



WORK-RELATED INJURY/ILLNESS FLOW CHART

Does the employee want to seek medical treatment?

YES, complete the following steps:

Provide first aid and transportation, if needed, to medical facility.

If necessary, call 9-1-1.

Call Company Nurse for guidance.
1-877-518-6702
Code: SIG06

Forms Employee & Supervisor complete together:

- Supervisor's Accident Investigation Report
- Workers' Compensation Claim Form (DWC-1)
 - Employee takes the completed DWC-1 to the medical provider

Notify and email completed forms to Human Resources

NO, complete the following steps:

Provide first aid, if needed.

Optional: Call Company Nurse
1-877-518-6702
Code: SIG06

Forms Employee & Supervisor complete together:

- Supervisor's Accident Investigation Report

Notify and email completed forms to Human Resources

Questions? Contact Human Resources
707-262-4151

Email completed forms to:

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