

# Instructions for Employer's First Report (EFR)

---

## Injury Reporting



## What is Employer's First Report?

---

**Employer's First Report (EFR)** is an online incident management application that allows UC supervisors, administrators and department representatives to submit, monitor and resolve initial injury causes, as well as verify corrective actions taken to reduce the likelihood of recurrence

# Workflow

---

**Employees or supervisors submit injury claims on employee's behalf**

Claim submission automatically generates email notification to supervisors and UC administrators



**Supervisors acknowledge claims, perform employer investigations, and verify corrective actions have been taken**

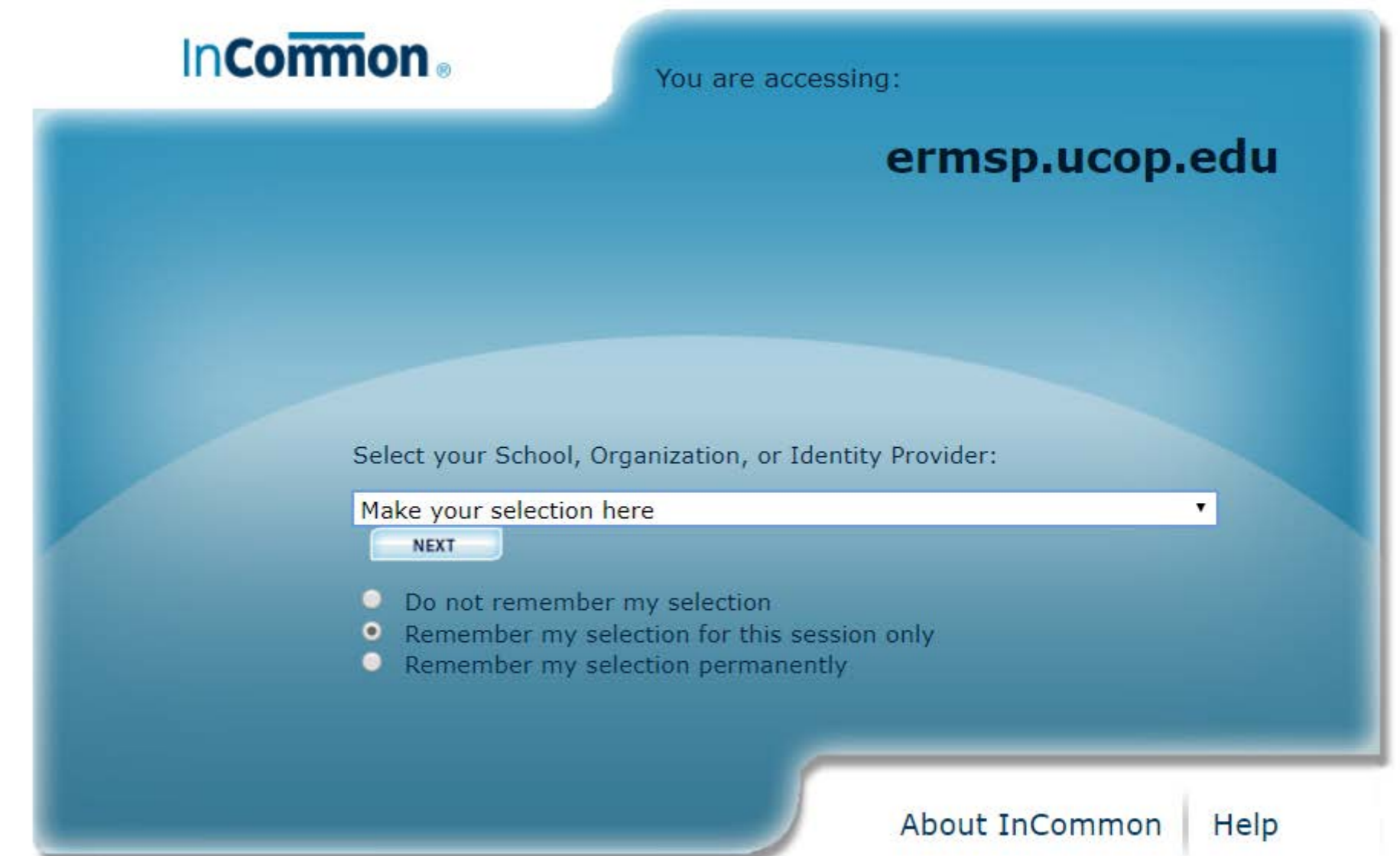
Email reminders generated for overdue claim investigations and preventative actions



