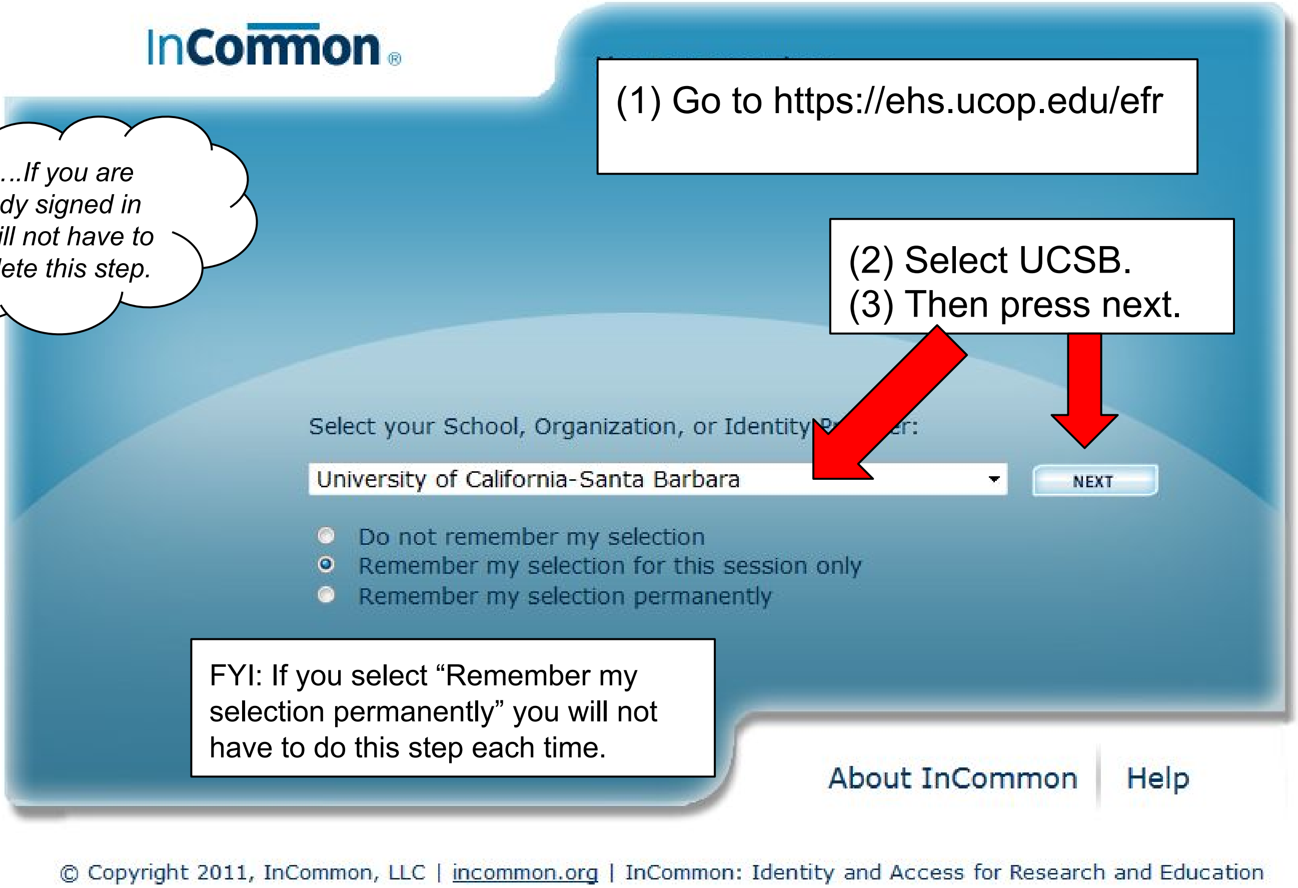
Employer’s First Report: EFR

Employer Investigation

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

FYI….If you are already signed in you will not have to complete this step.

