

ANNEX A

POTENTIAL WORKERS' COMPENSATION FRAUD INDICATORS

POTENTIAL WORKERS' COMPENSATION FRAUD INDICATORS

The vast majority of injury and illness claims are legitimate; however, some are inflated or fraudulent. Indicators of fraud should help isolate those claims meriting closer scrutiny.

No one indicator in itself is necessarily suspicious. Even the presence of several indicators, while suggestive of possible fraud, does not mean that a fraud has been committed. Indicators should be considered "red flags" only and not actual evidence that fraud exists. The following are potential workers' compensation fraud indicators:

The Claimant, Prior Claim History, and Current Work Status

- Claimant is disgruntled, soon to retire, or facing administrative action.
- Claimant took unexplained or excessive time off prior to claimed injury or illness.
- Claimant takes more time off than the claimed injury or illness seems to warrant.
- Claimant is experiencing financial difficulties.
- Claimant changes medical care provider(s) when a release for full duty has been issued.
- Claimant has a history of reporting subjective injuries or illnesses.

Circumstances of Injury or Illness

- Injury or illness is not witnessed.
- Coworkers hear rumors circulating that the injury or illness is not legitimate.
- Leads by co-workers that claimant is active in sports or other work.
- Mechanism of injury or illness is not consistent with the activity.
- Employer's first report of claim contrasts with description of injury or illness set forth in the medical history.
- Details of injury or illness are vague.
- Incident is not promptly reported by employee to the supervisor.
- Surveillance or "tip" reveals the disabled worker is currently engaging in activities he/she claimed an inability to perform.
- Claimant is never home to answer the telephone, or is "sleeping" and cannot be disturbed.
- Claimant moves out of state or country to avoid surveillance.
- Claimant receives mail at a post office box and will not divulge residence address.
- Claimant has a history of malingering.

ANNEX A

POTENTIAL WORKERS' COMPENSATION FRAUD INDICATORS

Medical Treatment

- Diagnosis is inconsistent with complaint of injury or illness.
- Medical care provider is known for handling suspect claims.
- "Dueling doctors" - one says the claimant is disabled, the other says the opposite.
- No present organic basis for disability, and all indicators are that the claimant has made a full recovery.
- Disability beyond that normally associated with claimed injury or illness.
- "Boilerplate" medical reports are identical to other reports from same medical care provider.
- Claimant protests about returning to work and never seems to improve.
- Extensive or unnecessary treatment of minor, subjective injuries or illnesses.
- Injuries or illnesses are all subjective, e.g., pain, headaches, nausea, inability to sleep.
- Claimant cancels or fails to keep appointment, or refuses a diagnostic procedure to confirm an injury or illness.
- Claimant is immediately referred for a wide variety of psychiatric tests, when the original claim involved physical trauma only. These claims are usually present with vague complaints of "stress."

The Claimant's Attorney

- Attorney is known for handling suspicious claims.
- Attorney lien or representation letter dated the day of the reported incident.
- Same medical care provider/attorney pair previously observed to handle this kind of injury or illness.
- Claimant complains to State Compensation Insurance Fund pressing for payment.
- Attorney threatens further legal action unless a quick settlement is made.
- Attorney inquires about a settlement or buyout early in the life of the claim.

Please refer any questions to the Bureau of Internal Affairs (916) 657-7241 or CALNET 437-7241.

ANNEX B
RECORD-ONLY INJURY OR ILLNESS
REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of injury or illness 	As soon as possible
	<u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 <u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if illness) 	Within 6 workdays

ANNEX B
RECORD-ONLY INJURY OR ILLNESS
REPORTING

NUMBER OF COPIES NEEDED FOR ROUTING				
		<u>Original</u>	<u>Number of Copies</u>	
		CHP 121	2	
		CHP 121A	1	
		CHP 121B	1	
		CHP 121C	1	
		CHP 442	1	
		CHP 270, Page 7 (if applicable)	2	
		CHP 600	0	
		CHP 601	0	
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division
<p>Provide within 24 hours of injury or illness notification:</p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) 	<p><u>Retain within 6 workdays of illness notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p><u>Forward within 5 days of injury or illness notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 442

ANNEX C

RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none">Supervisor of status change	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none">CHP 51 (attach any medical documentation)	Within 24 hours
Supervisor	<u>Update:</u> <ul style="list-style-type: none">CHP 442	Within 3 days
Commander or Designee	<u>Ensure:</u> <ul style="list-style-type: none">OSHA No. 200 Log documentation (if illness and not previously documented)	Within 6 workdays

ANNEX C

**RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO FIRST-AID INJURY
OR ILLNESS (NO MEDICAL EXPENSES INCURRED)**

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING			
<u>Original</u>		<u>Number of Copies</u>	
CHP 121		1	
CHP 121A		0	
CHP 121B		0	
CHP 121C		0	
CHP 442 (updated)		1	
CHP 270, Page 7 (if applicable)		0	
CHP 51		1	
<i>(Italics denote new activity due to status change)</i>			
Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division
<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) 	<p><u>Retain within 6 workdays of illness notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 442 (updated)</i>

ANNEX C

**RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO FIRST-AID INJURY
OR ILLNESS (MEDICAL EXPENSES INCURRED)**

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none">• Supervisor of status change	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none">• CHP 51 (attach any medical documentation)	Within 24 hours
Supervisor	<u>Update:</u> <ul style="list-style-type: none">• CHP 442	Within 3 days
Commander or Designee	<u>Ensure:</u> <ul style="list-style-type: none">• OSHA No. 200 Log documentation (if illness and not previously documented)	Within 6 workdays

ANNEX C

RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED)

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING				
<u>Original</u>		<u>Number of Copies</u>		
CHP 121		2		
CHP 121A		0		
CHP 121B		0		
CHP 121C		0		
CHP 442 (updated)		1		
CHP 270, Page 7 (if applicable)		0		
CHP 51		2		
<i>(Italics denote new activity due to status change)</i>				
Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF
<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Remove Original:</u></p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • <i>CHP 121</i> 	<p><u>Retain within 6 workdays of illness notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 442 (updated)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i>

ANNEX D

RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Obtain:</u> <ul style="list-style-type: none"> • Completed CHP 443 (if applicable) 	As soon as possible
	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if not previously documented) 	Within 6 workdays

ANNEX D

RECORD-ONLY INJURY OR ILLNESS STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			2			
CHP 121A			0			
CHP 121B			1			
CHP 121C			1			
CHP 51			2			
CHP 270, Page 7 (if applicable)			1			
CHP 442 (updated)			1			
CHP 443 (if applicable)			2			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Status Change Comm-Net			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide within 24 hours of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • <i>Commander's Memorandum Attachment</i> 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>Remove Original:</p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 443 (if applicable)</i> • <i>Commander's Memorandum Attachment</i> <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • <i>CHP 121</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>Commander's Memorandum</i> 	<p>Retain within 6 workdays of status change notification:</p> <p><u>One copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p>Forward within 5 days of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • SCIF 3301 • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p>Forward within 5 days of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> 	<p>Transmit within 24 hours of status change notification:</p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i>

ANNEX E

RECORD-ONLY INJURY OR ILLNESS, *STATUS CHANGE TO DISABLING INJURY OR ILLNESS*

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change <u>Provide supervisor:</u> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message <u>Update:</u>	Within 24 hours
	<ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if not previously documented) 	Within 6 workdays

ANNEX E

RECORD-ONLY INJURY OR ILLNESS, STATUS CHANGE TO DISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING							
		<u>Original</u>					<u>Number of Copies</u>
		CHP 121					2
		CHP 121A					0
		CHP 121B					1
		CHP 121C					1
		CHP 270, Page 7 (if applicable)					1
		CHP 442 (updated)					1
		Medical Care Provider's Statement					2
		CHP 51					2
		Commander's Memorandum					1
		Commander's Memorandum Attachment					1
		SCIF 3301					3
		Status Change Comm-Net Message					3
<i>(Italics denote new activity due to status change)</i>							
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit	
<p>Provide within 24 hours of status change notification:</p> <p>Original:</p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p>One Copy:</p> <ul style="list-style-type: none"> • SCIF 3301 • <i>Commander's Memorandum Attachment</i> 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>Remove Original:</p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Commander's Memorandum Attachment</i> <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • <i>CHP 121</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>Commander's Memorandum</i> 	<p>Retain within 6 workdays of status change notification:</p> <p>One Copy:</p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p>Forward within 5 days of status change notification:</p> <p>One Copy:</p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p>Forward within 5 days of status change notification:</p> <p>Original:</p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p>One Copy:</p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 270, Page 7 (if applicable)</i> • <i>Status Change Comm-Net Message</i> • <i>Medical Care Provider's Statement directing employee off duty</i> 	<p>Transmit within 24 hours of status change notification:</p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i> 	

ANNEX F

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of injury or illness 	As soon as possible
	<u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if illness) 	Within 6 workdays

ANNEX F

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING				
	<u>Original</u>		<u>Number of Copies</u>	
	CHP 121		2	
	CHP 121A		1	
	CHP 121B		1	
	CHP 121C		1	
	CHP 270, Page 7 (if applicable)		2	
	CHP 442		1	
	CHP 600		0	
	CHP 601		0	

Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division
<u>Provide within 24 hours of injury or illness notification:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	<u>Retain Original:</u> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<u>Retain Original:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C <u>Retain One Copy:</u> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) 	<u>Retain within 6 workdays of illness notification:</u> <u>One Copy:</u> <ul style="list-style-type: none"> • CHP 121 	<u>Forward within 5 days of injury or illness notification:</u> <u>One Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 442

ANNEX F

FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED)

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of injury or illness 	As soon as possible
	<u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> OSHA No. 200 Log documentation (if illness)	Within 6 workdays

ANNEX F

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING					
<u>Original</u>			<u>Number of Copies</u>		
CHP 121			3		
CHP 121A			1		
CHP 121B			1		
CHP 121C			1		
CHP 270, Page 7 (if applicable)			2		
CHP 442			1		
CHP 600			0		
CHP 601			0		

Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF
<p>Provide within 24 hours of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 121 • CHP 270, Page 7 (if applicable) 	<p>Retain within 6 workdays of illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p>Forward within 5 days of injury or illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 442 	<p>Forward within 5 days of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121

ANNEX G

**FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED) STATUS
CHANGE TO NONDISABLING INJURY OR ILLNESS**

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Obtain:</u> <ul style="list-style-type: none"> • Completed CHP 443 (if applicable) 	As soon as possible
	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if not previously documented) 	Within 6 workdays

ANNEX G

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED) STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			2			
CHP 121A			0			
CHP 121B			1			
CHP 121C			1			
CHP 270, Page 7 (if applicable)			1			
CHP 442 (updated)			1			
CHP 443 (if applicable)			2			
CHP 51			2			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Status Change Comm-Net Message			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide within 24 hours of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • <i>Commander's Memorandum Attachment</i> 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>Remove Original:</p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 443 (if applicable)</i> • <i>Commander's Memorandum Attachment</i> <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • <i>CHP 121</i> • <i>SCIF 3301</i> • <i>Status Change Comm-Net Message</i> • <i>Commander's Memorandum</i> 	<p>Retain within 6 workdays of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p>Forward within 5 days of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>SCIF 3301</i> • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p>Forward within 5 days of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>CHP 121</i> • <i>SCIF 3301</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> 	<p>Transmit within 24 hours of status change notification:</p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i>

ANNEX G

FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED) STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Obtain:</u> <ul style="list-style-type: none"> • Completed CHP 443 (if applicable) 	As soon as possible
	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log Documentation (if not previously documented) 	Within 6 workdays

ANNEX G

FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED) STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			1			
CHP 121A			0			
CHP 121B			1			
CHP 121C			1			
CHP 270, Page 7 (if applicable)			1			
CHP 442 (updated)			1			
CHP 443 (if applicable)			2			
CHP 51			2			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Status Change Comm-Net Message			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide <u>within 24 hours</u> of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>SCIF 3301</i> • <i>Commander's Memorandum Attachment</i> 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>• <u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 443 (if applicable)</i> • <i>Commander's Memorandum Attachment</i> <p>• <u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 121</i> • <i>SCIF 3301</i> • <i>Commander's Memorandum</i> • <i>Status Change Comm-Net Message</i> 	<p>Retain <u>within 6 workdays</u> of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p>Forward <u>within 5 days</u> of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>SCIF 3301</i> • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p>Forward <u>within 5 days</u> of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>SCIF 3301</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 443 (if applicable)</i> • <i>Status Change Comm-Net Message</i> 	<p>Transmit <u>within 24 hours</u> of status change notification:</p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i>

ANNEX H

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED) STATUS CHANGE TO DISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change <u>Provide Supervisor:</u> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if not previously documented) 	Within 6 workdays

ANNEX H

FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED) STATUS CHANGE TO DISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			2			
CHP 121A			0			
CHP 121B			1			
CHP 121C			1			
CHP 270, Page 7 (if applicable)			1			
CHP 442 (updated)			1			
CHP 51			2			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Medical Care Provider's Statement			2			
Status Change Comm-Net Message			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide within 24 hours of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • <i>Commander's Memorandum Attachment</i> 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Remove Original:</u></p> <ul style="list-style-type: none"> • <i>CHP 121</i> <p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Commander's Memorandum Attachment</i> <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • <i>CHP 121</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>Commander's Memorandum</i> 	<p><u>Retain within 6 workdays of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 270, Page 7 (if applicable)</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Status Change Comm-Net Message</i> 	<p><u>Transmit within 24 hours of status change notification:</u></p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i>

ANNEX H

FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED) STATUS CHANGE TO DISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change <u>Provide Supervisor:</u> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log Documentation (if not previously documented) 	Within 6 workdays

