DO I NEED TO REPORT THIS EVENT TO HUMAN RESOURCES?
Verify all 5 questions before reporting. Event may require more than one type of report.

1. Does anyone need Emergency Medical Care
   - Yes
     - Call 9-1-1
   - No
     - Go to next question

2. Is someone sick
   - Yes
     - Work Related?
       - Yes
         - Injury/Illness Reporting and Go to next question
       - No
         - Incident Reporting and Go to next question
   - No
     - Go to next question

3. Is someone injured
   - Yes
     - Work Related?
       - Yes
         - Injury/Illness Reporting and Go to next question
       - No
         - Incident Reporting and Go to next question
   - No
     - Go to next question

4. Was there a 'near miss' or a potential hazard
   - Yes
     - "Near Miss" Reporting and Go to next question
   - No
     - Go to next question

5. Was a County vehicle involved
   - Yes
     - Was the vehicle being operated at time of incident?
       - Yes
         - Auto Accident Reporting
       - No
         - Were there witnesses to the event?
           - Yes
             - Auto Accident Reporting
           - No
             - Incident Reporting
   - No
     - No report for this question

Verify any and all reports necessary in top 5 questions before submittal, any redundant form requirements can be reduced to one.
Submittals should go to SJCRiskMgmt@sjgov.org AND PWCentralSvcsReq@sjgov.org
INJURY / ILLNESS REPORTING
* **Either** IF they REQUEST medical help other than First Aid
  * Form E-5020 (Employer Report of Injury or Illness)
  * Supervisor Report of Accident
  * Employee Request for Medical Treatment - original to employee to see occupational health, copy for submittal
  * **AND** if it seems the employee might need more than 3 days off, they should also receive:
    * DWC-1
    * Form 29
    * Blank Leave of Absence
    * Name and Phone number of PW Personnel, they are trained in helping employees with these forms.
* **OR** IF they DENY medical treatment other than First Aid
  * Supervisor Report of Accident
  * Employee Request for Medical Treatment - signed at bottom by employee.
  (if they later state they **DO** want medical for this same event, use the original form denying help and finish completing it to send employee to Occupational Health, and add Form E-5020 for updated submittal)

NEAR MISS REPORTING
* Accident Investigation Form

INCIDENT REPORTING
* Incident Report
* Supervisor Report of Accident

AUTO ACCIDENT REPORTING
* Auto Accident form
  (If after reviewing all event submittal possibilities, this is the only form needed for submittal, it only needs to be sent to your Deputy or Administrator and Fleet Services)

ACCIDENT INVESTIGATION FORM
Other than when specifically listed above, the Accident Investigation Form is not normally necessary unless an event is out of the ordinary or not easily explained through 'Supervisor Report of Accident' forms. Additionally, if after submittal, Risk Management feels it should be completed, they will request one from the division head directly.