Instructions for Employer’s First Report (EFR)

Injury Reporting
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.
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
Getting Started – Injury Reporting

Under the **PERSONAL** section

- Select **Create Claim**

- 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
Getting Started – Injury Reporting

• 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
Thank You