ANNEX H

FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED) STATUS CHANGE TO DISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING							
			<u>Original</u>				<u>Number of Copies</u>
			CHP 121				1
			CHP 121A				0
			CHP 121B				1
			CHP 121C				1
			CHP 270, Page 7 (if applicable)				1
			CHP 442 (updated)				1
			CHP 51				2
			Commander's Memorandum				1
			Commander's Memorandum Attachment				1
			SCIF 3301				3
			Medical Care Provider's Statement				2
			Status Change Comm-Net Message				3
<i>(Italics denote new activity due to status change)</i>							
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit	
<p>Provide within 24 hours of status change notification:</p> <p>Original:</p> <ul style="list-style-type: none"> • <i>Commander's Memorandum</i> <p>One Copy:</p> <ul style="list-style-type: none"> • SCIF 3301 • <i>Commander's Memorandum Attachment</i> 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Commander's Memorandum Attachment</i> <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>Commander's Memorandum</i> 	<p>Retain within 6 workdays of status change notification:</p> <p>One Copy:</p> <ul style="list-style-type: none"> • <i>CHP 121 (if not previously filed)</i> 	<p>Forward within 5 days of status change notification:</p> <p>One Copy:</p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • SCIF 3301 • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p>Forward within 5 days of status change notification:</p> <p>Original:</p> <ul style="list-style-type: none"> • SCIF 3301 <p>One Copy:</p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Status Change Comm-Net Message</i> 	<p>Transmit within 24 hours of status change notification:</p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i> 	

ANNEX I
NONDISABLING INJURY OR ILLNESS
REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of injury or illness 	As soon as possible
	<u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
	Supervisor	<u>Obtain:</u> <ul style="list-style-type: none"> • Completed CHP 443 (if applicable)
<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A <u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 <u>Prepare:</u> <ul style="list-style-type: none"> • Comm-Net Message 		Within 24 hours
<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 		Within 3 days
Commander or Designee		<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment
	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation 	Within 6 workdays

ANNEX I
NONDISABLING INJURY OR ILLNESS
ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			3			
CHP 121A			1			
CHP 121B			2			
CHP 121C			2			
CHP 270, Page 7 (if applicable)			3			
CHP 442			1			
CHP 443 (if applicable)			2			
CHP 600			0			
CHP 601			0			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Comm-Net Message			3			

Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide <u>within 24 hours</u> of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 • Commander's Memorandum <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • Commander's Memorandum Attachment 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • CHP 443 (if applicable) • Commander's Memorandum Attachment <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • Comm-Net Message • Commander's Memorandum 	<p><u>Retain within 6 workdays</u> of injury or illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p><u>Forward within 5 days</u> of injury or illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 442 • CHP 443 (if applicable) • SCIF 3301 • Comm-Net Message 	<p><u>Forward within 5 days</u> of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • CHP 443 (if applicable) • CHP 270, Page 7 (if applicable) • Comm-Net Message 	<p><u>Transmit within 24 hours</u> of injury or illness notification:</p> <ul style="list-style-type: none"> • Comm-Net Message

ANNEX J

NONDISABLING INJURY OR ILLNESS, STATUS CHANGE TO DISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<p><u>Notify:</u></p> <ul style="list-style-type: none"> • Supervisor of status change <p><u>Provide Supervisor:</u></p> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<p><u>Prepare:</u></p> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) 	Within 24 hours
Supervisor	<p><u>Prepare:</u></p> <ul style="list-style-type: none"> • Status Change Comm-Net Message 	Within 24 hours
	<p><u>Update:</u></p> <ul style="list-style-type: none"> • CHP 442 	Within 3 days

ANNEX J

NONDISABLING INJURY OR ILLNESS, STATUS CHANGE TO DISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING				
<u>Original</u>		<u>Number of Copies</u>		
CHP 121		0		
CHP 121A		0		
CHP 121B		0		
CHP 121C		0		
CHP 270, Page 7 (if applicable)		0		
CHP 442 (updated)		1		
CHP 443 (if applicable)		0		
CHP 51		2		
Commander's Memorandum		0		
Commander's Memorandum Attachment		0		
SCIF 3301		0		
Medical Care Provider's Statement		2		
Original Comm-Net Message		0		
Status Change Comm-Net Message		3		
<i>(Italics denote new activity due to status change)</i>				
Employee's Field Folder	Employee's Field Injury File	Division	SCIF	Disability & Retirement Unit
<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • CHP 443 (if applicable) • Commander's Memorandum Attachment • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>CHP 51 with any attached medical documentation</i> <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • Comm-Net Message (Original) • Commander's Memorandum • <i>Status Change Comm-Net Message</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Status Change Comm-Net Message</i> • <i>CHP 442 (updated)</i> 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>Medical Care Provider's Statement directing employee off duty</i> • <i>Status Change Comm-net Message</i> 	<p><u>Transmit within 24 hours of status change notification:</u></p> <ul style="list-style-type: none"> • <i>Status Change Comm-Net Message</i>

ANNEX K
DISABLING INJURY OR ILLNESS
REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of injury or illness <u>Provide Supervisor:</u> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 <u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A <u>Prepare:</u> <ul style="list-style-type: none"> • Comm-Net Message 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation 	Within 6 workdays

ANNEX K
DISABLING INJURY OR ILLNESS
ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
			3			
CHP 121			1			
CHP 121A			2			
CHP 121B			2			
CHP 121C			3			
CHP 270, Page 7 (if applicable)			1			
CHP 442			0			
CHP 600			0			
CHP 601			1			
Commander's Memorandum			1			
Commander's Memorandum Attachment			2			
Medical Care Provider's Statement			3			
SCIF 3301			3			
Comm-Net Message			3			

Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide <u>within 24 hours</u> of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 • Commander's Memorandum <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • Commander's Memorandum Attachment 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 442 • CHP 270, Page 7 (if applicable) 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • Medical Care Provider's Statement directing employee off duty • Commander's Memorandum Attachment <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • Comm-Net Message • Commander's Memorandum 	<p><u>Retain within 6 workdays</u> of injury or illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p><u>Forward within 5 days</u> of injury or illness notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121A • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 442 • Medical Care Provider's Statement directing employee off duty • SCIF 3301 • Comm-Net Message 	<p><u>Forward within 5 days</u> of injury or illness notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • Medical Care Provider's Statement directing employee off duty • Comm-Net Message 	<p><u>Transmit within 24 hours</u> of injury or illness notification:</p> <ul style="list-style-type: none"> • Comm-Net Message

ANNEX L
HAZARDOUS EXPOSURE
REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of hazardous exposure 	As soon as possible
	<u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121A 	Within 24 hours
Supervisor	<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121A 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121A 	Within 3 days

ANNEX L
HAZARDOUS EXPOSURE
ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING		
<u>Original</u>	<u>Number of Copies</u>	
CHP 121A	1	
CHP 270, Page 7 (if applicable)	2	
CHP 442	1	

Employee's Field Folder	Employee's Field Injury File	Division
<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 442 	<p><u>Retain Original</u></p> <ul style="list-style-type: none"> • CHP 121A <p><u>One Copy</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) 	<p>Forward <u>within 5 days</u> of exposure notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 270, Page 7 (if applicable) • CHP 442

ANNEX M

HAZARDOUS EXPOSURE, STATUS CHANGE TO FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) <u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 	Within 24 hours
Supervisor	<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if illness) 	Within 6 workdays

ANNEX M

HAZARDOUS EXPOSURE, STATUS CHAGNE TO FIRST-AID INJURY OR ILLNESS (NO MEDICAL EXPENSES INCURRED)

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING				
<u>Original</u>		<u>Number of Copies</u>		
CHP 121		2		
CHP 121A		0		
CHP 121B		1		
CHP 121C		1		
CHP 270, Page 7 (if applicable)		1		
CHP 442 (updated)		1		
CHP 600		0		
CHP 601		0		
CHP 51		1		
<i>(Italics denote new activity due to status change)</i>				
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division
<p>Provide <u>within 24 hours</u> of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • <i>CHP 600</i> • <i>CHP 601</i> 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 442 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • <i>CHP 121</i> • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 51 with any attached medical documentation</i> <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 270, Page 7 (if applicable)</i> 	<p><u>Retain within 6 workdays</u> of status change notification of <u>illness:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 121</i> 	<p><u>Forward within 5 days</u> of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 121</i> • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 442 (updated)</i>

ANNEX M

HAZARDOUS EXPOSURE, STATUS CHANGE TO FIRST-AID INJURY OR ILLNESS (MEDICAL EXPENSES INCURRED)

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) <u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 	Within 24 hours
Supervisor	<u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation (if illness) 	Within 6 workdays

ANNEX M

**HAZARDOUS EXPOSURE, STATUS CHAGNE TO FIRST-AID INJURY OR ILLNESS
(MEDICAL EXPENSES INCURRED)**

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING					
<u>Original</u>			<u>Number of Copies</u>		
CHP 121			3		
CHP 121A			0		
CHP 121B			1		
CHP 121C			1		
CHP 270, Page 7 (if applicable)			1		
CHP 442 (updated)			1		
CHP 600			0		
CHP 601			0		
CHP 51			2		
<i>(Italics denote new activity due to status change)</i>					
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF
Provide within 24 hours of status change notification: <u>Original:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	<u>Retain Original:</u> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 442 	<u>Retain Original:</u> <ul style="list-style-type: none"> • CHP 121A • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 51 with any attached medical documentation</i> <u>Retain One Copy:</u> <ul style="list-style-type: none"> • <i>CHP 270, Page 7 (if applicable)</i> • <i>CHP 121</i> 	<u>Retain within 6 workdays of status change notification of illness:</u> <u>One Copy:</u> <ul style="list-style-type: none"> • <i>CHP 121</i> 	<u>Forward within 5 days of status change notification:</u> <u>One Copy:</u> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i> • <i>CHP 121</i> • <i>CHP 121B</i> • <i>CHP 121C</i> • <i>CHP 442 (updated)</i> 	<u>Forward within 5 days of status change notification:</u> <u>Original:</u> <ul style="list-style-type: none"> • <i>CHP 121</i> <u>One Copy:</u> <ul style="list-style-type: none"> • <i>CHP 51 with any attached medical documentation</i>

ANNEX N

HAZARDOUS EXPOSURE, STATUS CHANGE TO NONDISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) <u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Obtain:</u> <ul style="list-style-type: none"> • Completed CHP 443 (if applicable) 	As soon as possible
	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 	Within 24 hours
	<u>Update:</u> <ul style="list-style-type: none"> • CHP 442 	Within 3 days
	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
Commander or Designee	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation 	Within 6 workdays

ANNEX N

HAZARDOUS EXPOSURE, STATUS CHAGNE TO NONDISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
CHP 121			3			
CHP 121A			0			
CHP 121B			2			
CHP 121C			2			
CHP 270, Page 7 (if applicable)			1			
CHP 442 (updated)			1			
CHP 443 (if applicable)			2			
CHP 51			2			
CHP 600			0			
CHP 601			0			
Commander's Memorandum			1			
Commander's Memorandum Attachment			1			
SCIF 3301			3			
Status Change Comm-Net Message			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p>Provide within 24 hours of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 • Commander's Memorandum <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • Commander's Memorandum Attachment 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 442 	<p>Retain Original:</p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • CHP 51 with any attached medical documentation • CHP 443 (if applicable) • Commander's Memorandum Attachment <p>Retain One Copy:</p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • Commander's Memorandum • Status Change Comm-Net Message 	<p>Retain within 6 workdays of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p>Forward within 5 days of status change notification:</p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 51 with any attached medical documentation • CHP 121 • CHP 121B • CHP 121C • CHP 443 (if applicable) • SCIF 3301 • Status Change Comm-Net Message • CHP 442 (updated) 	<p>Forward within 5 days of status change notification:</p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • CHP 51 with any attached medical documentation • CHP 443 (if applicable) • CHP 270, Page 7 (if applicable) • Status Change Comm-Net Message 	<p>Transmit within 24 hours of status change notification:</p> <ul style="list-style-type: none"> • Status Change Comm-Net Message

ANNEX O

HAZARDOUS EXPOSURE, STATUS CHANGE TO DISABLING INJURY OR ILLNESS

REPORTING

PERSON RESPONSIBLE	ACTION	TIME FRAME
Employee	<u>Notify:</u> <ul style="list-style-type: none"> • Supervisor of status change <u>Provide Supervisor:</u> <ul style="list-style-type: none"> • Medical Care Provider's Statement directing employee off duty 	As soon as possible
	<u>Prepare:</u> <ul style="list-style-type: none"> • CHP 51 (attach any medical documentation) <u>Complete:</u> <ul style="list-style-type: none"> • CHP 121B • CHP 121C <u>Sign Field Injury File Copy:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 24 hours
Supervisor	<u>Initiate and Provide Employee:</u> <ul style="list-style-type: none"> • SCIF 3301 <u>Provide Employee:</u> <ul style="list-style-type: none"> • CHP 600 • CHP 601 <u>Complete and Sign:</u> <ul style="list-style-type: none"> • CHP 121 <u>Prepare:</u> <ul style="list-style-type: none"> • Status Change Comm-Net Message <u>Update:</u>	Within 24 hours
	<ul style="list-style-type: none"> • CHP 442 	Within 3 days
Commander or Designee	<u>Review with employee:</u> <ul style="list-style-type: none"> • Commander's Memorandum and Attachment 	Within 24 hours
	<u>Review and Sign:</u> <ul style="list-style-type: none"> • CHP 121 • CHP 121A 	Within 3 days
	<u>Ensure:</u> <ul style="list-style-type: none"> • OSHA No. 200 Log documentation 	Within 6 workdays

