

DEFINITION OF WORK RELATED INJURIES AND ILLNESSES 1920 (March 2011)

REPORTABLE INJURIES OR ILLNESSES 1920.1 (No. 60 December 2006)

A [CAL FIRE-3067](#) is to be completed for all employee injuries and/or illnesses (except inmates, see Section [1920.2.1](#)) or when the DWC 1/SCIF 3301 is requested by or provided to an employee. The form may be typed or handwritten in **INK ONLY**. **UNDER NO CIRCUMSTANCES IS THE INJURED EMPLOYEE TO COMPLETE OR SIGN THE CAL FIRE-3067.** The injured employee's immediate supervisor or the person responsible for the general health and welfare of the worker at the time of injury or illness is to complete the CAL FIRE-3067. The back of the form includes the "Accident and Injury Prevention Analysis" previously reported on the CAL FIRE-199. The "Supervisor's Report of Accident/Perceived Exposure" (CAL FIRE-198) and the Accident and Injury Prevention Analysis" (CAL FIRE-199) and Perceived Exposure Reporting Form (CAL FIRE-70) have been eliminated.

There are many types of injuries and/or illnesses that may be work-related. Depending upon the circumstances, some will be (a) reportable, or (b) non-reportable.

REPORTABLE: Any work-related injury and/or illness is reportable to the State Compensation Insurance Fund (SCIF) when: (a) there was a work-related death of an employee, (b) an employee has lost time from work beyond the employee's work shift at the time of injury, or (c) it results in medical treatment beyond first aid. First aid is described as any one-time treatment, follow-up visit for the purpose of observation of any minor scratches, cuts, splinters, preventive treatment for confirmed communicable disease exposure, or other minor work-related injury, which does not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel.

The Supervisor completes blocks #1 through #70 on the CAL FIRE-3067 and within five calendar days from the date of knowledge submits it to the employee's home Administrative Unit Return-To-Work Coordinator, who will immediately fax it to State Compensation Insurance Fund. The Supervisor will fax the CAL FIRE-3067 directly to State Compensation Insurance Fund when the injury or illness requires immediate medical attention.

For Sacramento Headquarters employees, after completion, the supervisor will immediately forward the completed form to the Sacramento Headquarters RTW Coordinator. The RTW Coordinator will fax the CAL FIRE-3067 to State Compensation

Insurance Fund. (See [Funeral Guide](#) in Personnel Procedures Handbook 1000, Appendix to Section 1030.) (Samples are available on the CAL FIRE intranet, Safety & Health Webpage, [Forms](#) section, Workers' Compensation, or under the Library webpage, Guide Cards and [Sample Forms](#), CAL FIRE/SCIF.)

NON-REPORTABLE INJURIES OR ILLNESSES

1920.1

(No. 60 December 2006)

NON-REPORTABLE: Any injury and/or illness which does **NOT** result in lost time from work, and/or does **NOT** require medical services/treatment beyond first aid, are non-reportable to State Compensation Insurance Fund (SCIF). An example of a non-reportable situation is: an employee who is treated at a work site or incident (including base camp) where return to work was immediate and there was no referral to a "professional" medical provider for further treatment, e.g., MINOR sprains, cuts, poison oak exposures, or food poisoning

Supervisors shall document non-reportable injuries and/or illnesses. The supervisor shall complete **ONLY** blocks #51A and 52 through #70 on the backside of the CAL FIRE-3067/Accident and Injury Prevention Analysis and submit it to the employee's home Administrative Unit Return-To-Work Coordinator within five calendar days from the incident. The DWC 1/SCIF 3301 is **NOT** required. (Samples are available on the CAL FIRE Intranet, under the Safety & Health Webpage, Forms, Sample Forms, or under the Library Webpage, Sample Forms and Guide Cards, CAL FIRE/SCIF.)

FOR INMATES OR WARDS

1920.2

(No. 50 March 2004)

Determination of CAL FIRE's liability is based on the activity being performed by the inmate or ward at the time the injury was sustained. See CAL FIRE-CDC Camp Operations Procedures Handbook 6400, [Liability Matrix](#), CAL FIRE-CDC Camp Operations exhibit titled "Workers' Compensation Liability Matrix" Section 6454; CAL FIRE-CYA Camp Operations Procedures Handbook 6200, Section 6251-6256; CAL FIRE Incident Fiscal Management Procedures Handbook 3800, Sections 3850-3856. (Samples are available on the CAL FIRE intranet, under the Safety & Health Webpage, Forms, Sample Forms, or under the Library Webpage, Sample Forms and Guide Cards, CAL FIRE/SCIF.)