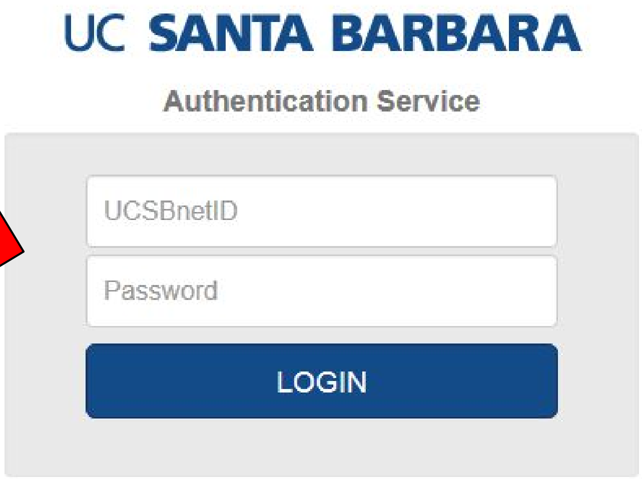
(2) Select UCSB.
(3) Then press next.

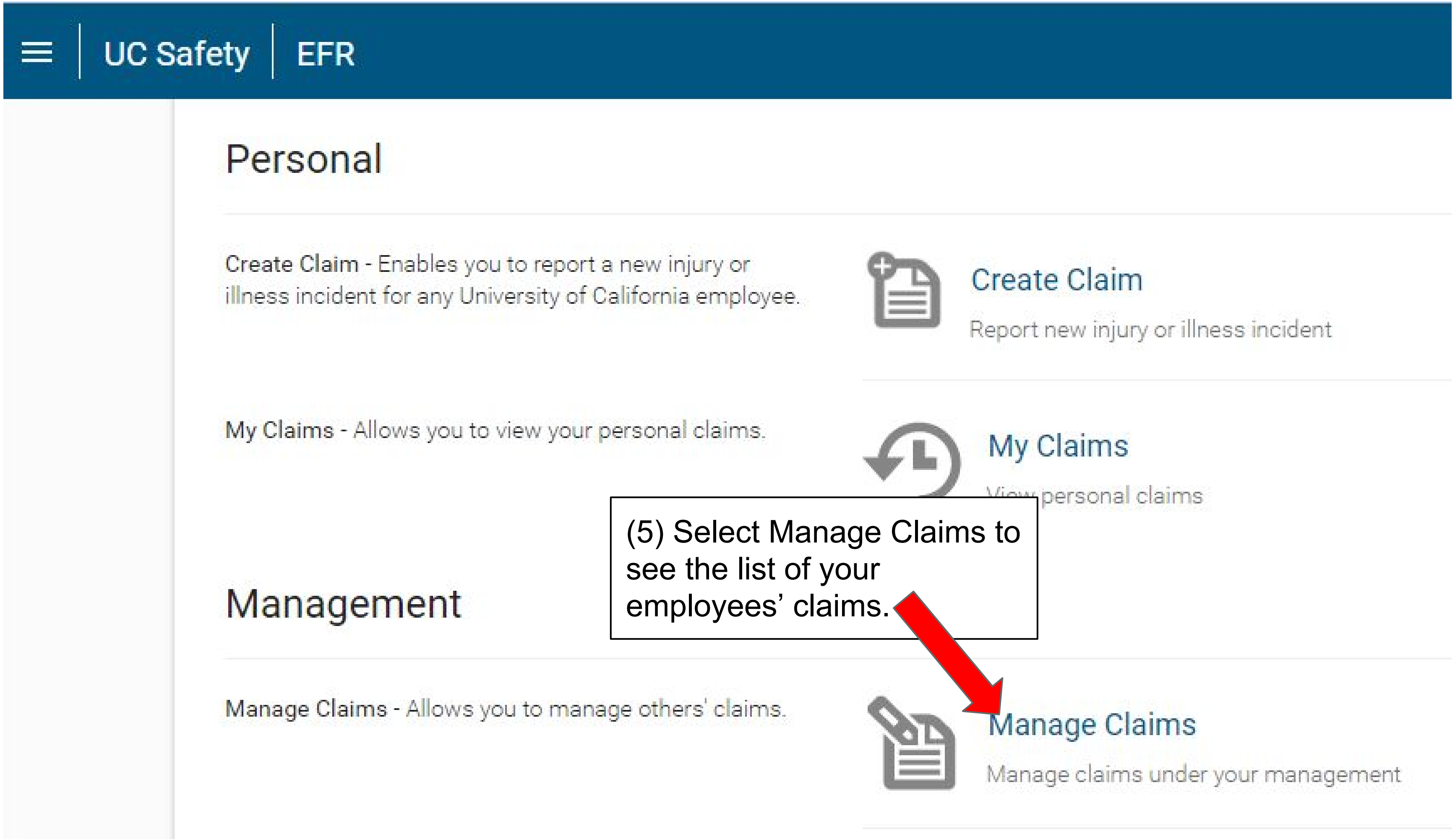


FYI: If you select "Remember my selection permanently" you will not have to do this step each time.

FYI….If you are already signed in you will not have to complete this step.

(4) Sign in with your UCSBnetID and password.




UC Safety
EFR
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 Manage Claims to see the list of your employees' claims.
Management
Manage Claims - Allows you to manage others' claims.
Manage Claims
Manage claims under your management

Manage Claims

Reports submitted in last # of days:

30 | 60 | 120 | All | Custom Range

Reports submitted for:

Search by Last Name, First Name

Name	Department	Supervisor	Injury Date	Created Date	Work Status	Investigation Complete	PDF
Doe, John	Environmental Health & Safety	Costanzo, Monica	03/21/2017	03/24/2017	Work Status		
Doe, Jane	Environmental Health & Safety	Costanzo, Monica	03/15/2017	03/15/2017	Work Status		

(6) Select the name of the employee you are working on.

FYI...There will be a check mark if the investigation was completed.

Employee Incident Report & Employer Investigation

Employee Information | Investigation Information | Document Information | Attachment Information

PLEASE NOTE: Completing this form is not an admission of unive ... It is a tool to gather all relevant facts