ANNEX O

HAZARDOUS EXPOSURE, STATUS CHAGNE TO DISABLING INJURY OR ILLNESS

ROUTING

NUMBER OF COPIES NEEDED FOR ROUTING						
<u>Original</u>			<u>Number of Copies</u>			
<i>CHP 121</i>			3			
<i>CHP 121A</i>			0			
<i>CHP 121B</i>			2			
<i>CHP 121C</i>			2			
<i>CHP 270, Page 7 (if applicable)</i>			2			
<i>CHP 442 (updated)</i>			1			
<i>CHP 51</i>			2			
<i>CHP 600</i>			0			
<i>CHP 601</i>			0			
<i>Commander's Memorandum</i>			1			
<i>Commander's Memorandum Attachment</i>			1			
<i>SCIF 3301</i>			3			
<i>Medical Care Provider's Statement</i>			2			
<i>Status Change Comm-Net Message</i>			3			
<i>(Italics denote new activity due to status change)</i>						
Provide Employee	Employee's Field Folder	Employee's Field Injury File	Command OSHA No. 200 Log File	Division	SCIF	Disability & Retirement Unit
<p><u>Provide within 24 hours of status change notification:</u></p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 600 • CHP 601 • Commander's Memorandum <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • SCIF 3301 • Commander's Memorandum Attachment 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 442 	<p><u>Retain Original:</u></p> <ul style="list-style-type: none"> • CHP 121A • CHP 121B • CHP 121C • CHP 51 with any attached medical documentation • Medical Care Provider's Statement directing employee off duty • Commander's Memorandum Attachment <p><u>Retain One Copy:</u></p> <ul style="list-style-type: none"> • CHP 270, Page 7 (if applicable) • CHP 121 • SCIF 3301 • Status Change Comm-Net Message • Commander's Memorandum 	<p><u>Retain within 6 workdays of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121 • CHP 121B • CHP 121C • CHP 51 with any attached medical documentation • SCIF 3301 • Medical Care Provider's Statement directing employee off duty • Status Change Comm-Net Message • CHP 442 (updated) 	<p><u>Forward within 5 days of status change notification:</u></p> <p><u>Original:</u></p> <ul style="list-style-type: none"> • CHP 121 • SCIF 3301 <p><u>One Copy:</u></p> <ul style="list-style-type: none"> • CHP 121B • CHP 121C • CHP 270, Page 7 (if applicable) • CHP 51 with any attached medical documentation • Medical Care Provider's Statement directing employee off duty • Status Change Comm-Net Message 	<p><u>Transmit within 24 hours of status change notification:</u></p> <ul style="list-style-type: none"> • Status Change Comm-Net Message

ANNEX P

CHP 121, EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OF ILLNESS

FILING THIS FORM IS NOT AN ADMISSION OF LIABILITY			
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS CHP 121 (Rev 2-94) OPI 039		<input type="checkbox"/> First aid <input type="checkbox"/> Questionable <input type="checkbox"/> Record only	OSHA CASE NUMBER FATALITY <input type="checkbox"/> Yes <input type="checkbox"/> No
Please type original and prepare 5 copies. Mail original to:		State Compensation Insurance Fund	
<p>Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.</p> <p>NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.</p>			
EMPLOYER	1. FIRM NAME Department of California Highway Patrol		LOCATION NAME
	2. MAILING ADDRESS (NUMBER AND STREET, CITY, ZIP)		1A. <input type="checkbox"/> 388 Non-UNIF <input type="checkbox"/> 389 UNIF
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (NUMBER AND STREET, CITY, ZIP)		2A. PHONE NUMBER
	4. NATURE OF BUSINESS, E.G., PAINTING CONTRACTOR, WHOLESALE DRUGGIST, SHAWMILL, HOTEL, ETC. State Law Enforcement		3A. LOCATION CODE
	5. TYPE OF EMPLOYER <input type="checkbox"/> Private <input checked="" type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School Dist <input type="checkbox"/> Other government: (specify)		5. STATE UNEMPLOYMENT INSURANCE ACCOUNT NUMBER N/A
	6. EMPLOYEE NAME		INDUSTRY
	7. EMPLOYEE NAME	10. NUMBER	8. SOCIAL SECURITY NUMBER
	8. DATE OF BIRTH (MM/DD/YY)	9. OCCUPATION	
	18. HOME ADDRESS (NUMBER AND STREET, CITY, ZIP)	10A. PHONE NUMBER	
	11. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	12. OCCUPATION (REGULAR JOB TITLE—NO INITIALS, ABBREVIATIONS OR NUMBERS)	13. DATE OF HIRE (MM/DD/YY)
EMPLOYEE	14. EMPLOYEE LABOURAL WORKS hours per day days per week weekly hours		14A. EMPLOYMENT STATUS AT TIME OF INJURY <input type="checkbox"/> Reg. full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
	15. GROSS WAGES/SALARY \$ per	16. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (E.G., TRIP, MEALS, LODGING, OVERTIME, BONUS, ETC.) <input type="checkbox"/> Yes, \$ per <input type="checkbox"/> No	
	17. DATE OF INJURY OR ONSET OF ILLNESS (MM/DD/YY)	18A. TIME INJURY/ILLNESS OCCURRED A.M. P.M.	19. TIME EMPLOYEE BEGAN WORK A.M. P.M.
	21. UNABLE TO WORK AT LEAST ONE FULL DAY AFTER DATE OF INJURY <input type="checkbox"/> Yes <input type="checkbox"/> No	22. DATE LAST WORKED (MM/DD/YY)	23. DATE RETURNED TO WORK (MM/DD/YY)
	25. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED <input type="checkbox"/> Yes <input type="checkbox"/> No	26. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (MM/DD/YY)
	28. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, IF AVAILABLE, E.G., SECOND DEGREE BURNS ON RIGHT ARM, TENDONITIS OF LEFT ELBOW, LEAD POISONING.		20. IF EMPLOYEE DIED, DATE OF DEATH (MM/DD/YY)
	30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (NUMBER, STREET, CITY)		30A. COUNTY
	31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, E.G., SHIPPING DEPARTMENT, MACHINE SHOP		30B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No
	33. EQUIPMENT, MATERIAL AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, E.G., ACETYLENE, WELDING TORCH, FARM TRACTOR, SCAFFOLD.		32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
	34. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, E.G., WELDING BEAMS OF METAL FORMS, LOADING BOXES ON TO TRUCK.		24. CHECK IF STILL OFF WORK <input type="checkbox"/>
29. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, E.G., WORKER STEPPED BACK TO INSPECT WORK AND SLIPPED ON BOUNCY MATERIAL, AS HE FELL, HE BRUISED AGAINST FRESH WELD AND BURNED FRONT HAND. (USE SEPARATE SHEET IF NECESSARY).			
36. NAME AND ADDRESS OF PHYSICIAN (NUMBER AND STREET, CITY, ZIP)		36A. PHONE NUMBER	
37. IF HOSPITALIZED AS AN INPATIENT, NAME AND ADDRESS OF HOSPITAL (NUMBER AND STREET, CITY, ZIP)		37A. PHONE NUMBER	
COMPLETED BY (TYPE OR PRINT)	SIGNATURE	TITLE	DATE

Use previous editions until depleted.

ANNEX P

CHP 121, EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OF ILLNESS

38. Physical Performance Program related? Yes No If yes, attach CHP 270, Page 7 (attach approved weight training program if applicable)
 Fitness Plan is to be suspended/modified per HPM 70.9, Chapter 8

39. Criminal act of violence? Yes No

40. Injury involved crime against United States or violation of Federal statute? Yes No

41. Explain and critique the injury-causing incident (Use additional sheets of plain paper as needed.)

a. Did you go to the scene? Yes No (If "no", how did you verify events?)

b. Sequence of events:

c. How did actions of employee compare with procedures you believe to be appropriate?

d. What action(s) if any, need to be taken elsewhere to minimize recurrence?

e. If appropriate, what action(s) have you initiated to minimize recurrence?

42. I recommend this injury be classified as reasonably Nonpreventable Preventable by the injured employee

43. a. Date CHP 600 given to employee:
 b. Date CHP 606 given to employee: (uniformed only)
 c. Date SCIF 3301 (DWC 1) given to employee:

44. Outside employment request on file? Yes No
 Authorization is to be suspended while on sick leave, limited duty or injury per HPM 10.3, Chapter 14

45. Per HPM 10.6, injury counted as disabling non-disabling questionable, with time lost questionable, without time lost

46. I have discussed this with employee Yes No (Briefly describe discussion, counseling, "no" answer(s).)
 I have counseled employee Yes No (Briefly describe discussion, counseling, "no" answer(s).)

47. CHP 121/SCIF 3301 not sent to SCIF CHP 121/SCIF 3301 sent to SCIF at:

COMMENTS (WITNESSES, PERSON RESPONSIBLE, ETC.)

NOTE: Employee's signature is required on Field Folder copy. Route two copies of CHP 121 and CHP 121A to Disability and Retirement Section. Do not wait for doctor's report. Filing of this report is not an admission of liability.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

EMPLOYEE'S SIGNATURE (FIELD FOLDER COPY ONLY)	DATE
SUPERVISOR'S SIGNATURE	NAME AND RANK (PRINT OR TYPE) DATE
COMMANDER OR ALTERNATE'S SIGNATURE	NAME AND RANK (PRINT OR TYPE) DATE

ANNEX P

CHP 121A, SUPERVISORY REVIEW OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE

To Be Completed By Supervisory Personnel

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SUPERVISORY REVIEW OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE
CHP 121A (Rev 12-95) OPI 039

1. NAME (LAST, FIRST, MIDDLE INITIAL)		2. SOCIAL SECURITY NO.	3. I.D. NUMBER	HAZARDOUS EXPOSURE <input type="checkbox"/> Yes <input type="checkbox"/> No
5. LOCATION CODE	6. DEGREE OF INJURY OR ILLNESS <input type="checkbox"/> 1. Minor <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Major <input type="checkbox"/> 4. Unknown <input type="checkbox"/> 5. Fatal			
7. LIMITED DUTY DISCUSSED WITH DOCTOR(S) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		LIMITED DUTY <input type="checkbox"/> 3. Not advisable <input type="checkbox"/> 4. None available <input type="checkbox"/> 5. Assigned:		

PERSONAL PROTECTIVE EQUIPMENT ITEM**	N/A*	NEEDED		AVAILABLE		USED		BENEFIT		
		1. Yes	2. No	3. Yes	4. No	5. Yes	6. No	7. Very	8. Avg	9. No
a. Head protection										
b. Face protection										
c. Hearing protection										
d. Body armor (complete on all traumatic injuries)										
e. Pistol										
f. Secondary weapon										
g. Shotgun/rifle										
h. Mace/tear gas/oc										
i. Baton										
j. Handcuffs/flexicuffs										
k. Flashlight										
l. Hand protection										
m. Foot protection										
n. Respiratory protection										
o. Occupant restraints										
p. Other—explain below										

*Not applicable
**Complete for negative OR positive impact. Items d through h required for resistance injuries or exposures. If no entry in "n/a" column, an entry is required under "needed" AND "available." If "available," then enter under "used." If "used" enter under "benefit." If "not available," no further entry, and if "not used," no further entry.

COMMENT ON THE EQUIPMENT USED; HOW DID IT AFFECT THE EVENTS THAT LED TO THE INJURY OR EXPOSURE? CAN YOU SUGGEST OTHER EQUIPMENT OR USAGE? IF NEEDED AND NOT AVAILABLE, EXPLAIN.

8. COMPLETE THIS SECTION IF INJURY OR EXPOSURE WAS SUSTAINED DURING AN ENFORCEMENT ACTION:

a. Date of last officer safety certification: (month, day, year)

b. Injured or exposed was working
 1. Solo 2. Double 3. Other—number:

c. Had assistance been requested?
 1. Yes 2. On scene 3. Desirable 4. Unnecessary 5. No

d. Was there 1. No resistance 2. Passive resistance 3. Aggressive resistance

e. At what stage did resistance begin?
 1. First contact 2. Discussion 3. Arrest 4. Handcuffing 5. Placing in vehicle
 6. In vehicle 7. Removal 8. Booking 9. To or in cell 10. Hospital/test site
 11. Other (explain):

f. Vehicle/warning equipment
 1. Moving 2. Stopped 3. Siren used 4. Emergency lights 5. Other (cones, flares, etc.)

9. DUTY ASSIGNED (I.E., MOTORCYCLE PATROL, AUTO PATROL, MRE, TRAINING, OFF DUTY, ETC.)

DO NOT USE THIS SPACE										FOR PERSONNEL BUREAU USE						
10. CAL OSHA	11. CLASS	12. TIME	13. AGE	14. DUTY	15. ACT.	16. CAUSE	17. TO	18. TYPE	19. ADD	20. PVT	21. T/L	22. SEX	23. SHIFT	24.	25.	26.

Destroy previous editions.

ANNEX P

CHP 121A, SUPERVISORY REVIEW OF OCCUPATIONAL INJURY, ILLNESS OR EXPOSURE

SUPERVISORY REVIEW OF HAZARDOUS EXPOSURE		
<input type="checkbox"/> Chemical substance	<input type="checkbox"/> Biological agent	<input type="checkbox"/> Physical agent
CHEMICAL SUBSTANCE, BIOLOGICAL AGENT, PHYSICAL AGENT		CHP 467E FILED <input type="checkbox"/> Yes <input type="checkbox"/> No
DOT IDENTIFICATION NUMBER	CAS NUMBER	
PHYSICAL STATE STORED <input type="checkbox"/> 1. Solid <input type="checkbox"/> 2. Liquid <input type="checkbox"/> 3. Gas	PHYSICAL STATE RELEASED <input type="checkbox"/> 1. Solid <input type="checkbox"/> 2. Liquid <input type="checkbox"/> 3. Gas	QUANTITY RELEASED (POUNDS, GALLONS, ETC.)
METHOD OF EXPOSURE <input type="checkbox"/> 1. Inhalation <input type="checkbox"/> 2. Ingestion <input type="checkbox"/> 3. Absorption <input type="checkbox"/> 4. Injection		
DEGREE OF EXPOSURE <input type="checkbox"/> 1. Mild <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Severe <input type="checkbox"/> 4. Unknown		
LENGTH OF EXPOSURE (MINUTES, HOURS)	DISTANCE FROM CHEMICAL RELEASE	DECONTAMINATION (IF YES, EXPLAIN IN COMMENTS) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not applicable
ON SITE <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not applicable		LOCATION OF DECONTAMINATION IF OFF SITE
MORE THAN ONE SUBSTANCE INVOLVED (IF YES, LIST ADDITIONAL INFORMATION IN COMMENTS) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown		
COMMENTS (OPTIONAL)		
<p><i>NOTE: Employee's signature is required on Field Folder copy. Route two copies of CHP 121 and CHP 121A to Health and Safety Section. Do not wait for doctor's report. Filing of this report is not an admission of liability.</i></p> <p><i>Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.</i></p>		
EMPLOYEE'S SIGNATURE (FIELD FOLDER COPY ONLY)	DATE	
SUPERVISOR'S SIGNATURE	NAME AND RANK (PRINT OR TYPE)	DATE
COMMANDER OR ALTERNATE'S SIGNATURE	NAME AND RANK (PRINT OR TYPE)	DATE

ANNEX P

CHP 121B, EMPLOYEE REPORT OF INJURY

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
EMPLOYEE REPORT OF INJURY
CHP 121B (8-94) OPI 039

NAME _____

1. Date(s) of injury _____

2. Location where injury occurred: _____

3. How did the injury occur? _____

4. Describe in detail the nature of your injury and the part(s) of your body affected: *(use back of form)*

5. What limitations or restrictions has the injury caused?

6. Are you able to return to full duty? Yes No If no, why

7. Are you able to return to limited duty, if such an assignment is available? Yes No If yes, what type of activities can you perform?

