



## **West San Gabriel Workers' Compensation Joint Powers Authority**

### **DEATH OR SERIOUS INJURY/ILLNESS REPORTING INSTRUCTIONS KIT**

*\* These materials are to be used to report the incident to CalOSHA*

Version: March 2025

## **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>

**Los Angeles District Office – (San Gabriel USD/San Marino USD)**  
**320 West 4<sup>th</sup> Street #820, Los Angeles, CA 90013**  
**Ph# 213-576-7451**

**Monrovia District Office – (Arcadia USD/Duarte USD/Garvey SD/Temple City USD/Valle Lindo SD/West Covina USD)**  
**800 Royal Oaks Drive, Suite# 105 – Monrovia, CA 91016**  
**Ph# 626-239-0369**

**Van Nuys District Office – (Burbank USD)**  
**6150 Van Nuys Bl. #405 – Van Nuys, CA 91401**  
**Ph# 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).**

## 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.

### Emergency Contact List

<b>Sedgwick</b> 8855 Haven Avenue Rancho Cucamonga, CA 91730 (909) 942-4900 Stephanie Millhollon (909) 942-4893	<b>District Contacts</b>	
<b>Sedgwick/Risk Control</b> Sacramento, CA Lisa Harvey (916) 752-4865 Sr. Manager, Risk Control Pooling <a href="mailto:lisa.harvey@sedgwick.com">lisa.harvey@sedgwick.com</a>	<b>Arcadia</b>  Dierk Essein <a href="mailto:dessein@ausd.net">dessein@ausd.net</a>  Jaime Morales <a href="mailto:jmorales@ausd.net">jmorales@ausd.net</a>	<b>Burbank</b>  Andrew Cantwell <a href="mailto:AndrewCantwell@burbankusd.org">AndrewCantwell@burbankusd.org</a>  Lori Larson <a href="mailto:LoriLarson@burbankusd.org">LoriLarson@burbankusd.org</a>
<b>JPA Risk Manager</b> Veronica Ibarra (949) 468-9073 <a href="mailto:Veronica.Ibarra@Alliant.com">Veronica.Ibarra@Alliant.com</a>	<b>Duarte</b>  Tiffany Bell <a href="mailto:TBell@duarteusd.org">TBell@duarteusd.org</a>  Grace Reyes <a href="mailto:GReyes@duarteusd.org">GReyes@duarteusd.org</a>	<b>Garvey School District</b>  Anna Molinar <a href="mailto:AMolinar@gesd.us">AMolinar@gesd.us</a>
<b>Alliant Insurance Services</b> Matt Gowan (916) 798-7827 Lilian Vanvieldt (310) 383-4453 Maria Gregoris (310) 270-8992	<b>San Gabriel</b>  Ross Perry <a href="mailto:Perry_R@sgusd.k12.ca.us">Perry_R@sgusd.k12.ca.us</a>	<b>San Marino</b>  Jason Rose <a href="mailto:JRose@smusd.us">JRose@smusd.us</a>
<b>West San Gabriel WC JPA</b> (626) 548-5005	<b>Temple City</b>  Connie Wu <a href="mailto:CWu@tcusd.net">CWu@tcusd.net</a>	<b>West Covina</b>  Ray Wilds <a href="mailto:rwilds@wcusd.org">rwilds@wcusd.org</a>
<b>West San Gabriel WC JPA</b> c/o Arcadia USD 150 S. Third Avenue – Arcadia, CA 91006 (626) 548-5005	<b>Valle Lindo</b>  Estela Valdovinos <a href="mailto:EValdovinos@sd.vallelindo.k12.ca.us">EValdovinos@sd.vallelindo.k12.ca.us</a>	

## **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)	

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: \_\_\_\_\_