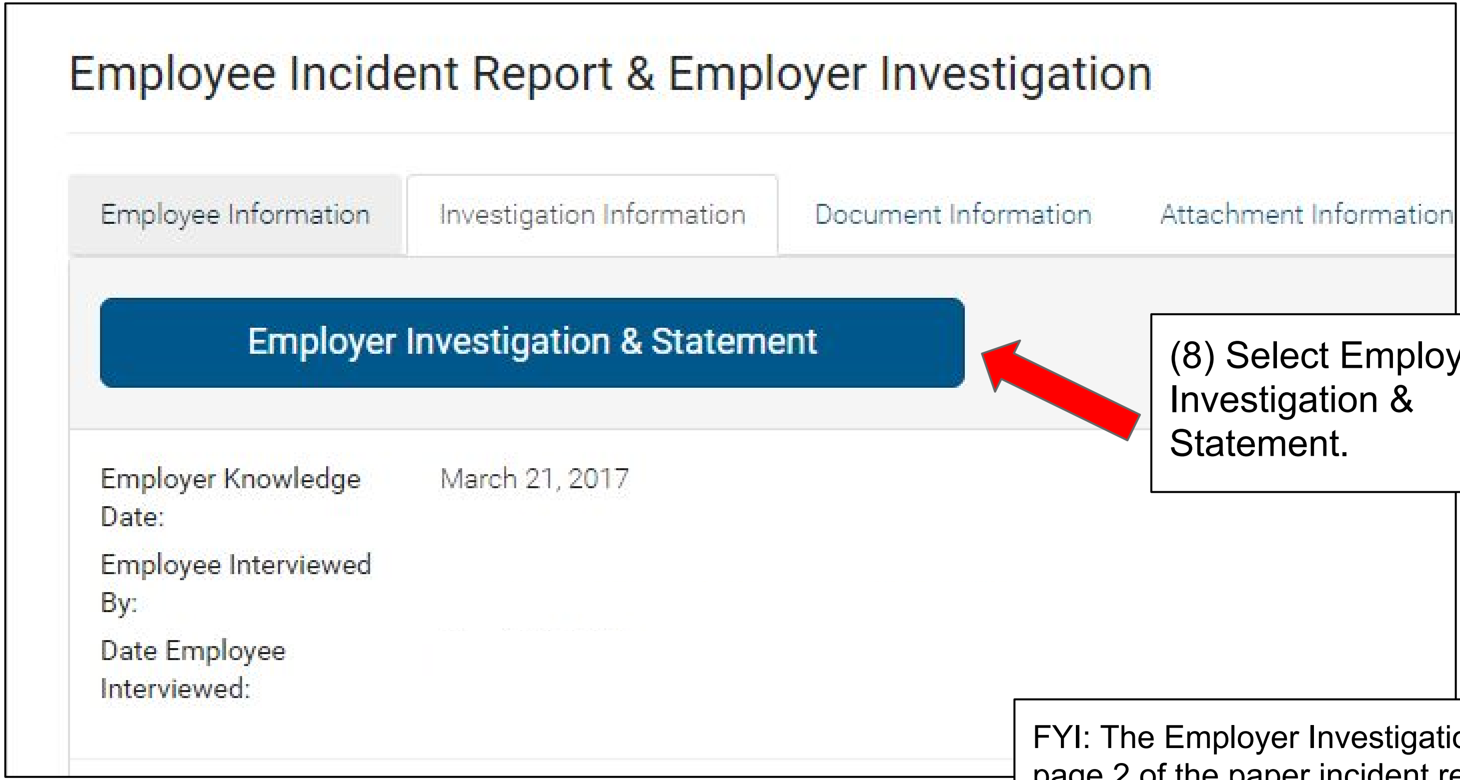
Employee Information

Name: Doe, John (john.doe@ucsb.edu)

Employment Type: Employee

(7) Select Investigation Information to complete the Employer Investigation.

FYI...There will be an overview of claim information here.



(8) Select Employer Investigation & Statement.

FYI: The Employer Investigation is like page 2 of the paper incident report.

(9) Select Employee Interview & Investigation.

Incident Report: Employer Investigation & Statement

John Doe

Environmental Health & Safety

Employer Knowledge Date

March 21, 2017

Date when employer first became aware of the incident

Employee Interview & Investigation

Questionnaire for recording employee interview & statement

Record Incident Initial Cause

Questionnaire for recording incident initial causes

Record Contributing Factors & Activities

Questionnaire for recording incident contributing factors & statement

Preventive Actions & Statement

Record preventive actions & status

Investigation Completion & Additional Information

Set Investigation completion & additional information

Employee Interview & Investigation

Employee Interviewed By:

Costanzo, Monica - Environmental Health & Safety

Who completed the interview?

Date Employee Interviewed:

03/22/2017

Date when employee was interviewed

How Injury/Illness Occurred:

He was vacuuming a carpet using a upright vacuum cleaner.