If no, why?

8. Have you had other injuries to the same part of your body? Yes No If yes, describe where, when, and the extent of the injury

9. Treating physicians name(s), phone number(s), and address(es)

10. Are there any witnesses? Yes No If yes, please list.

11. Is there anything the Department can do to assist you to return to work?

I certify this information is true and correct.

EMPLOYEE'S SIGNATURE _____ DATE _____

ANNEX P

CHP 121C, MEDICAL INFORMATION RELEASE AUTHORIZATION

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL MEDICAL INFORMATION RELEASE AUTHORIZATION CHP 121C (REV 3-97) OPI 039	
NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	HEALTH INSURANCE MEMBER NUMBER
<p>This document authorizes any physician, other licensed practitioner, hospital, clinic, other institution, or United States Veteran's Administration, to release all medical records, findings, and conclusions relative to medical treatment I received for my described injury/illness to an authorized representative of the California Highway Patrol or any law enforcement agency designated by the California Highway Patrol.</p> <p>Upon presentation of this release, or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to an authorized representative of the California Highway Patrol or other law enforcement agency designated by the California Highway Patrol.</p> <p>This authorization, or a copy of it, when presented through the United States mail in conjunction with an official request or in person by an authorized representative of the California Highway Patrol or other designated law enforcement agency, is valid for one calendar year (365 days) from the date indicated below. This release is executed with full knowledge and understanding that the information is for the official use of the California Highway Patrol.</p> <p>INJURY/ILLNESS DESCRIPTION:</p> <p>_____</p> <p>(Part of Body Affected, Extent of Injury/Illness)</p> <p>_____</p> <p>(Medical Care Provider's Diagnosis of Injury/Illness, Date(s) of Treatment)</p>	
SIGNATURE	DATE
ADDRESS	
CITY, STATE, ZIP CODE	
HOME TELEPHONE NUMBER	

ANNEX P

CHP 225, CALIFORNIA HIGHWAY PATROL OFFICER TASK STATEMENTS (REVISED 8-00.)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		
CALIFORNIA HIGHWAY PATROL OFFICER TASK STATEMENT		
	Anatomic, Physiologic, Biomechanic, and Psychomotor Component Focus	Work Sample
1.	Lower Extremity Dynamic Muscle Strength Anaerobic Power	Run up and down stairs (minimum one flight 13 steps - 9 inch risers). Ascend/descend a 40-foot embankment.
2.	Lower & Upper Extremity Static & Dynamic Muscle Strength Aerobic Power	Crawl/crouch/walk 50 feet. Demonstrate proper misdemeanor/felony handcuffing techniques. Conduct vehicle inventory search. Conduct building search.
3.	Upper & Lower Extremity Static & Dynamic Strength Aerobic Power	Extract a 200-pound victim from a vehicle; lift, carry, and/or drag the victim 50 feet.
4.	Anaerobic Power & Capacity Aerobic Power & Capacity Lower Extremity Dynamic Muscle Strength	Exit vehicle, sprint 50 yards, vault 3-foot median barrier, run 20 yards up a 40 percent grade.
5.	Lower & Upper Extremity Dynamic muscle Strength Aerobic Power	After 100-yard chase, physically subdue and handcuff combative subject. Remove spilled loads or traffic hazards, such as lumber, large rocks or sacks of heavy material from roadway.
6.	Balance, Flexibility, & Agility	Perform a full standing search, preliminary frisk, or changing a flat tire, utilizing proper techniques.
7.	Eye-Hand & Foot Coordination Movement & Reaction Time Response Control Precision	Engage in high-speed vehicle pursuit in an emergency situation utilizing all emergency equipment.
8.	Balance & Kinesthetic Sense	Demonstrate field sobriety tests.
9.	Ambidexterity	Draw and fire weapon at target using nondominant and dominant hands.
10.	Ambidexterity Arm-Hand Steadiness	Reload weapon, inserting magazine with either hand.
11.	Manual and Finger Dexterity	Load, fire, and reload shotgun shells from a shotgun. Operate a mobile digital computer.
12.	Visual Acuity, Color Vision	Demonstrate binocular vision and the ability to distinguish registration indicia under adverse lighting conditions. Demonstrate ability to distinguish colors of vehicles and clothing of suspects.
13.	Auditory Sense	Immediately identify sounds which may indicate impending hazards and distinguish direction.
14.	Aerobic Capacity Total Body Muscle Strength Endurance	Dressed in full uniform, drive, stand, or direct traffic for extended periods of time under varied adverse traffic and weather conditions. This would include the wearing of a Kevlar helmet, when appropriate.

ANNEX P

CHP 442, INDIVIDUAL ACCIDENT, INJURY AND SAFETY RECOGNITION RECORD

DATE		DESCRIPTION OF ACCIDENT	TYPE VEHICLE		PREVENT-ABLE		DATE		PERSONAL INJURY		LOST TIME		PREVENT-ABLE		
Mo	Day		Year	C	M	A	Yes	No	Mo	Day	Year	Yes	No	Yes	No

Use previous editions until depleted.

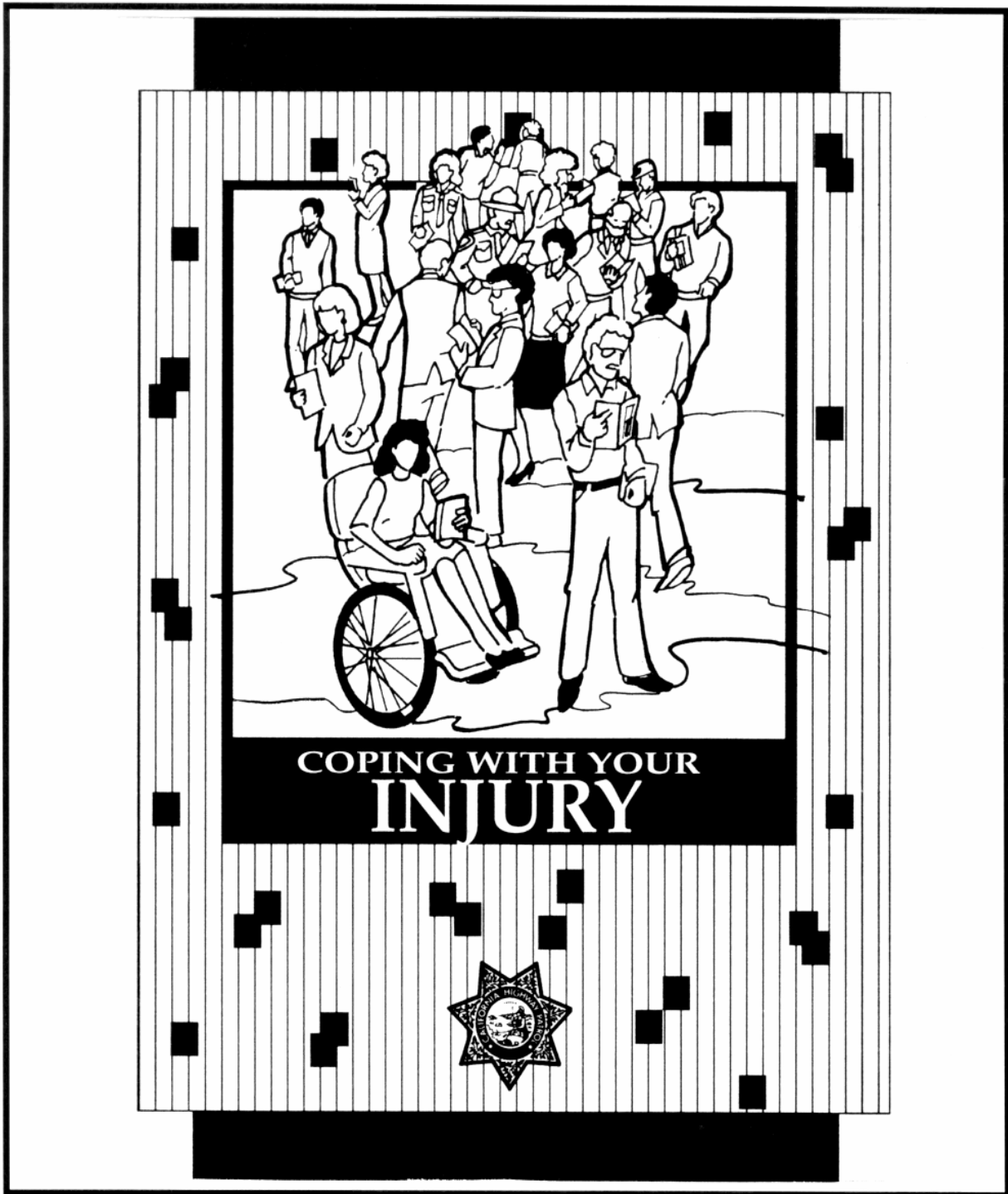
ANNEX P

CHP 443, LIMITED DUTY ASSIGNMENT – PHYSICIAN'S REPORT (REVISED 11-06)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL LIMITED DUTY ASSIGNMENT - PHYSICIAN'S REPORT CHP 443 (Rev. 8-06) OPI 039		DISTRIBUTIONS: Original—Disability & Retirement Copies—Division, local file	
NAME & I.D. NUMBER	LOCATION NAME AND CODE		<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal
NATURE OF DISABILITY	JOB RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	ORIGINAL INJURY DATE	DATE ASSIGNMENT BEGINS
EMPLOYEES ARE THE CALIFORNIA HIGHWAY PATROL'S (CHP) MOST VALUABLE ASSET. THE CHP'S GOAL IS TO PROVIDE LIMITED DUTY ASSIGNMENTS WHENEVER MEDICALLY APPROPRIATE. YOU CAN HELP US BY PROVIDING THE FOLLOWING INFORMATION:			
PHYSICIAN'S REPORT			
<input type="checkbox"/> May return to regular work duties <u>now</u> without restriction.			
<input type="checkbox"/> May return to work <u>now</u> with the following restriction(s):			
<input type="checkbox"/> May work hours per shift as indicated: <input type="checkbox"/> 4 Hours <input type="checkbox"/> 6 Hours <input type="checkbox"/> 8 Hours <input type="checkbox"/> Other _____			
<input type="checkbox"/> Lift/push/pull/carry no more than <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 50 pounds frequently or repetitively.			
<input type="checkbox"/> Lift/push/pull/carry no more than <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 50 pounds at any time.			
<input type="checkbox"/> No prolonged bending or stooping.			
<input type="checkbox"/> No prolonged walking or standing.			
<input type="checkbox"/> No prolonged or repetitive climbing, kneeling, or squatting.			
<input type="checkbox"/> May not climb ladders or work at heights.			
<input type="checkbox"/> May not operate vehicles or moving equipment.			
<input type="checkbox"/> May not sit more than _____ hrs./min.			
<input type="checkbox"/> The injured area must be protected from dirt and moisture.			
Right - <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Foot			
Limited use of: Left - <input type="checkbox"/> Hand <input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Foot			
Other restrictions: _____ _____ _____			
<input type="checkbox"/> May <u>not</u> return to <u>any</u> work until: _____ <small style="text-align: center;">Date</small> PLEASE PROVIDE MEDICAL JUSTIFICATION. (Continue on reverse if necessary.) _____ _____ _____ _____ _____			
IF A DRUG IS PRESCRIBED, WILL IT AFFECT SAFE OPERATION OF A MOTOR VEHICLE OR USE OF FIREARM? <input type="checkbox"/> Yes <input type="checkbox"/> No	ESTIMATED DATE FOR RETURN TO FULL DUTY	PHYSICIAN'S SIGNATURE	DATE
c443_806.fp		Destroy Previous Editions	<input type="checkbox"/> Over


ANNEX P

CHP 601, COPING WITH YOUR INJURY



ANNEX P

SCIF 3301, EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

<p>State of California Department of Industrial Relations DIVISION OF WORKERS' COMPENSATION</p> <p style="text-align: center;">EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS</p> <p>If you are injured or become ill because of your job, you are entitled to workers' compensation benefits.</p> <p>Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may contact the Information and Assistance Unit of the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the reverse of this form.</p> <p>You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of felony.</p> </div>	 <p>Estado de California Departamento de Relaciones Industriales DIVISION DE COMPENSACION AL TRABAJADOR</p> <p style="text-align: center;">RECLAMO DEL EMPLEADO PARA BENEFICIOS DE COMPENSACION DEL TRABAJADOR</p> <p><i>Si Ud. se ha lesionado o se ha enfermado en/o a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.</i></p> <p><i>Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, póngase en contacto con la Unidad de Información y Asistencia de la División de Compensación del Trabajador llamando al 1-800-736-7401. Al dorso de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.</i></p> <p><i>Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.</i></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Toda aquella persona que con conocimiento haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor (felonia).</p> </div>
<p>Employee: Empleado:</p> <p>1. Name / Nombre: _____ Today's Date / Fecha de Hoy: _____</p> <p>2. Home address / Dirección Residencial: _____</p> <p>3. City / Ciudad: _____ State / Estado: _____ Zip / Código Postal: _____</p> <p>4. Date of injury / Fecha de la lesión (accidente): _____ Time of injury / Hora en que ocurrió: ____ a.m. ____ p.m.</p> <p>5. Address/place where injury happened / Dirección/lugar donde ocurrió el accidente: _____</p> <p>6. Describe injury and part of body affected / Describe la lesión y la parte del cuerpo afectada: _____</p> <p>7. Signature of employee / Firma del empleado: _____</p>	
<p>Employer - complete this section and give the employee a copy immediately as a receipt. Empleador - complete esta sección y déle inmediatamente una copia al empleado como recibo.</p> <p>8. Name of employer / Nombre del empleador: _____</p> <p>Address / Dirección: _____</p> <p>9. Policy # / Póliza #: _____ 10. Employee Soc Sec # / Seguro Social del Empleado #: _____</p> <p>11. Date employer first knew of injury / Fecha en que el empleador supo por primera vez de la lesión o accidente: _____</p> <p>12. Date claim form was provided to employee / Fecha en que se le entregó al empleado la petición: _____</p> <p>13. Date employer received claim form / Fecha en que el empleado devolvió la petición completada al empleador: _____</p> <p>14. Name and address of insurance carrier or adjusting agency / Nombre y dirección de la compañía de seguros o agencia administradora de seguros: STATE COMPENSATION INSURANCE FUND</p> <p>15. Signature of employer representative / Firma del representante del empleador: _____</p> <p>16. Title / Título: _____ 17. Date / Fecha: _____ 18. Telephone / Teléfono: _____</p>	
<p>Employer: You are required to date this form and provide copies to your insurer and to the employee, dependent or representative who filed the claim within one working day of receipt of completed form from employee.</p> <p>Empleador: Se requiere que Ud. feche esta forma y que proporcione copias a su compañía de seguros y empleado, dependiente o representante que haya presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma completa del empleado.</p>	
<p>SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY</p> <p style="text-align: center;">STATE COMPENSATION INSURANCE FUND</p> <p>EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD</p>	
<p>SCIF 3301 (REV 4-93) - DWC Form 1</p>	

