

# 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

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

Notify


Treat

Document

Communicate

### Steps to take following a Work Injury

- 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.**
- If non-emergency medical treatment is necessary, your supervisor will prepare a [Medical Service Order \(MSO\) Form](#) and direct or transport you to the closest pre-approved industrial medical facility.
 





[Click here for a list of pre-approved facilities](#)
- Take a copy of the MSO to the closest pre-approved industrial medical facility to be completed by the treating physician.
- 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.
 

**a. You must notify the following of your restrictions and status:**

  - i. Your Supervisor
  - ii. Workers' Compensation Division

**PLEASE NOTE: YOU ARE RESPONSIBLE FOR MAKING AND KEEPING YOUR APPOINTMENTS.**


- Complete the employee section of the [Workers' Compensation Claim Form \(DWC 1\)](#) and provide it to your supervisor.
- 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 must complete this form even if you decline treatment.\*\*\***
- If you decide to decline treatment, you will need to complete the [Declination of Medical Treatment Form](#) and provide it to your supervisor.
-  **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.
- IT IS YOUR RESPONSIBILITY TO COMMUNICATE THE STATUS OF YOUR INJURY. YOU ARE REQUIRED TO NOTIFY YOUR SUPERVISOR AND WORKERS' COMPENSATION OF THE FOLLOWING:**
  - a. Your Work Status
  - b. Restrictions
  - c. Medical Appointments
  - d. Return to Work Date / Any Restrictions and/or Accommodations
  - e. 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.**