Explain in detail how the injury/illness occurred and the specific activity being performed at the time

What was Injury, Illness, or Exposure?

Employee reported a minor pain in his right shoulder blade area.

☐ Employee declined treatment.

Save | Cancel

(10) The Employee Interviewed By box is an active field. Begin typing your name (Last, First) and select the correct name when it appears.

(11) Enter date of the interview. This date will most likely be the same as the Employer Knowledge date listed in the claim.

(12) Give a detailed description of how the injury occurred.

(13) Give a detailed description of what body part was injured. *(e.g., Right index finger, skin cut)*

(14) Check this box if employee declined treatment.
(15) Select Save to continue.

Incident Investigation - Record Initial Causes

- [ ] Struck by or against object.
- [ ] Caught in/under/between object
- [ ] Fall/Slip/Trip

Patient Handling (Lifting/Movement)

Choose one of the following...

- [ ] Material handling or lifting
- [x] Repetitive motion
- [ ] Chemical exposure
- [ ] Body fluid exposure

(16) Select the Initial Causes of the injury. You may select more than one.

- [ ] Biohazard Material Exposure
- [ ] Sharps (i.e. needle stick, cut, stab, incision, or skin penetration)

Please describe:Sharps (i.e. needle stick, cut, stab, incision, or skin penetration)

- [ ] Animal bite
- [ ] Other

Please describe: Other causes, if any, that are not listed above.