ANNEX P

COMMANDER'S MEMORANDUM (SAMPLE)

State of California

Business, Transportation and Housing Agency

M e m o r a n d u m

Date: March 1, 1997

To: John Doe

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Area/Section/Division

File No.: 00.00000.000.cm97

Subject: **ASSISTANCE WITH EMPLOYEE OCCUPATIONAL INJURY/ILLNESS
CASE MANAGEMENT**

The purpose of this memorandum is to inform you of my intent to assist you in the management of your occupational injury/illness case. I will maintain ongoing communication with you and facilitate your return to work as soon as medically appropriate.

Attached is information describing departmental policy, procedures, and employee rights and responsibilities relevant to occupational injury and illness case management. Refer to HPM 10.7, Injury and Illness Case Management Manual, for detailed information.

It is departmental policy, and my desire, to ensure you receive appropriate workers' compensation benefits. Should you have any questions or concerns regarding your injury/illness case, feel free to contact me, your supervisor, Disability and Retirement Unit, and/or the State Compensation Insurance Fund (SCIF) adjuster assigned to your case. If you have retained the services of an attorney to assist in managing your injury/illness case, you must obtain his/her authorization to speak with the SCIF adjuster.

X. J. SMITH, Captain

Attachment

CHP 51WP (Rev. 11-86) OPI 076

ANNEX P

COMMANDER'S MEMORANDUM ATTACHMENT (SAMPLE) (REVISED 11-06.)

COMMANDER'S MEMORANDUM REGARDING ASSISTANCE WITH EMPLOYEE OCCUPATIONAL INJURY OR ILLNESS ATTACHMENT

PURPOSE:

This attachment serves to provide you with a brief description of departmental policy, procedures, and employee rights and responsibilities relevant to occupational injury and illness case management. Refer to Highway Patrol Manual 10.7, Injury and Illness Case Management Manual, for detailed information.

OCCUPATIONAL INJURY AND ILLNESS CASE MANAGEMENT PROGRAM OBJECTIVES:

- Benefits. To provide appropriate workers' compensation benefits to employees. Workers' compensation benefits include prompt and proper medical care, disability leave and/or retirement, and vocational rehabilitation. Please be aware that your date of injury may preclude you from certain benefits.
- Reporting. To effectively report injuries and illnesses within designated time frames.
- Communication. To maintain ongoing communication with employees who are off duty as a result of an occupational injury or illness.
- Return to Work. To return employees to work as soon as medically appropriate.

DEPARTMENTAL ASSISTANCE:

The Department is committed to ensuring you receive appropriate workers' compensation benefits. You should report any incident(s) of unsatisfactory service to your supervisor as soon as possible. Questions regarding your injury or illness case should be directed to your supervisor and/or the appropriate Disability and Retirement Unit coordinator.

STATE COMPENSATION INSURANCE FUND (SCIF):

SCIF is responsible for determining if an injury or illness claim will be accepted as occupational. Commanders are required to, and supervisors may, maintain ongoing communication with SCIF to cooperatively manage injury and illness cases. You may contact SCIF directly to discuss

ANNEX P

COMMANDER'S MEMORANDUM ATTACHMENT (SAMPLE) (REVISED 11-06.)

your injury or illness case and obtain a medical care provider and/or facilities referral list. However, if you have retained the services of an attorney to assist in managing your case, you must obtain his/her authorization prior to speaking with SCIF.

WORKERS' COMPENSATION APPEALS BOARD (WCAB):

You may contact the WCAB, Office of Information and Assistance, to obtain impartial advice regarding your injury or illness case. The Office of Information and Assistance may also assist in resolving any disputes that may occur between you, SCIF, your attorney, and others in the injury and illness case management process.

WCAB HEARINGS AND TRIALS:

You or your attorney may request a WCAB hearing and/or trial to resolve benefit disputes with SCIF.

INJURY AND ILLNESS REPORTING AND ROUTING PROCEDURES:

Reporting and routing procedures for injuries and illnesses vary based on the severity of the claim. A status change of an injury or illness requires additional reporting and routing procedures.

RIGHTS AND RESPONSIBILITIES:

- Reporting. Employees shall report injuries or illnesses, recurrences or aggravations of injuries or illnesses, or status changes of injuries or illnesses to their supervisors as soon as possible.
- Medical Care. Employees have the right to predesignate a preferred medical care provider and/or facility on their CHP 242, Employee Predesignation of Treating Physician. If no preference is documented, SCIF or the California Highway Patrol (CHP), may choose a medical care provider from the Medical Provider Network. (MPN). After 30 days, the employee may select another medical care provider from the MPN. The employee shall notify SCIF if he/she changes medical care providers and/or facilities. The predesignation of a medical care provider shall not supersede the Department's responsibility to provide prompt and proper medical care. Employees shall advise medical care providers if an injury or illness is believed to be occupational.

ANNEX P

COMMANDER'S MEMORANDUM ATTACHMENT (SAMPLE) (REVISED 11-06.)

- Medical Appointments. Supervisors, if practical, shall accompany employees to their initial medical appointments and discuss work capability with the employee's medical care provider. In no event shall supervisors attempt to be present when employees are being examined by medical care providers. The possibility of assignment to limited duty when medically appropriate shall be reviewed with medical care providers and an estimated date of return to duty obtained. Discussion between supervisors and medical care providers shall be briefly documented in the comments section of the CHP 121, Employer's Report of Occupational Injury or Illness.

Uniformed employees who are off duty, as a result of an industrial or non-industrial injury or illness where a physician has diagnosed that the employee is not capable of performing the 14 California Highway Patrol Officer Tasks (Annex P-8), shall not engage in any activity requiring the use of peace officer powers.

- Communication with Commanders. Employees who are off duty as a result of occupational injuries and illnesses shall maintain ongoing communication as deemed appropriate by their commanders. Employees shall inform their commanders of where and how they may be contacted. Employees shall report to their commander the use of prescription medication which might be reasonably expected to adversely affect their job performance. Employees who are off duty as a result of occupational injuries and illnesses shall be assigned to their residence, with an assigned work shift of 0800 hours to 1700 hours, Monday through Friday.

Employees shall be responsible for making appropriate notifications to their supervisor when requesting use of vacation credit, completing time and activity documents, attending state provided medical appointments, notifying their supervisor of their medical status, and providing their physician with a CHP 443, Approval of Limited Duty Assignment.

- Employee Tracking System. Commanders shall maintain a tracking system of all employees who are assigned to limited duty or are off duty as a result of an occupational injury or illness. The purpose of the tracking system is to provide a readily accessible means of identifying those employees and providing status updates.
- Required Notification. Commanders shall provide notification, via Comm-Net message, to the appropriate Assistant Commissioner, Division commander, Disability and Retirement Section, and Personnel Services Section (Transactions Unit) of any employee who is off duty as a result of an occupational injury or illness for 30 calendar days or more. Included within the Comm-Net message shall be the date of last contact with the employee.
- Secondary-Employment Requests. Commanders may require written authorization from employee's medical care providers indicating their secondary-employment will not affect their ability to recover in those cases where employees are on sick leave, assigned to limited duty, or placed off duty due to medical conditions. Additionally, employees shall notify their supervisors if their secondary-employment is affecting their ability to recover.

ANNEX P

COMMANDER'S MEMORANDUM ATTACHMENT (SAMPLE) (REVISED 11-06.)

Commanders shall reinstate suspended secondary-employment requests upon receipt of written authorization from employee's medical care providers indicating the secondary-employment will not impede the employees' ability to recover.

- Return to Work. Employees shall return to full or limited duty as soon as medically appropriate.
- Limited Duty/Return To Work Policy. Commanders shall maintain ongoing communication as appropriate with employee's medical care providers and ensure that temporarily disabled employees return to work in a limited duty capacity as soon as medically appropriate. Commanders shall assign appropriate limited duty based on the employee's medically approved activities, employee skills, and the needs of the Department. A vacant employment position need not exist when assigning limited duties. The duration of the limited-duty assignment shall be directed by the nature of the injury or illness and the needs of the Department on a case-by-case basis not to exceed two years.
- Effective Date of Return to Full Duty. Employees shall be returned to full duty upon their command's receipt of written authorization from the employee's medical care provider and/or in accordance with the estimated date of return to full duty documented on the employee's CHP 443, Approval of Limited Duty Assignment.
- Completed STD. 634, Absence Request. Employees shall ensure submission of their completed and signed STD. 634s, Absence Request, to their commands no later than the first working day following the end of each pay period. Failure to submit documents in a timely manner may result in delayed benefits.

ADDITIONAL INFORMATION:

- CHP 600, Right to Privacy Instructions Relative to Occupational Injuries/Illnesses and Vehicle Accident Reports, and CHP 601, Coping with Your Injury, contains additional information regarding workers' compensation benefits.

ACKNOWLEDGMENT:

Employee's Signature

Date

ANNEX P

AUTHORIZED MEDICAL CARE PROVIDERS MEMORANDUM (SAMPLE) (REVISED 11-0-6.)

State of California

Business, Transportation and Housing Agency

M e m o r a n d u m

Date: November 1, 2006

To: All Employees, Sierra Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Sierra Division

File No.: 00.00000.amcp97

Subject: EMPLOYEE MEDICAL CARE RELEVANT TO OCCUPATIONAL INJURY
OR ILLNESS

Sierra Division has authorized Sierra Medical Care Centers to treat Division employees who sustain occupational injuries or illnesses. This does not preclude employees from choosing to be seen by their predesignated preferred medical care providers. However, the predesignation of a medical care provider and/or facility shall not supersede the Department's responsibility to provide prompt and proper medical care.

Three Sierra Medical Care Centers are located in the Sierra Valley region. The Centers are staffed by physicians and include laboratory and X-ray facilities. Section commanders have been provided authorization slips to be completed prior to each treatment. Refer to the authorization slips for dates and hours of the Centers' operations. Directions to the Centers are attached to the authorization slips.

X. J. SMITH, Chief

Safety, Service, and Security


CHP 51WP (Rev. 11-06) OPI 076

ANNEX P

STD 621, NOTICE TO STATE EMPLOYEES

POST IN A CONSPICUOUS PLACE

NOTICE TO STATE EMPLOYEES



- IT IS STATE POLICY** to provide all necessary and reasonable medical treatment for employee injuries or illnesses caused by and/or sustained in the course of State employment.
- ALWAYS IMMEDIATELY NOTIFY YOUR SUPERVISOR OF ANY WORK-RELATED INJURY OR ILLNESS.** Your employer will provide you with a notice of potential eligibility for benefits and a claim form on which you must describe the circumstances of the injury. The form should be completed and returned to your supervisor as soon as possible to protect your benefits.
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.
- SUPERVISORS, or other trained personnel, shall insure that appropriate first aid is provided.** Supervisors, if necessary, shall arrange for prompt treatment from an authorized physician or medical facility.
- FIRST AID SUPPLIES** are located in/at:

SERVICE	NAME	ADDRESS	PHONE NO.
AUTHORIZED MEDICAL PROVIDERS:			
PARAMEDICS:			
AMBULANCE SERVICES:			
OTHER:	State Police		
	Local Police and Fire ...	—————	9-1-1
	Poison Control Center ...		

- EMPLOYEES** may be treated by their designated personal physician following a work-related injury or illness. For this, a physician designation form must be completed and on file with the employer prior to the injury or illness.
- SUPERVISORS** must complete the Supervisor's Review Section on the reverse side of State Fund Form 3067 Employers Report of Injury or Occupational Illness or approved equivalent following all work-related injuries or illnesses.
- COMPENSATION PAYMENTS** will be made in accordance with State Law and, if applicable, your choice of available benefit options.
- VOCATIONAL REHABILITATION** benefits and services will be provided to qualified employees if their work-related injuries or illnesses prevent them from returning to their regular assignment.
- DEATH BENEFITS** will be paid to qualified dependents as provided by law.
- STATE COMPENSATION INSURANCE FUND**, as either adjusting agent or insurance carrier, adjusts all State employee workers' compensation claims. For further information call:

NAME	PHONE NO. (CALLNET IF APPLICABLE)
------	-----------------------------------

OR

Information and Assistance Officer, Division of Workers' Compensation	
CITY	PHONE NO. (CALLNET IF APPLICABLE)

- OFF-DUTY RECREATIONAL, SOCIAL, OR ATHLETIC ACTIVITY:** Your agency, or the insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not part of the employee's work-related duties.
- This form was prepared by:

NAME	DATE	PHONE NO. (CALLNET IF APPLICABLE)
------	------	-----------------------------------

ANNEX P

SAFETY AND HEALTH PROTECTION ON THE JOB

SAFETY AND HEALTH PROTECTION

ON THE JOB



State of California
Department of Industrial Relations

California law provides job safety and health protection for workers under the Cal/OSHA program. This poster explains the basic requirements and procedures for compliance with the state's job safety and health laws and regulations. The law requires that this poster be displayed. (Failure to do so could result in a penalty of up to \$7,000.)

