



CalOSHA DEATH AND SERIOUS INJURY/ILLNESS REPORTING INSTRUCTIONS

- **A fatality must be reported within 8 hours.**
- **An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours—at any time during the life of the claim.**

Employers must **immediately** * report to CalOSHA any work-related death or serious injury or illness. Report to the CalOSHA office closest to the location where the incident occurred.

Employers are encouraged to do so by telephone, 24 hours a day, 7 days a week. Below is a link to obtain your local CalOSHA office contact information. *CalOSHA recommends, when in doubt, report.*

<https://www.dir.ca.gov/dosh/report-accident-or-injury.html>

CalOSHA
6150 Van Nuys Blvd., Suite 405
Van Nuys, CA 91401
(818)901-5403

The reporting of a fatality will trigger a CalOSHA investigation.

The fine for untimely reporting is \$5,000.00 and they will not mitigate the fine.

EFFECTIVE JANUARY 1, 2020

“Serious injury or illness” means any injury or illness occurring in a place of employment or in connection with any employment that requires ***inpatient hospitalization***, for other than medical observation or diagnostic testing, or in which an employee suffers ***an amputation, the loss of an eye, or any serious degree of permanent disfigurement***, but does not include any injury or illness or death caused by an accident on a public street or ***highway, unless the accident occurred in a construction zone***.

“Serious exposure” means any exposure of an employee to a hazardous substance when the exposure occurs as a result of an incident, accident, emergency, or exposure over time and is in a degree or amount sufficient to create a ***realistic possibility*** that death or serious physical harm in the future could result from the ***actual hazard created by the*** exposure.

Thus, beginning in 2020, California employers will need to comply with several changes in the reporting requirements, including:

Reporting obligations will be triggered for **all inpatient hospitalizations** (regardless of the length of that hospitalization) for reasons other than medical observation or diagnostic testing, **regardless of when the inpatient hospitalization occurs during the workers' compensation claim.**

Employers will need to report accidents involving any ***"amputation" or "the loss of an eye."***

Medical Definition of Amputation: Amputation: **Removal of part or all of a body part that is enclosed by skin.** For example, this may be the loss of a fingertip or toe.

Employers will need to report serious injuries, illnesses, or deaths in the workplace or in connection with any employment ***arising from crimes by their coworkers or even third parties.*** This sets the stage for the impending general industry workplace violence regulations.

Serious injuries or fatalities caused by accidents on a public street or highway if "the accident occurred in a construction zone" will also trigger Cal/OSHA reporting requirements. Cal. Labor Code Section 6302(h).

REPORTING INFORMATION

For your call, please gather as much information as possible.

As required by Title 8 Section 342, you must include the following information in your phone call, if available:

Information Report Form

The agent at the District OSHA Office will need the following information:

Time of the Accident or Incident	
Date of the Accident or Incident	
Employer's Name	
Employer's Address	
Employer's Telephone Number	
Name and Title of Person Reporting	
Address of the Site where the accident or incident took place.	
Name of Contact Person at the Site	
Name(s) of the Injured person	

Address of injured person (s)		
Date of Birth		
Nature of Injuries		
Where taken for Medical Treatment		
Identity of other Law Enforcement Person Present at Site		
Other Law Enforcement Person Present at Site.		
Description of accident event and whether the scene or objects have been moved or altered.		
	Report Number (from OSHA)	

**CHECKLIST
SERIOUS INJURY/ILLNESS OR EMPLOYEE DEATH**

- Contact CalOSHA, **immediately**, and provide as much information as possible.
- Document your call date, time, name of person with whom you spoke and CalOSHA report number.
- Within one (1) working day from your knowledge of serious injury/illness or death, provide a DWC-1 Claim Form to the injured employee or their designated emergency contact either in person or via Certified Mail.
- Contact your third-party administrator and your JPA administrator, Alliant Insurance Services.

Adminsure	Sherry Lancaster	slancaster@adminsire.com
Sedgwick	Shaun Perryman	Shaun.perryman@sedgwick.com
Alliant Insurance Services	Angela Hatley	Angela.hatley@alliant.com

ANY employee death, mysterious, occupational, non-occupational shall be reported via DIA Form 510 **UNLESS** there is actual knowledge the deceased employee left a surviving minor child. (See attached DIA Form 510).

DIA FORM 510

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

FORWARD TO

P.O. BOX 422400
SAN FRANCISCO CA 94142

NOTICE OF EMPLOYEE DEATH

EACH EMPLOYER SHALL NOTIFY THE ADMINISTRATIVE DIRECTOR OF THE DEATH OF EVERY EMPLOYEE REGARDLESS OF THE CAUSE OF DEATH EXCEPT WHERE THE EMPLOYER HAS ACTUAL KNOWLEDGE OR NOTICE THAT THE DECEASED EMPLOYEE LEFT A SURVIVING MINOR CHILD (TITLE 8, CHAPTER 4.5, SECTION 9900).

DECEASED EMPLOYEE:

NAME: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

LAST KNOWN ADDRESS: _____

NAME, RELATIONSHIP AND LAST KNOWN ADDRESS OF NEXT OF KIN: _____

JOB TITLE AND NATURE OF DUTIES: _____

DATE, TIME AND PLACE OF ACCIDENT: _____

DATE, TIME AND PLACE OF DEATH: _____

CIRCUMSTANCES OF DEATH (DESCRIBE FULLY THE EVENTS WHICH RESULTED IN DEATH. TELL WHAT HAPPENED. USE ADDITIONAL SHEET IF NECESSARY):

CAUSE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE OR CORONER'S REPORT):

HAVE ANY WORKERS' COMPENSATION DEATH BENEFITS BEEN PROVIDED IN CONNECTION WITH THIS DEATH? ___ YES ___ NO

IF YES, TO WHOM: _____

ATTACH A COPY OF THE FORM 5020, "EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS," IF ONE WAS FILED.

PLEASE NOTE:

IF THE DEATH IS WORK-RELATED, THE EMPLOYER ALSO IS REQUIRED TO REPORT THE DEATH TO HIS OR HER WORKERS' COMPENSATION INSURANCE CARRIER AND TO THE NEAREST OFFICE OF THE DIVISION OF INDUSTRIAL SAFETY IMMEDIATELY BY TELEPHONE OR TELEGRAPH. AN EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS SHOULD ALSO BE FILED WITH THE WORKERS' COMPENSATION INSURANCE CARRIER.

() INSURED () SELF-INSURED () LEGALLY UNINSURED

EMPLOYER: _____ INSURANCE CARRIER
OR ADJUSTING AGENT: _____

STREET: _____ STREET: _____

CITY/STATE: _____ ZIP: _____ CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ TELEPHONE: _____
(INCLUDE AREA CODE) (INCLUDE AREA CODE)

BY: _____

TITLE: _____

DATE: _____

DIA 510 (REV. 9/84)