Situations that are in dispute will be referred to the Staff Chief for Camp Operations in Sacramento.

Ward's injury or illness is reported on the CAL FIRE 3067. The inmate's injury or illness is reported on the CAL FIRE-3579 printed on **BLUE PAPER** (See Section 1920.2.1 below).

**DEPARTMENT OF FORESTRY REPORT
OF INMATE OCCUPATIONAL INJURY OR ILLNESS
(CAL FIRE-3579) FOR CAL FIRE
RESPONSIBILITY OCCUPATIONAL
INJURIES/ILLNESSES**

1920.2.1

(No. 60 December 2006)

For inmates only, work-related injuries and illnesses that are the responsibility of CAL FIRE are reported on the [CAL FIRE-3579](#) form, "Department of Forestry Report of Inmate Occupational Injury or Illness" and **PRINTED ON BLUE PAPER**. Determination of CDC's liability is based on the activity being performed by the inmate or ward at the time the injury was sustained. See CAL FIRE-CDC Camp Operations Procedures Handbook 6400, [Liability Matrix](#).

A CAL FIRE-3579 is to be completed for all reportable inmate injuries and/or illnesses or when the DWC 1/SCIF 3301 is requested by an inmate. The form may be typed or handwritten in **INK ONLY**. **UNDER NO CIRCUMSTANCES IS THE INJURED INMATE TO COMPLETE OR SIGN THE CAL FIRE-3579**. The injured inmate's immediate supervisor or the person responsible for the general health and welfare of the worker at the time of injury or illness is to complete the CAL FIRE-3579. The back of the form has been changed to include the "Accident and Injury Prevention Analysis" previously reported on the CAL FIRE-199. The "Supervisor's Report of Accident/Perceived Exposure" (CAL FIRE-198) and the "Accident and Injury Prevention Analysis" (CAL FIRE-199) and Perceived Exposure Reporting Form (CAL FIRE-70) have been eliminated.

There are many types of injuries and/or illnesses that may be work-related. Depending upon the circumstances, some will be (a) reportable, (b) non-reportable, or (c) record only.

REPORTABLE: Any work-related injury and/or illness is reportable to the State Compensation Insurance Fund (SCIF) when: (a) there was a work-related death of an inmate, (b) an inmate has lost time from work beyond the inmate's work shift at the time of injury or, (c) it results in medical treatment beyond first aid. First aid is described as any one-time treatment, follow-up visit for the purpose of observation of any minor scratches, cuts, splinters, preventive treatment for confirmed communicable disease

exposure, or other minor work-related injury, which does not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel.

The Supervisor completes blocks #1 through #70 on the CAL FIRE-3579 and within five calendar days from the date of knowledge submits it to the employee's home Administrative Unit Return-To-Work Coordinator, who will immediately fax it to State Compensation Insurance Fund. The Supervisor will fax the CAL FIRE-3579 directly to State Compensation Insurance Fund when the injury or illness requires immediate medical attention. (See [Funeral Guide](#) in Personnel Procedures Handbook 1000, Appendix to Section 1030, CAL FIRE/CDC Camp Operations Procedure Handbook 6400, Sections [6453-6457](#), CAL FIRE Incident Fiscal Management Procedure Handbook 3800, Sections [3850-3856](#), Samples are available on the CAL FIRE intranet, Safety & Health Webpage, [Forms](#) section, Workers' Compensation, or under the Library webpage, Guide Cards and [Sample Forms](#), CAL FIRE/SCIF.)

NON-REPORTABLE: Any injury and/or illness which does **NOT** result in lost time from work, and/or does **NOT** require medical services/treatment beyond first aid, is "perceived" or possible exposure to hazardous material, or perceived or possible exposure to infectious disease are non-reportable to SCIF. An example of non-reportable situation may include: an employee who is treated at a work site or incident (including base camp) where the return to work was immediate and there was no referral to a "professional" medical provider for further treatment, e.g., MINOR sprains, cuts, poison oak exposures, or food poisoning

Supervisors shall document non-reportable injuries and/or illnesses. The supervisor shall complete **ONLY** blocks #51A and 52 through #70 on the backside of the CAL FIRE-3067 or CAL FIRE-3579/Accident and Injury Prevention Analysis and submit it to the employee's home Administrative Unit Return-To-Work Coordinator within five calendar days from the date of incident. The DWC 1/SCIF 3301 is **NOT** required. (Samples are available on the CAL FIRE intranet, under the Safety & Health Webpage, Forms, Sample Forms, or under the Library Webpage, Sample Forms and Guide Cards, CAL FIRE/SCIF.)