WHAT AN EMPLOYER MUST DO:

All employers must provide work and workplaces that are safe and healthful. In other words, as an employer, you must follow state laws governing job safety and health. Failure to do so can result in a threat to the life or health of workers, and substantial monetary penalties.

You must display this poster so everyone on the job can be aware of basic rights and responsibilities.

You must have a written and effective injury and illness prevention program for your employees to follow.

You must be aware of hazards your employees face on the job and keep records showing that each employee has been trained in the hazards unique to each job assignment.

You must correct any hazardous condition that you know may result in serious injury to employees. Failure to do so could result in criminal charges, monetary penalties, and even incarceration.

You must notify the nearest Cal/OSHA office of any serious injury or fatality occurring on the job. Be sure to do this immediately after calling for emergency help to assist the injured employee.

WHAT AN EMPLOYER MUST NEVER DO:

Never permit an employee to do work that violates Cal/OSHA law.

Never permit an employee to be exposed to harmful substances without providing adequate protection.

Never allow an untrained employee to perform hazardous work.

EMPLOYEES HAVE CERTAIN RIGHTS IN WORKPLACE SAFETY & HEALTH:

As an employee, you (or someone acting for you) have the right to file a complaint and request an inspection of your workplace if conditions there are unsafe or unhealthful. This is done by contacting the local district office of the Division of Occupational Safety and Health (see list of offices). Your name is not revealed by Cal/OSHA, unless you request otherwise.

You also have the right to bring unsafe or unhealthful conditions to the attention of the Cal/OSHA investigator making an inspection of your workplace. Upon request, Cal/OSHA will withhold the names of employees who submit or make statements during an inspection or investigation.

Any employee has the right to refuse to perform work that would violate a Cal/OSHA or any occupational safety or health standard or order where such violation would create a real and apparent hazard to the employee or other employees.

You may not be fired or punished in any way for filing a complaint about unsafe or unhealthful working conditions, or using any other right given to you by Cal/OSHA law. If you feel that you have been fired or punished for exercising your rights, you may file a complaint about this type of discrimination by contacting the nearest office of the Department of Industrial Relations, Division of Labor Standards Enforcement (State Labor Commissioner) at the San Francisco office of the U.S. Department of Labor, Occupational Safety and Health Administration. (Employees of state or local government agencies may only file these complaints with the State Labor Commissioner.) Consult your local telephone directory for the office nearest you.

EMPLOYEES ALSO HAVE RESPONSIBILITIES:

To keep the workplace safe and your co-workers safe, you should tell your employer about any hazard that could result in an injury or illness to people on the job.

While working, you must always obey state job safety and health laws.

HELP IS AVAILABLE:

To learn more about job safety rules you may contact the Cal/OSHA Consultation Service for free information, required forms and publications. You can also contact a local district office of the Division of Occupational Safety and Health. If you prefer, you may retain a competent private consultant, or ask your workers' compensation insurance carrier for guidance in obtaining information.

SPECIAL RULES APPLY IN WORK AROUND HAZARDOUS SUBSTANCES:

Employers who use any substance listed as a hazardous substance in Section 508 of Title 8 of the California Code of Regulations, or subject to the Federal Hazardous Communications Standard (29 CFR 1910.1202), must provide employees with information on the contents on Material Safety Data Sheets (MSDS), or equivalent information about the substance that trains employees to use the substance safely.

Employers shall make available on a timely and reasonable basis a Material Safety Data Sheet on each hazardous substance in the workplace upon request of an employee, an employee collective bargaining representative, or an employee's physician.

Employees have the right to see and copy their medical records and records of exposure to potentially toxic materials or harmful physical agents.

Employers must allow access by employees or their representatives to accurate records of employee exposures to potentially toxic materials or harmful physical agents, and notify employees of any exposure in concentration or levels exceeding the exposure limits allowed by Cal/OSHA standards.

Any employee has the right to observe monitoring or measuring of employee exposure to hazards conducted pursuant to Cal/OSHA regulations.

WHEN CAL/OSHA COMES TO THE WORKPLACE:

A trained Cal/OSHA safety engineer or industrial hygienist may periodically visit the workplace to make sure your employer is obeying job safety and health laws.

An inspection will also be conducted when a legitimate complaint is filed by an employee with the Division of Occupational Safety and Health.

Cal/OSHA also goes to the workplace to investigate a serious injury or fatality.

When an inspection begins, the Cal/OSHA investigator will show official identification from the Division of Occupational Safety and Health.

The employer, or someone the employer chooses, will be given an opportunity to accompany the investigator during the inspection. A representative of the employees will be given the same opportunity. Where there is no authorized employee representative, the investigator will talk to a reasonable number of employees about safety and health conditions at the workplace.

VIOLATIONS, CITATIONS & PENALTIES:

If the investigation shows that the employer has violated a safety and health standard or order, then the Division of Occupational Safety and Health issues a citation. Each citation specifies a date by which the violation must be abated. A notice, which carries no monetary penalty, may be issued in lieu of a citation for certain non-serious violations.

Citations carry penalties of up to \$7,000 for each regulatory, general or serious violation. Additional penalties of up to \$7,000 per day may be imposed for each failure to correct a violation by the abatement date shown on the citation. A penalty of not less than \$5,000 nor more than \$70,000 may be assessed an employer who willfully violates any occupational safety and health standard or order. The maximum civil penalty that can be assessed for each repeat violation is \$75,000. It will be double that amount if the violation causes the death or permanent impairment of the body of any employee. Upon conviction, it is a fine of not more than \$75,000, or imprisonment of not more than six months, or both.

While government penalties may be filed on the same basis as other employers, and abatement dates set, civil penalties will not be assessed.

The law provides that employers may appeal citations within 15 working days of receipt to the Occupational Safety and Health Appeals Board.

An employer who receives a citation, Order to Take Special Action, or Special Order must post it prominently at or near the place of the violation for three working days, or until the unsafe condition is corrected, whichever is longer, to warn employees of danger that may exist there. Any employee may protest the time allowed for correction of the violation to the Division of Occupational Safety and Health or the Occupational Safety and Health Appeals Board.

OFFICES OF THE DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

HEADQUARTERS: 455 Golden Gate Ave.—Room 5202, San Francisco CA 94102 — Telephone (415) 763-4341

District & Field Offices

Anaheim	2100 East Katella Ave.—Suite 140, 92806	(714) 829-0145	Tommye	800 Howe St.—Suite 100, 95202	(310) 516-3734
Bakersfield	4800 Stockdale Highway—Suite 212, 93309	(805) 395-0718	Ukiah	420 Kings Court—Suite 5, 95480	(310) 463-4783
Chico	555 Pine Lake—Suite A, 95925	(916) 895-4781	Van Nuys	6150 Van Nuys Blvd.—Suite 405, 91401	(818) 801-5403
Concord	1485 Ernie Circle—Bldg. E, Suite 900, 94520	(510) 878-5353	Ventura	1855 Mission Viejo—Room 150, 93003	(805) 854-4541
Corvallis	1123 South Parkview—Suite 100, 97324	(503) 898-1190			
Eureka	618 Second St.—Room 108, 95501	(707) 445-8811			
Fresno	2510 Marston St.—Room 4006, 93721	(208) 445-0302	Regional Offices		
Los Angeles	3555 West Sixth St.—Room 431, 90009	(213) 756-5841	Anaheim	2100 East Katella Ave.—Suite 140, 92806	(714) 829-0145
Modesto	1208 Woodrow Ave.—Suite C-4, 95350	(208) 578-6290	Los Angeles	3555 West Sixth St.—Room 431, 90009	(213) 756-5841
Oakland	7750 Edgewater Dr.—Suite 125, 94621	(510) 568-8832	Sacramento	2424 Arden Way—Suite 115, 95825	(916) 263-2603
Palo Alto	9455 East Station Ave., 95060	(415) 948-7877	San Francisco	1290 Market St.—Suite 522, 94102	(415) 557-9640
Redding	361 Hamard Dr., 96002	(916) 324-4343			
Sacramento	2424 Arden Way—Suite 115, 95825	(916) 263-2600			
Salinas	1184 Marina St.—Suite 1, 93906	(408) 443-3666			
San Bernardino	242 East Alport Dr.—Suite 103, 92408	(714) 393-4321			
San Diego	7827 Conroy Court—Suite 140, 92111	(619) 237-7325			
San Francisco	1290 Market St.—Suite 718, 94102	(415) 557-1677			
San Jose	2010 North First St.—Suite 401, 95131	(408) 452-7388			
San Mateo	1980 South Norfolk St.—Suite 215, 94403	(415) 573-3812			
Santa Rosa	1221 Farmers Lane—Suite 300, 95405	(707) 578-2388			

Information on Cal/OSHA job safety and health standards is carried out by the Division of Occupational Safety and Health, under the California Department of Industrial Relations. OSHA has primary responsibility for administering the Cal/OSHA program. Safety and health standards are promulgated by the Occupational Safety and Health Standards Board. Anytime dealing to register a complaint or filing a violation in the administration of the California Occupational Safety and Health Plan may do so by contacting the San Francisco Regional Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor (Tel. 415/763-4341). OSHA monitors the operation of state plans to ensure that continued approval is merited.

FEBRUARY 1989

ANNEX P

CAL-OSHA S-11, ACCESS TO MEDICAL AND EXPOSURE RECORDS

ACCESS TO MEDICAL AND EXPOSURE RECORDS

BY CAL/OSHA REGULATION
—GENERAL INDUSTRY SAFETY ORDER 3204—
YOU HAVE THE RIGHT TO SEE AND COPY:

- Your medical records and records of exposure to toxic substances or harmful physical agents.
- Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours.
- Material Safety Data Sheets or other information that exists for chemicals or substances used in the workplace, or to which employees may be exposed.

THESE RECORDS ARE AVAILABLE AT: _____
(Location)

Health and Safety Section, Occupational Safety Unit

FROM: _____
(Person Responsible)

Departmental Safety Coordinator

A COPY OF GENERAL INDUSTRY SAFETY ORDER 3204
IS AVAILABLE FROM: _____

Health and Safety Section, Occupational Safety Unit

The above information satisfies the requirements of GISO 3204 (g), which may be done by posting this placard in the workplace, or by any similar method the employer chooses.



November 1993
S-11

State of California
Department of Industrial Relations
Cal/OSHA Publications
P.O. Box 420603
San Francisco, CA 94142-0603

ANNEX P

DEPARTMENT OF INDUSTRIAL RELATIONS, DIVISION OF OCCUPATIONAL SAFETY AND HEALTH OFFICES *(Revised 11-02.)*

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF OCCUPATIONAL SAFETY AND HEALTH		
HEADQUARTERS:	455 Golden Gate Ave., 10 th Floor, San Francisco, 94102	(415) 703-5100
<u>CAL-OSHA COMPLIANCE OFFICES</u>		
Regional Offices:		
Anaheim	2100 East Katella Ave., Suite 125, Anaheim, 92806	(714) 939-8611
Sacramento	2424 Arden Way, Suite 125, Sacramento, 95825	(916) 263-2803
San Francisco	1221 Farmers Lane, Suite 300, Santa Rosa, 95405	(707) 576-2419
Van Nuys	6150 Van Nuys Blvd., Suite 140, Van Nuys, 91401	(818) 901-5730
District & Field Offices:		
Anaheim	2100 East Katella Ave., Suite 140, Anaheim, 92806	(714) 939-0145
Concord	1465 Enea Cir., Bldg. E, Suite 900, Concord, 94520	(925) 602-6517
Foster City	1065 E. Hillsdale Blvd., Suite 110, Foster City, CA 94404	(650) 573-3812
Fresno	2550 Mariposa St., Room 4000, Fresno, 93721	(559) 445-5302
Los Angeles	320 W. Fourth St., Room 850, Los Angeles, 90013	(213) 576-7451
Modesto	1209 Woodrow, Suite C-4, Modesto, 95350	(209) 576-6260
Oakland	1515 Clay St., Suite 1301, Oakland, 94612	(510) 622-2916
Pico Rivera	9459 E. Slauson Ave., Pico Rivera, 90660	(562) 949-7827
Sacramento	2424 Arden Way, Suite 165, Sacramento, 95825	(916) 263-2800
San Bernardino	464 W. Fourth St., Suite 332, San Bernardino, 92401	(909) 383-4321
San Diego	7575 Metropolitan Dr., Suite 207, San Diego, 92108	(619) 767-2280
San Francisco	455 Golden Gate Ave., Room 1524, San Francisco, 94102	(415) 703-5210
San Jose	2010 N. First St., Suite 401, San Jose, 95131	(408) 452-7288
Santa Rosa	1221 Farmers Lane, Suite 300, Santa Rosa, 95405	(707) 576-2388
Torrance	680 Knox St., Suite 100, Torrance, 90502	(310) 516-3734
Van Nuys	6150 Van Nuys Blvd., Suite 405, Van Nuys, 91401	(818) 901-5403
Ventura	1655 Mesa Verde Ave., Room 150, Ventura, 93003	(805) 654-4581
West Covina	1906 W. Garvey Ave. S., Suite 200, West Covina, 91790	(626) 472-0046
<u>CAL-OSHA CONSULTATION SERVICE OFFICES</u>		
Headquarters:	2211 Park Towne Cir., Suite 4, Sacramento, 95825	(916) 574-2555
Area Offices:		
Fresno/Central Valley	1901 N. Gateway Blvd., Suite 102, Fresno, 93727	(559) 454-1295
Oakland/San Francisco Bay Area	1515 Clay St., Suite 1103, Oakland, 94612	(510) 622-2891
Sacramento/Northern CA	2424 Arden Way, Suite 410, Sacramento, 95825	(916) 263-0704
San Bernardino/Inland Empire/ Orange County	464 W. 4 th St., Suite 339, San Bernardino, 92401	(909) 383-4567
San Diego/Imperial Valley	7575 Metropolitan Dr., Suite 204, San Diego, 92108	(619) 767-2060
San Fernando Valley/Santa Barbara/NW Los Angeles County	Suite 307, Van Nuys, 91401	6150 Van Nuys Blvd., (818) 901-5754
Santa Fe Springs/Los Angeles Metro Area	10350 Heritage Park Dr., Suite 201, Santa Fe Springs, 90670	(562) 944-9366

ANNEX P

STATE COMPENSATION INSURANCE FUND OFFICES (Revised 11-06.)

