

Employer's First Report (EFR)

Create a Claim

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

(2) Select UCSB.
(3) Then press next.

Select your School, Organization, or Identity Provider:

University of California-Santa Barbara

NEXT

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

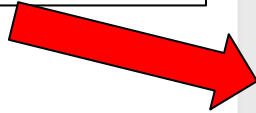
About InCommon | Help

UC SANTA BARBARA

Authentication Service

LOGIN

(4) Sign in with your UCSBnetID and password.





For serious injury/illness (inpatient hospitalization, amputation or bony involvement of a digit, disfigurement) or death contact your EH&S.

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

(5) Select Create Claim





Create Claim - Select Profile

- 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 gather all relevant facts so the incident may be investigated.

(6) Identify who is creating the claim.



(7) Select Continue to Incident Report.



UC Safety | EFR

New Incident Report - Employee Information

Part 1 of 2

Employee: costanzo, m|

Job Title: COSTANZO, MONICA - ENVIRONMENTAL HEALTH & SAFETY

Email Address: Email address

Work Phone: xxx-xxx-xxxx

Home Phone: xxx-xxx-xxxx

Home Address 1: Address line 1

Home Address 2: Address line 2

City: City

State: CA

Postal code: Postal code


Employment Type: Choose one of the following... ▾

Date Of Birth: Date Of Birth

Gender: Female Male

Marital Status: Choose one of the following... ▾


(8) The Employee box is an active field. Begin typing employee's name (Last, First) and select the correct name when it appears.



(9) Enter identification information.

- Choose one of the following...
- Not Applicable
- Employee
- Student Employee
- Volunteer

FYI...Employment type is a drop down box.



(10) Enter supervisor information. If you are the supervisor it will auto fill your name and email. Be sure to add the supervisor's phone number.

Employee Work Hours:

hours/di

hours/day

days/w

days/week

Supervisor:

MONICA COSTANZO

Search by Last Name, First Name

Supervisor's Email Address:

monica.costanzo@ucsb.edu

Supervisor's Phone:

xxx-xxx-xxxx

(11) Finish all entry information and select Continue to Part 2.

Continue to Part 2 →

Cancel

(12) Enter incident date and incident specifics.

FYI...There are times that the Employer Knowledge Date and Date of Injury may be different.



New Incident Report - Employee Information

Part 2 of 2

Employer Knowledge Date

Employer knowl



Date when employer first became aware of the incident

Date of injury or onset of illness:

Injury/Illness Da



Time of injury or illness:

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please enter best guess

Building in or near where the incident happened (if applicable):

Enter the first few letters of a building name to search.

Location where injury or illness occurred:

This box is for the physical location the injury/illness occurred. Be as specific as possible.

Were others injured?

Yes

No

BioHazard Material Exposure?

Yes

No

(ie. Needle Stick, Animal Bite, Splash, Infectious Exposure)

(13) Continue entering incident specifics.

Injury/Illness and Body Parts:

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

Explain in detail how the injury/illness occurred. Be specific about activities and tasks 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

Please be as specific as possible when filling in these fields.

(14) Select if employee needs medical treatment.

(15) When done entering incident specifics select Save.

← Return to previous

Save

CALL EXT. 4440 IF
EMPLOYEE NEEDS
MEDICAL
TREATMENT

You've now created a claim!

That's all folks!

(If you are a supervisor please see "Employer Investigation" tutorial)

No need to fax or email anything to the Workers' Compensation office.

No need to call the Workers' Compensation reporting line.

No need to call the Workers' Compensation office **unless medical treatment is required.**