Save Cancel

(17) Select Save to continue.

Incident Investigation - Record Contributing Factors

Equipment

- [ ] Equipment failure
- [ ] Equipment unavailable
- [ ] Improper equipment or material used for the job.

Personal Protective Equipment

Training/Experience

Policy/Procedure

Work Area

Employee

Assistance

Animal

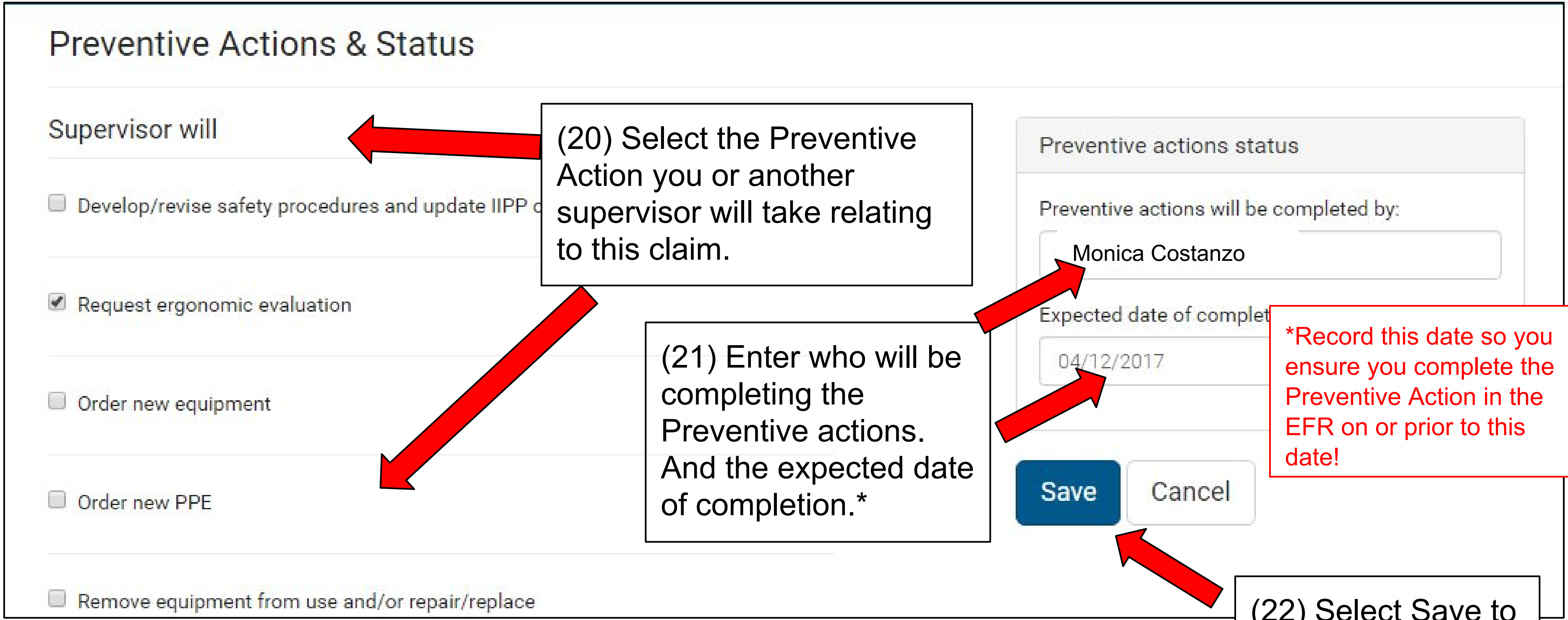
Other Factors

Save

(18) Select Contributing Factors. You may choose more than one.

FYI: All of the fields on this page expand.

(19) Select Save to continue.