STATE COMPENSATION INSURANCE FUND OFFICES WITH STATE CONTRACT CLAIMS				
<u>Office</u>	<u>Mailing Address</u>	<u>Physical Address</u>	<u>Phone #</u>	<u>Fax #</u>
Sacramento	P.O. Box 659011 Sacramento, CA 95865-9011	2450 Venture Oaks Drive Suite 500 Sacramento, CA 95833	(916) 569-3000	(916) 569-3099

ANNEX P

CHP 242, EMPLOYEE PREDESIGNATION OF TREATING PHYSICIAN

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

EMPLOYEE PREDESIGNATION OF TREATING PHYSICIAN

CHP 242 (NEW 01-05) OPI 039

EMPLOYEE NAME	I.D. NUMBER	SOCIAL SECURITY NUMBER		DATE OF BIRTH
EMPLOYEE ADDRESS (Number, Street, Apt. No.)	CITY	STATE CA	ZIP CODE	DATE OF HIRE

- I. I hereby designate the physician listed below as my treater, in the event of an on-the-job injury occurring on or after the date of this notice:

DOCTOR'S NAME	TELEPHONE NUMBER		
DOCTOR'S ADDRESS (Number, Street, Apt. No.)	CITY	STATE CA	ZIP CODE

EMPLOYEE'S SIGNATURE	DATE
----------------------	------

- II. I agree to be the predesignated physician. I certify that I am the primary care physician and have previously directed the medical treatment of this employee and retain their medical records, including medical history.

PHYSICIAN'S SIGNATURE	DATE
-----------------------	------

PRIVACY NOTICE: The Information Practices Act of 1977 (CC 1798.17) and the Federal Privacy Act of 1974 (PL 93-579) require that this notice be provided when collecting personal information from individuals. Providing the social security number is voluntary and is being requested for identification purposes only. The processing of this document may be hampered if you do not supply your social security number.

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ANNEX P

COMMANDER'S LETTER TO PHYSICIAN (SAMPLE) (REVISED 11-06.)

State of California—Business, Transportation and Housing Agency ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
P. O. Box 942898
Sacramento, CA 94298-0001
(916) 375-1111
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)



(Date)

File No.: *(Enter File Number)*

Jane Doctor, M.D.
123 Main Street
Townsville, CA 91234

Dear Dr. Doe:

Thank you for treating Mr. John Doe for his industrial back injury of January 1, 2005.

The purpose of this letter is to advise you that the Department is committed to assisting its injured workers in returning to work as soon as medically appropriate. If you believe Mr. Doe is temporarily disabled from performing full duty while recovering from his injury, the CHP has modified duty assignments available for limited periods of time. If you feel Mr. Doe is capable of performing a modified duty assignment while recovering from his injury, please advise the Department at your earliest convenience along with any work restrictions you deem appropriate. Upon receipt of your report, the Department will complete an Approval of Limited Duty Assignment form for your review and approval.

If you have any questions regarding the CHP's ability to return Mr. Doe to full or limited duty, please do not hesitate to contact me.

Sincerely,

X.J. SMITH, Captain

Enclosures: State Personnel Board, Classification Specification
CHP 225 (Uniformed employee's only)

cc: State Compensation Insurance Fund
Disability and Retirement Section

Safety, Service, and Security

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ANNEX Q

CALIFORNIA LABOR CODE, SECTION 6410

REPORTS; TIME, PLACE OF FILING AND CONTENTS; RECORDS AND REPORTS FOR FEDERAL ACTS; STATE AND LOCAL GOVERNMENT EMPLOYERS

The reports required by subdivision (a) of Section 6409, subdivision (a) of Section 6409.1, and Section 6413 shall be made in the form and detail and within the time limits prescribed by reasonable rules and regulations adopted by the Division of Labor Statistics and Research in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Nothing in this chapter requiring recordkeeping and reporting by employers shall relieve the employer of maintaining records and making reports to the assistant secretary, United States Department of Labor, as required under the Federal Occupational Safety and Health Act of 1970 (Public Law 91-596). The Division of Labor Statistics and Research shall prescribe and provide the forms necessary for maintenance of the required records, and the Division of Occupational Safety and Health shall enforce by citation and penalty assessment any violation of the recordkeeping requirements of this chapter.

All state and local government employers shall maintain records and make reports in the same manner and to the same extent as required of other employers by this section.

ANNEX Q

CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 8

ARTICLE 2. EMPLOYER RECORDS OF OCCUPATIONAL INJURY OR ILLNESS

Section 14300. Federally Required Recordkeeping
Materials. NOTE: Authority cited: Sections 6409-6410,
Labor Code

14301. Log and Summary of Occupational Injuries and Illnesses.

(a) Except as provided in Sections 14314 and 14315, each private employer and each State and local public agency (referred to hereafter as "employer") shall:

(1) Maintain in each establishment a log of all recordable occupational injuries and illnesses for that establishment; and

(2) Enter each recordable occupational injury and illness on the log as early as practicable but no later than six (6) working days after receiving information that a recordable case has occurred.

(b) For this purpose, Form CAL/OSHA No. 200 or an equivalent which is as readable and comprehensible to a person not familiar with it shall be used. The log and summary shall be completed in the detail provided in the form and instructions on Form CAL/OSHA No. 200.

(c) Any employer may maintain the log of occupational injuries and illnesses at a place other than the establishment or by means of data-processing equipment, or both, under the following circumstances:

(1) There is available at the place where the log is maintained sufficient information to complete the log to a date within six (6) working days after receiving information that a recordable case has occurred, as required by paragraph (a) of this section.

(2) At each of the employer's establishments, there is available a copy of the log which reflects separately the injury and illness experience of that establishment complete and current to a date within 45 calendar days.

ANNEX R

OSHA NO. 300 LOG, DEFINITIONS OF FIRST AID AND MEDICAL TREATMENT (revised 11-02.)

The distinction between first aid and medical treatment depends not only on the treatment provided, but also on the severity of the injury being treated.

"First Aid" treatment is a one-time treatment and subsequent observation of minor injuries, even though provided by a medical care provider, and should not be recorded unless loss of consciousness, restriction of work or motion, or transfer to another job occurs. First Aid includes:

- Simple bandaging (including elastic ace bandages during first visit to medical care provider).
- Ointments to prevent drying or cracking of skin.
- Application of antiseptics during first visit to medical care provider.
- Removal of foreign bodies (not embedded in eye) by tweezers or other simple techniques, or by simple eye irrigation.
- Application of hot or cold compresses during first visit to medical care provider.
- Heat treatments, soaking therapy, and whirlpool treatments during first visit to medical care provider.
- Use of nonprescription medications and prescription medication (if single dose administered during first visit for minor injury or discomfort).
- Treatment of first degree burns.
- Negative X-ray diagnosis for fractures.
- Manipulative treatments or exercises.
- Simple cleansing or flushing with soap and water or antiseptics.
- Admission to hospital for observation only.
- Other procedures commonly regarded as first aid.

"Medical Treatment" includes:

- Treatment of actual infection.
- Application of sutures (stitches).
- Application of "Butterfly" sutures and "Steristrips."
- Application of a cast or other professional means of immobilizing a fracture, sprain, or dislocation.
- Application of a cast or other professional means of immobilizing a fracture, sprain, or dislocation.
- Application of antiseptics during second or subsequent visit to medical care provider.
- Removal of foreign bodies requiring skilled services of a medical care provider due to depth of embedment, size or shape of the object, or location of the wound.
- Surgical incision (opening) of infections.
- Use of hot or cold soaking therapy, application of hot or cold compresses, use of whirlpool bath therapy, or application of heat therapy during second or subsequent visit to medical care provider.
- Use of prescription medications (except single dose administered during first visit for minor injury or discomfort).
- Treatment of second or third degree burns by surgery, prescription medication, skin grafting, or series of soaks.
- Positive X-ray diagnosis (fractures, broken bones, etc.)
- Admission to a hospital or equivalent medical facility for treatment.
- Other treatment that can only be administered by or under the direction of a physician.

NOTE: Preventive procedures, such as tetanus toxoid, rabies vaccine, or gamma globulin injections; diagnostic procedures, such as X-rays, slit-lamp eye examinations, and hospitalization for observation; and analgesics and other medications given solely for pain are not considered medical treatment for the purpose of determining recordability under OSHA requirements.

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ANNEX S

OSHA NO. 300 LOG – COMPLETION INSTRUCTIONS (*Revised 11-02.*)

An Overview:

Recording work-related injuries and illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 Code of Federal Regulations (CFR) Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary*, Form 300A, shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in the workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer. Note that your employees have a right to review the injury and illness records. For more information, see 29 CFR Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on a *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See

29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

Which work-related injuries and illnesses should you record?

Record the work-related injuries and illnesses that result in:

- ◆ death,
- ◆ loss of consciousness,
- ◆ days away from work,
- ◆ restricted work activity or job transfer, or
- ◆ medical treatment beyond first aid. You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- ◆ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;

- ◆ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;

- ◆ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are **NOT** recordable:

- ◆ visits to a doctor or health care professional solely for observation or counseling;
- ◆ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ◆ any procedure that can be labeled first aid. (See below for more information about first aid.)

What is first aid?

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ◆ using non-prescription medications at non-prescription strength;
- ◆ administering tetanus immunizations;
- ◆ cleaning, flushing, or soaking wounds on the surface;
- ◆ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ◆ using hot or cold therapy;

ANNEX S

OSHA NO. 300 LOG - COMPLETION INSTRUCTIONS (*Revised 11-02.*)

- ◆ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ◆ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ◆ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ◆ using eye patches;
- ◆ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ◆ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from the areas other than the eye;
- ◆ using finger guards;
- ◆ using massages;
- ◆ drinking fluids to relieve heat stress.

How do you decide if the case involved restricted work?

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How do you count the number of days restricted work activity or the number of days away from work?

Count the number of calendar days the employee was on restricted work activity or was away from work as the result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day after the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted

work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under what circumstances should you NOT enter the employee's name on the OSHA form 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ◆ an injury or illness to an intimate body part or to the reproductive system,
- ◆ an injury or illness resulting from a sexual assault,
- ◆ a mental illness,
- ◆ a case of HIV infection, hepatitis, or tuberculosis,
- ◆ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part for definition), and
- ◆ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employees names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the person's injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate

or private nature.

What if the outcome changes after you record the case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases,

ANNEX S

OSHA NO. 300 LOG – COMPLETION INSTRUCTIONS (*revised 11-02.*)

vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals such as formaldehyde.

All other illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis;

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ANNEX T

WORKSHEET TO HELP YOU FILL OUT THE SUMMARY 300A (REVISED 11-02.)

How to figure the average number of employees who worked for your establishment during this year:

-
-
-
-

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees		
1	10	Number of employees paid = 830	☞
2	0		
3	15	Number of pay periods = 26	✕
4	30		
5	40	$\frac{830}{26} = 31.92$	✕
◆	◆		
24	20	31.92 rounds to 33	☞
25	15		
26	<u>+10</u>		
	830	32 is the annual average number of employees	

ANNEX T

WORKSHEET TO HELP YOU FILL OUT THE SUMMARY 300A (*Revised 11-02.*)

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour; please estimate the hours that the employees actually worked.

If this number is not available, you can use this optional worksheet to estimate it.

Optional Worksheet

	_____	Find the number of full-time employees in your establishment for the year.
X	_____	Multiply by the number of work hours for a full-time employee in a year.
	_____	This is the number of full-time hours worked.
+	_____	Add the number of any overtime hours, as well as the hours worked by other employees (part-time, temporary, seasonal)
	_____	Round the answer to the next highest whole number. Write the rounded number in the blank marked. <i>Total hours worked by all employees last year.</i>

ANNEX U

FITNESS CHALLENGE EVENT PROTOCOLS

1.5-MILE RUN:

Purpose:

To challenge the employee in an aerobic power event.

Protocol:

The employee will run 1.5 miles for time on a track/course comprised of a level, firm surface. Below are the maximum times in minutes allowed to reach the fifty percentile in this event based on age and gender.

AGE

	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	12:18	12:51	13:53	14:55
Female:	14:55	15:26	16:27	17:24

SIT AND REACH:

Purpose:

To challenge the employee in a lower back flexibility event.

Protocol:

The employee sits on an exercise mat facing a measuring device, and places the soles of his/her feet against a flat surface. Keeping the knees fully extended, the employee slowly bends forward, extending his/her hands to touch the flat surface next to the feet. Simultaneously, the employee stretches forward to the point of tension at the farthest distance possible. Below are the minimum inches necessary to meet the fifty percentile based on age and gender.

AGE

	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	17.5	16.5	15.3	14.5
Female:	20.00	19.0	18.0	17.9

ANNEX U
FITNESS CHALLENGE EVENT PROTOCOLS

300 METER RUN:

Purpose:

To challenge the employee in an anaerobic power event.

Protocol:

The employee will run 300 meters for time on a track/course comprised of a level, firm surface. Below are the maximum times in seconds allowed, based on age and gender, in order to reach the fifty percentile in this event.

AGE

	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	64	64.5	66.4	67.9
Female:	72.6	74.8	76.8	79.2

ANNEX U
FITNESS CHALLENGE EVENT PROTOCOLS

SIT-UPS:

Purpose:

To challenge the employee in an abdominal muscular endurance event.

Protocol:

The employee will lie on his/her back with knees flexed and feet flat on the exercise mat. Accordingly, the employee will place his/her hands at the side of the head near the ears. The sit-up movement will begin with a roll up to a sitting position with the head close to the knees. The employee will then roll back to the beginning position, ensuring the middle of the back makes contact with the floor before sitting back up. The employee will perform as many sit-ups as possible in one minute. Below are the minimum number of sit-ups required to reach the fifty percentile, according to age and gender.

(Revised 8-00.)

