checkbox"/>	 RETURNING TO WORK: A medical release form from your treating physician must be provided to your supervisor and to Workers' Compensation prior to returning to work.
<input type="checkbox"/>	IT IS YOUR RESPONSIBILITY TO COMMUNICATE THE STATUS OF YOUR INJURY. YOU ARE <u>REQUIRED</u> TO NOTIFY YOUR SUPERVISOR <u>AND</u> WORKERS' COMPENSATION OF THE FOLLOWING: <ul style="list-style-type: none">a. Your Work Statusb. Restrictionsc. Medical Appointmentsd. Return to Work Date / Any Restrictions and/or Accommodationse. Any Other Updates Pertaining to Your Injury or Claim



Still have some questions? Our Workers' Compensation team is happy to assist!
Give them a call at 818-238-5010.