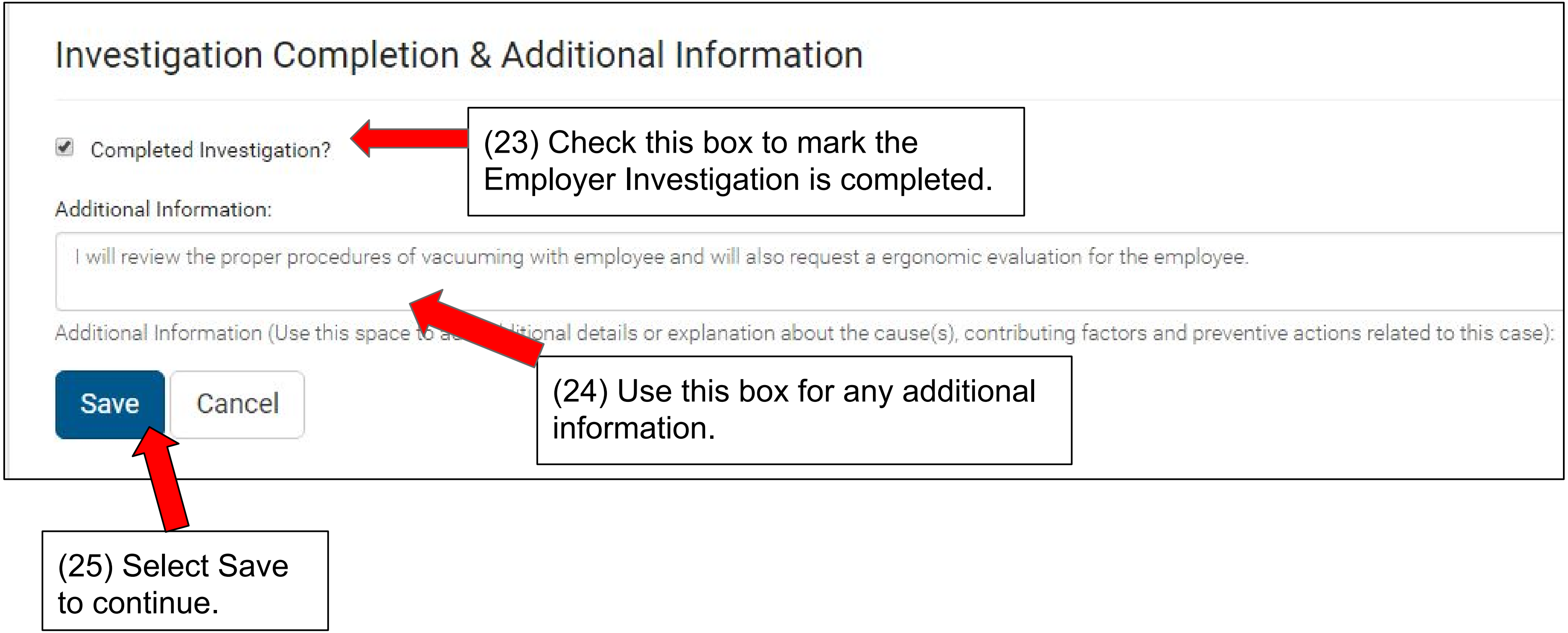
(20) Select the Preventive Action you or another supervisor will take relating to this claim.

(21) Enter who will be completing the Preventive actions. And the expected date of completion.*

*Record this date so you ensure you complete the Preventive Action in the EFR on or prior to this date!

(22) Select Save to Continue.

FYI: There are more Preventive Actions to choose from when in an active claim.



Investigation Completion & Additional Information
Completed Investigation?
(23) Check this box to mark the Employer Investigation is completed.
Additional Information:
I will review the proper procedures of vacuuming with employee and will also request a ergonomic evaluation for the employee.
Additional Information (Use this space to
litional details or explanation about the cause(s), contributing factors and preventive actions related to this case):
Save
Cancel
(24) Use this box for any additional information.
(25) Select Save to continue.

You have now completed the Employer Investigation!

*If you have already completed the Preventive Action with your employee please go into the Preventive Action section and complete it (see Prevention Action tutorial for instructions).
*If you have not completed the Preventive Action yet please note the date you listed as the expected completion date. Once you complete the Prevention Action please mark it as done in the EFR (see Prevention Action tutorial for instructions).

Contact Workers' Compensation @ ext. 3145 with any questions.