



WORKPLACE INJURY PROTOCOL - CALIFORNIA

IN THE EVENT OF A WORKPLACE INJURY:

IN A LIFE OR LIMB INJURY, IMMEDIATELY CALL 911

The Supervisor contacts:

Zoe Robinette: 415-806-9348 call or text immediately

Alternate Number - Caleb Rogers: 209-247-6583

Management should be alongside the injured employee, to guide the employee to appropriate care.

Temco representative will Complete Supervisor forms at the clinic, and wait for the EE to be discharged with directives from provider.

IN THE EVENT THE EMPLOYEE REFUSES MEDICAL TREATMENT, COMPLETE REFUSED MEDICAL TREATMENT ONLINE FORM ON TEMCO PORTAL:

Form 1 - Employee's Report of Injury
Form 4 - Supervisor's Report
Form D - Refusal of Medical Treatment

Unless serious injury, EE and Supervisor must complete IMMEDIATELY:
Found in the portal in PDF form

Form A - 5020
Form B - DWC
Form C - Auth. for Treatment - To be sent with EE to Medical

Complete Injury Report Packet - "Jotform" - on TEMCO Portal:

- * Employee Information *
- Form 1- Employee's Report of Injury
- Form 2 - Consent to Release Medical Information
- Form 3 - WC Supplemental Forms
- Form 4 - Supervisor's Report of Injury and Root-Cause Analysis

IMPORTANT: COMPLETE PACKET SAME DAY OR WITHIN 8 HOURS OF INCIDENT

Send Forms A and B IMMEDIATELY to:

- zrobinette@industrialathletes.pro
- crogers@industrialathletes.pro
- mercedes.fonseca@temcologistics.com

Failure to complete 5020 – DWC forms holds up claim and may delay treatment

Failure to complete and return entire packet of information will delay claims handling. Packets are required within 8 hours to reduce claim lag time, a key performance indicator [KPI]

Injured Employee should not leave the work site without speaking to a supervisor.

**FAILURE TO REPORT ANY INJURY COULD RESULT
IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION**