

**Los Angeles Unified School District**  
**FOOD SERVICES DIVISION**  
**WORK RELATED INJURY CHECKLIST**  
(Please mark all that apply)

**WORK RELATED INJURY PROCEDURES**

Procedures for Food Service Managers to carry out when addressing employees work related injuries:

1. Provide employee with DWC-1 form within 24 hours
2. Report claim to Sedgwick if an employee elects to seek medical treatment  
**DO NOT** report injury to Sedgwick if an employee does not seek medical treatment
3. Provide the Claim Withdrawal form if an employee does not wish to seek medical treatment and forward a copy of the documentation to the appropriate Staff Aide for the assigned area.
4. Input **all** (reported/unreported) injuries into ISTAR within 24 hours of notification. Please notate the claim number or whether the employee elected not to receive medical treatment
5. Conduct follow up training with employee within 30 days from the date of injury
6. Complete this form (after training employee) within 30 days from the date of injury and forward to your AFSS.

**WORK RESTRICTIONS PROCEDURES**

Procedures for Food Service Managers to carry out when addressing employee work restrictions

1. Review all work restrictions (from a certified medical physician) and determine whether employee can perform essential job duties at current work location  
**Please Note: 10 POUND WORK RESTRICIONS MUST BE ACCOMMODATED AT ALL NON-SATELLITE SITES**
2. If able to accommodate please complete the Transitional Assignment Plan
3. If unable to accommodate, forward the employee's work restrictions to your AFSS to get approval **before** informing the employee that you cannot accommodate.
4. Contact your AFSS immediately, if an employee provides you with verbal work restrictions in which you cannot accommodate.

Check all that apply:

- ☐ Did you report the injury in ISTAR? ISTAR Report # \_\_\_\_\_
- ☐ Did employee report claim to you within 24 hours of occurrence?
- ☐ Did you complete the Employer's portion on the DWC-1 form?
- ☐ Did you provide the DWC-1 form to employee within 24 hours of injury?
- ☐ If no, did you mail the DWC-1 form to the employee within 24 hours?
- ☐ Did you give the Medical Authorization Form to the employee?
- ☐ Did you give the Claim Withdrawal Form to the employee if s/he refused treatment?
- ☐ Did you interview employee and all witnesses to see how the injury occurred?
- ☐ Did you obtain signed witness statements?
- ☐ Did you report claim to Sedgwick within 24 hours of notification? Claim # \_\_\_\_\_
- ☐ Conduct follow-up training with the injured employee  
Training Date: \_\_\_\_\_ Type of Training: \_\_\_\_\_

\_\_\_\_\_  
Injured Employee's Name & Employee #

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
AFSS's Signature

\_\_\_\_\_  
Date