**UC administrators review and complete electronic claim submissions to iVOS**

# Getting Started – Injury Reporting

- Go to: <https://ehs.ucop.edu/efr/home>
- Select your organization or institution from the drop down pick list
- Log into the system using your location sign-on credentials



InCommon®

You are accessing:  
**ermisp.ucop.edu**

Select your School, Organization, or Identity Provider:

Make your selection here ▾

NEXT

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

[About InCommon](#) | [Help](#)


# Getting Started – Injury Reporting


Under the **PERSONAL** section

- Select **Create Claim**

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

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

## 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.

- Choose the most accurate claimant profile
- Continue to **Incident Report**

# Getting Started – Injury Reporting

The **New Incident Report** page is a summary of information related to the employee injury/illness

- Search and select name of the injured employee
  - Supervisor on record will auto populate once name is selected
  - If you are neither the supervisor or employee reporting the injury, enter the appropriate supervisor information, including phone number
- Enter as much information as possible relating to the injury/illness
  - All fields marked with an (\*) are required and must be entered to save section
- Click **Continue to Part 2** to complete the next page of the incident report form

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

### New Incident Report - Employee Information

Part 1 of 2

\*Employee: SMITH, JOHN-ALLEN - Unknown

Job Title: Job title

Email Address: jxsmith@ucdavis.edu

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

\*Employee location:  Campus  Health System

Employment Type: Choose one of the following...

Date Of Birth: mm/dd/yyyy

\*Gender:  Female  Male  X

Marital Status: Unknown

Employee Work Hours: hours/day hours/day days/week days/week

Supervisor: THOMAS BARTON

Supervisor's Email Address: tsbarton@ucdavis.edu

\*Supervisor's Phone: 530-752-5791

[Continue to Part 2 →](#) [Cancel](#)

# Getting Started – Injury Reporting

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

## New Incident Report - Employee Information

Part 2 of 2

\* Employer Knowledge Date:

mm/dd/yyyy



Date when employer first became aware of the incident

\*Date of injury or onset of illness:

mm/dd/yyyy



Time of injury or illness:

-- -- --

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:

- Continue to enter as much information as possible relating to the injury/illness
  - All fields marked with an (\*) are required and must be entered to save section
- Search and select name of the building or location near the incident occurred
  - Please be specific as possible when entering location details in the text box (example: “*On northwest side of the Quad, off Life Science Way*”)



# Getting Started – Injury Reporting

- Add any additional information or details in the text box(s) provided
- After all available report information has been entered, click on **Save**
- You have now completed your **employee incident report (claim)**

For any questions regarding your claim, please contact your campus Disability Management/Workers' Compensation office for further assistance

\*Were others injured?  Yes  No

\*BioHazard Material Exposure?  Yes  No  
(i.e. Needle Stick, Animal Bite, Infectious Exposure)

\*Chemical Exposure?  Yes  No

\*Injury/Illness and Body Parts:

If this injury was caused by a trip or fall, was the employee wearing shoes provided by the Slip-Resistant Footwear Program?  Yes  No

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:

Outpatient Treatment by Clinic, Doctors' Office, or Hospital  
 Emergency Room  
 Overnight Inpatient Hospitalization  
 First Aid, no medical care

[← Return to previous](#) [Save](#)



**Thank You**

---