**DEPARTMENT OF CORRECTIONS REPORT OF INMATE
OCCUPATIONAL INJURY OR ILLNESS (CAL FIRE-3579)
FOR CAL FIRE RESPONSIBILITY OCCUPATIONAL
INJURIES/ILLNESSES**

1920.2.1

(No. 50 March 2004)

For inmates only, work-related injuries and illnesses that are the responsibility of CDC are reported on the [CAL FIRE-3580](#) form, "Department of Corrections Report of Inmate Occupational Injury or Illness" and **PRINTED ON BLUE PAPER**. Liability for the injury or illness is determined by. Determination of CAL FIRE's liability is based on the activity being performed by the inmate or ward at the time the injury was sustained. See CAL FIRE-CDC Camp Operations Procedures Handbook 6400, [Liability Matrix](#), CDSC Departmental Operations Manual (DOM) starting with Section 31020.

For CDC responsibility injuries and illnesses, a CAL FIRE-3580 is to be completed for all inmate injuries and/or illnesses or when the DWC 1/SCIF 3301 is requested by an inmate. The form may be typed or handwritten in **INK ONLY**. **UNDER NO CIRCUMSTANCES IS THE INJURED INMATE TO COMPLETE OR SIGN THE CAL FIRE-3579**. The injured inmate's immediate supervisor or the person responsible for the general health and welfare of the worker at the time of injury or illness is to complete the CAL FIRE-3580 and processing. (See Camp Operations Handbook Section 6454 through 6457.)

HEAT STRESS (CAL FIRE-3067A)

1920.3

(No. 50 March 2004)

In addition to the CAL FIRE-3067, Employer's Report of Occupational Injury or Illness or the CAL FIRE-3579, Department of Forestry Report of Inmate Occupational Injury or Illness, the [CAL FIRE-3067A Heat Stress](#) form shall be completed **when heat stress is a primary or contributing factor to any injury or illness** (reportable, non-reportable or record only). The form shall be completed and mailed in an envelope marked "confidential" to the Departmental Safety Officer at OSHPros in Sacramento within five (5) calendar days of the incident. For additional information, see Safety Procedures Handbook 1800, Section [1855](#), "Preventing Heat Stress."

The employee is to complete the form to the best of his or her ability. In the event the employee is unable to complete the form, the employee's immediate supervisor at the time of the heat-related incident is to complete the form. If the employee's immediate supervisor is unable to complete the form, then the person responsible for the general health and welfare of the employee is to complete form. The information provided is considered confidential and the completed form must be treated accordingly.

CONFIDENTIALITY AND ACCESS TO OSHA LOG OF INJURIES AND ILLNESSES

1920.5

(No. 50 March 2004)

The Occupational Safety and Health Administration (OSHA) mandates that a “Log of Occupational Injuries and Illnesses” (OSHA 300) of work related injuries and illnesses shall be maintained and that the log will include a supplemental report. A copy of the CAL FIRE 3067 or CAL FIRE-3579 is used as the supplemental report and accompanies the log. This log and the attached CAL FIRE 3067s and 3579s should be confidential. However, the information is accessible to view under certain circumstances.

Confidential information may be disclosed only to the employee, former employee, or their personal representative [California Code Regulations, (CCR), Title 8 14300.35], to others for the purpose of processing a workers’ compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR, Title 8 14300). CCR 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

When records are requested by an employee or their representative, the log and the requesting employee’s personal CAL FIRE 3067 must be available by the end of the next business day. CAL FIRE 3067s or CAL FIRE-3579s pertaining to other employees listed on the LOG must be partially available within 7 days. **Before providing copies of those records to the requesting employee or his or her representative, the information on other employees must be edited to EXCLUDE information in boxes 27 through 34 and box 36 entered on the CAL FIRE 3067 and boxes 30 through 34 and box 36 on the CAL FIRE-3579.** These boxes are shaded on the CAL FIRE-3067 and CAL FIRE-3579 form to ensure the right information is excluded.

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