LWC-WC IA-1 – Employer's First Report of Injury or Illness (Worker's Compensation) Form Instructions

CURRENT VERSION OF FORM: Not dated

Available on Louisiana Workforce Commission Website:

http://www.laworks.net/Downloads/Downloads_OWC.asp#Forms

Purpose:

- Used to report an employee's injury so he/she may receive medical and/or worker's compensation benefits
- Must be completed for every employee incident/accident, even if the employee does not require or seek medical treatment
- Must be completed along with a DA2000 or DA2041 (vehicle accidents)
- ORM/FARA makes all final decisions as to whether a claim will be paid
- All medical bills received after the claim is filed should be submitted to Human Resources, with one copy of the original claim
- Employee must have written authorization from treating physician to return to work following an injury

Preparation:

- Completed after acquiring necessary on-site medical aid for injured person and prior to employee leaving for medical treatment off-site
- Page 1 is completed by supervisor, Safety Coordinator or other designated employee, using the information from the DA2000
- **Pages 2 and 3 contain additional instructions for completion. Do not fill in shaded fields**
- **Be brief** – the form does not allow for detailed information. Details must be listed on the accompanying DA2000
- **REFER TO SAMPLE COMPLETED FORM FOR FIELDS THAT ARE REQUIRED**
- **SEE BELOW FOR ADDITIONAL EXPLANATION**:
- Employer name & address – enter address of State Office (DCFS, 627 N. 4th Street; Baton Rouge, LA 70802)
- Employer's location address – enter the address of your office
- Location # - enter either Region, DDS, or State Office
- Phone # - enter the contact number of your office
- Employee wage information – enter employee information. For address and phone, enter the employee's home address and best contact phone number for the FARA adjuster to contact the injured employee.

- Employment status – enter one of the choices listed on page 2
- Rate – use the hourly wage
- Contact name/phone number – enter the direct supervisor's name and best contact phone number
- Type of injury/body part affected – enter brief description
- Department or location where injury occurred – enter address and location where injury occurred (i.e. Caddo Parish CW; 123 Main Street; Shreveport; Caddo Parish Courthouse; 987 North Street; Shreveport; corner of 4th and Main Street; Shreveport)
- All equipment, materials or chemicals used – If none were being used, enter N/A
- Work process the employee was engaged in – Enter N/A if not engaged in a work activity (i.e., walking in hallway, crossing street, etc.)
- How injury or illness occurred – Include the sequence of events (i.e. walking to the copier, slipped on wet floor, fell and twisted ankle. Signs were not posted)

Disposition:

- Copy to employee
- Copies are scanned to:
    - Safety Coordinator within 24 hours of accident/incident or no later than the next business day
    - Safety Coordinator scans copy to DCFS Safety Officer, Support Services Unit Manager, and Human Resources Section within 24 hours of accident/incident or the next business day
    - Regional Administrator
    - For State Office, Undersecretary or Deputy Secretary for Programs/Operations
- Human Resources will submit the claim information to ORM/FARA and reply via email with the claim number to the injured employee
- Original retained in reporting office file
- All forms will be reviewed for accuracy by the DCFS Safety Officer. All incomplete forms will be returned to the supervisor for corrections and must be resubmitted

Retention:

- According to DCFS Policy 6-02 Retention of Departmental Records