



5130 Riverside Drive, Chino, CA 91710

RISK MANAGEMENT

WORKERS' COMPENSATION INJURY PACKET CHECKLIST

Name: _____

Classification: _____

Date of Injury: _____

School Site: _____

FORMS

DWC 1 (return FORM Only to Risk Management)
(The first 3 pages of this form provide to employee)

☐

(note: site secretary completes fields 12-14 & 17-19 on the bottom portion of this form)

IPC (Incident Packet Forms) (return to Risk Management)

☐

Employee Statement:

Clinic Questionnaire:

Supervisor Report:

Witness Statement:

TRISTAR Premier/MPN Pamphlet (provide to employee)

☐

TRISTAR Premier/MPN Signature Form (return to Risk Management) (note: site secretary shall sign as witness on this form)

☐☐

Injured Worker Information Signature Sheet

☐

Advise employee to return completed forms within 48 hours of the date of injury.

Provide a copy of the completed forms to the employee.

Sign this page and submit with completed workers' compensation forms to Risk Management within 24 hours of receipt from the employee.

SEND FORMS VIA EMAIL ONLY to laurie_griego@chino.k12.ca.us
DO NOT SEND HARD COPIES IN THE DISTRICT MAIL

Required Forms Sent (via email) to Risk Management on (date): _____

Site Secretary Signature: _____