	<u>AGE</u>			
	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	40.0	36.0	31.0	26.0
Female:	35.0	27.0	22.0	17.0

ANNEX U
FITNESS CHALLENGE EVENT PROTOCOLS

PUSH-UPS:

Purpose:

To challenge the employee in an upper body muscular endurance event.

Protocol:

The employee will place his/her hands on the floor slightly outside shoulder width, supporting the body weight on his/her hands and toes (females may perform the modified push-up on their hands and knees). Keeping the body straight, employee will bend elbows, lowering the chest until it almost touches the floor, then push him/herself back up. The employee will perform as many of these push-ups within one minute required to reach the fifty percentile, according to age and gender. *(Revised 8-00.)*

AGE

	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	33	27	21	15
Female:	26	21	15	13

ANNEX U

FITNESS CHALLENGE EVENT PROTOCOLS

3.0 Mile Walk: (alternative to 1.5 mile run)

An alternative task for employees unable to participate in the 1.5 mile run has been designed. The employee will have the option of completing a 3.0 mile walk as an alternative physical task, and must complete the walk in a designated time based on age and gender guidelines.

Purpose:

To challenge the employee in an aerobic power event.

Protocol:

The employee will walk 3.0 miles on a track/course comprised of a level, firm surface. Below are the maximum times in minutes allowed to reach the fifty percentile in this event based on age and gender.

NOTE: Employee is not allowed to run or jog during this event.

AGE

	<u>21-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50+</u>
Male:	42:00	44:30	47:00	50:00
Female:	44:00	46:30	49:00	52:00

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ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

MALES AGE 21-29							
National Percentile	Sit-Ups (1-Minute)	Push-Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	56 or more	100 or more	23.1 or more	6:29 or less		47.3 or less	20
95	55	62	23.0	8:13		49.0	19
90	52	57	21.8	9:09		50.3	18
85	49	51	21.0	9:45		52.4	17
80	47	47	20.5	10:16		53.9	16
75	46	44	20.0	10:42		55.1	15
70	45	41	19.5	10:47		57.3	14
65	44	39	19.0	11:18		59.2	13
60	42	37	18.5	11:41		61.2	12
55	41	35	18.0	11:49		63.4	11
50*	40	33	17.5	12:18	42:00	64.0	10
45	39	31	17.0	12:20		66.1	9
40	38	29	16.5	12:51		69.0	8
35	37	27	16.0	13:06		71.7	7
30	35	26	15.5	13:22		73.1	6
25	34	24	15.0	13:53		75.2	5
20	33	22	14.4	14:13		77.0	4
15	32	19	13.5	14:24		78.9	3
10	30	18	12.3	15:10		81.1	2
5	27	13	10.5	16:12		83.0	1
1	26 or less	12 or less	10.0 or less	17:48 or more		85.2 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

MALES AGE 30-39							
National Percentile	Sit-Ups (1-Minute)	Push-Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	52 or more	86 or more	22.1 or more	7.11 or less		48.7 or less	20
95	51	52	22.0	8:44		50.0	19
90	48	46	21.0	9:30		51.2	18
85	45	41	20.0	10:16		53.5	17
80	43	39	19.5	10:47		55.0	16
75	42	36	19.0	11:18		56.5	15
70	41	34	18.5	11:34		58.9	14
65	40	31	18.0	11:49		60.3	13
60	39	30	17.5	12:20		62.1	12
55	37	29	17.0	12:38		64.0	11
50*	36	27	16.5	12:51	44:30	64.5	10
45	36	25	16.0	13:22		67.1	9
40	35	24	15.5	13:36		69.8	8
35	33	21	15.0	13:53		72.5	7
30	32	20	14.5	14:08		74.2	6
25	31	19	13.8	14:24		76.6	5
20	30	17	13.0	14:52		78.7	4
15	28	15	12.0	15:20		80.3	3
10	26	13	11.0	15:52		82.6	2
5	23	9	9.3	16:27		84.5	1
1	22 or less	8 or less	9.0 or less	18:00 or more		86.4 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

MALES AGE 40-49							
National Percentile	Sit Ups (1-Minute)	Push Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	48 or more	64 or more	21.4 or more	7:42 or less		51.8 or less	20
95	47	40	21.3	9:30		52.9	19
90	43	36	20.0	10:16		54.7	18
85	40	34	19.3	11:18		55.8	17
80	39	30	18.5	11:44		56.7	16
75	37	29	18.0	11:49		57.7	15
70	36	26	17.5	12:34		59.4	14
65	35	25	17.0	12:51		62.6	13
60	34	24	16.3	13:14		63.7	12
55	32	22	16.0	13:22		65.3	11
50*	31	21	15.3	13:53	47:00	66.4	10
45	30	19	15.0	14:08		67.9	9
40	29	18	14.3	14:29		70.0	8
35	28	16	14.0	14:47		73.7	7
30	27	15	13.3	14:56		75.1	6
25	25	13	12.5	15:26		78.5	5
20	24	11	12.0	15:41		80.1	4
15	22	10	11.0	15:57		81.8	3
10	20	9	10.0	16:28		84.2	2
5	17	5	8.3	17:23		85.7	1
1	16 or less	4 or less	8.0 or less	18:51 or more		87.8 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

MALES AGE 50-59							
National Percentile	Sit Ups (1-Minute)	Push Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	44 or more	51 or more	20.6 or more	8:44 or less		55.0 or less	20
95	43	39	20.5	10:40		56.9	19
90	39	30	19.0	11:18		58.1	18
85	36	28	18.3	12:20		59.4	17
80	35	25	17.5	12:51		61.1	16
75	33	24	17.0	13:22		61.9	15
70	31	21	16.5	13:45		62.8	14
65	30	20	16.0	14:03		64.0	13
60	28	19	15.5	14:24		65.9	12
55	27	17	15.0	14:40		67.0	11
50*	26	15	14.5	14:55	50:00	67.9	10
45	25	14	14.0	15:08		69.7	9
40	24	13	13.3	15:26		71.4	8
35	22	11	12.5	15:53		75.0	7
30	21	10	12.0	15:57		77.8	6
25	20	9	11.2	16:23		80.2	5
20	19	8	10.5	16:43		82.0	4
15	17	7	9.7	16:58		83.2	3
10	15	6	8.5	17:29		86.0	2
5	12	3	7.0	18:31		87.1	1
1	11 or less	2 or less	6.0 or less	19:36 or more		89.3 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

FEMALES AGE 21-29							
National Percentile	Sit Ups (1-Minute)	Push Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300Meter Run (Seconds)	Score (Points)
99	52 or more	70 or more	24.6 or more	8:33 or less		53.5 or less	20
95	51	45	24.5	10:47		55.0	19
90	49	42	23.8	11:43		57.0	18
85	45	39	23.0	12:20		58.9	17
80	44	36	22.5	12:51		60.7	16
75	42	34	22.0	13:22		62.6	15
70	41	32	21.5	13:53		64.3	14
65	39	31	21.0	14:08		66.2	13
60	38	30	20.5	14:24		68.4	12
55	37	29	20.3	14:35		70.7	11
50*	35	26	20.0	14:55	44:00	72.6	10
45	34	25	19.5	15:10		75.2	9
40	32	23	19.3	15:26		78.1	8
35	31	22	19.0	15:48		79.7	7
30	30	20	18.3	15:57		82.3	6
25	28	19	17.8	16:26		84.8	5
20	27	17	17.0	16:33		87.0	4
15	24	15	16.4	16:58		89.2	3
10	23	12	15.4	17:21		91.5	2
5	18	9	14.1	18:14		93.5	1
1	17 or less	8 or less	14.0 or less	19:25 or more		95.2 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

FEMALES AGE 30-39							
National Percentile	Sit-Ups (1-Minute)	Push-Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0 Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	43 or more	56 or more	24.1 or more	10:05 or less		55.9 or less	20
95	42	39	24.0	11:49		57.2	19
90	40	36	22.5	12:51		58.6	18
85	38	33	22.0	13:06		60.2	17
80	35	31	21.5	13:43		62.5	16
75	33	29	21.0	14:08		64.2	15
70	32	28	20.5	14:24		66.0	14
65	30	26	20.3	14:50		68.4	13
60	29	24	20.0	15:08		70.3	12
55	28	23	19.5	15:20		72.6	11
50*	27	21	19.0	15:26	46:30	74.8	10
45	26	20	18.5	15:47		77.1	9
40	25	19	18.3	15:57		79.9	8
35	24	17	17.8	16:23		82.3	7
30	22	15	17.3	16:35		84.0	6
25	21	14	16.8	16:58		86.6	5
20	20	11	16.5	17:14		88.5	4
15	18	9	15.5	17:29		90.8	3
10	15	8	14.4	18:00		93.4	2
5	11	4	12.0	18:31		95.0	1
1	10 or less	3 or less	11.5 or less	19:27 or more		96.6 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

FEMALES AGE 40-49							
National Percentile	Sit-Ups (1-Minute)	Push-Ups (1-Minute)	Sit-&-Reach (Inches)	1.5-Mile Run (Minutes)	3.0-Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	39 or more	60 or more	22.9 or more	10:47 or less		57.1 or less	20
95	38	33	22.8	12:51		58.3	19
90	34	28	21.5	13:22		60.2	18
85	32	26	21.3	14:06		62.4	17
80	29	24	20.5	14:31		64.6	16
75	28	21	20.0	14:57		66.4	15
70	27	20	19.8	15:06		68.3	14
65	25	19	19.1	15:41		70.3	13
60	24	18	19.0	15:57		72.4	12
55	23	17	18.5	16:12		74.6	11
50*	22	15	18.0	16:27	49:00	76.8	10
45	21	14	17.5	16:34		79.2	9
40	20	13	17.3	16:58		82.1	8
35	19	11	17.0	16:59		84.2	7
30	17	10	16.5	17:24		86.1	6
25	16	9	16.0	17:29		88.6	5
20	14	6	15.0	18:00		89.9	4
15	13	4	14.0	18:21		92.1	3
10	10	2	13.0	18:31		94.7	2
5	7	1	10.5	19:05		96.6	1
1	6 or less	0	10.0 or less	20:04 or more		98.1 or more	0

* Denotes the “recommended minimum” fitness level.

ANNEX V

FITNESS CHALLENGE POINTS AND PERCENTILES

FEMALES AGE 50-59							
National Percentile	Sit-Ups (1-Minute)	Push-Ups (1-Minute)	Sit-&-Reach (Inches)	1.5 Mile Run (Minutes)	3.0 Mile Walk (Minutes)	300-Meter Run (Seconds)	Score (Points)
99	31 or more	31 or more	23.1 or more	12:28 or less		58.3 or less	20
95	30	28	23.0	14:20		60.9	19
90	29	25	21.5	14:55		62.7	18
85	25	23	21.0	15:29		64.6	17
80	24	21	20.3	15:57		66.3	16
75	23	20	20.0	16:05		68.2	15
70	22	19	19.3	16:27		70.3	14
65	21	18	19.0	16:51		72.5	13
60	20	17	18.5	16:58		74.6	12
55	19	15	18.0	17:14		76.8	11
50*	17	14	17.9	17:24	52:00	79.2	10
45	16	13	17.0	17:29		82.3	9
40	14	12	16.8	17:54		84.0	8
35	13	10	16.0	18:09		85.9	7
30	12	9	15.5	18:23		87.9	6
25	11	8	15.3	18:31		90.4	5
20	10	6	14.8	18:49		91.7	4
15	7	4	14.0	19:02		93.6	3
10	6	1	13.0	19:30		95.8	2
5	5	0	12.3	19:57		98.0	1
1	4 or less	0	12.0 or less	20:47 or more		99.8 or more	0

* Denotes the “recommended minimum” fitness level

ANNEX W

CHP 430, USE OF EXERCISE EQUIPMENT AT CHP FACILITIES/RELEASE OF LIABILITY

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
USE OF EXERCISE EQUIPMENT AT CHP
FACILITIES/RELEASE OF LIABILITY
CHP 430 (5-96) OPI 039

The undersigned has requested permission to use privately maintained exercise equipment located on CHP premises with the knowledge that the Department no longer mandates participation in annual Physical Performance Program testing.

The undersigned acknowledges that the use of said equipment inherently involves physical exertion at the risk of injury, illness, damage, expense or loss to person or property.

The undersigned hereby agrees that the State of California, the California Highway Patrol, its members and other employees shall not be held liable or responsible under any circumstances by the undersigned, his estate, or heirs, for any injury, illness, damage, expense or loss to the undersigned incurred, indirectly or directly, as a result of using the aforementioned equipment.

EMPLOYEE'S SIGNATURE

DATE

COMMANDER'S SIGNATURE

DATE

ANNEX W

CHP 600, RIGHT TO PRIVACY INSTRUCTIONS RELATIVE TO OCCUPATIONAL INJURIES/ILLNESSES AND VEHICLE ACCIDENT REPORTS

CALIFORNIA HIGHWAY PATROL RIGHT

TO PRIVACY INSTRUCTIONS RELATIVE TO OCCUPATIONAL INJURIES/ILLNESSES AND VEHICLE ACCIDENT REPORTS

INSTRUCTIONS:

A copy of this form is to be given to each employee who reports an occupational injury/illness or vehicle accident.

When a California Highway Patrol (CHP) employee reports an occupational injury/illness or is the driver/rider of a vehicle being used on state business which is involved in an accident, reporting is required.

California Labor Code, Sections 6409 through 6412, and HPM 10.7, Injury and Illness Case Management Manual, specify the required reporting and records maintenance for occupational injuries/illnesses. State Administrative Manual, Sections 2420 through 2455, HPM 10.6, Occupational Safety Manual, and HPM 11.1, Administrative Procedures Manual, establish the reporting and records maintenance for vehicle accidents.

Occupational injury/illness reports are maintained by the Department's workers' compensation adjusting agency, State Compensation Insurance Fund; by the U.S.

Department of Labor, Bureau of Labor Statistics; in the command file for the California Department of Industrial Relations, Division of Occupational Safety and Health; in departmental files for the departmental occupational safety programs; and as a file on departmental liabilities under workers' compensation laws.

Vehicle accident reports (STD 270) are maintained by the Department of General Services, Office of Risk and Insurance Management; departmental files for the departmental occupational safety program; and in the CHP Accounting Section for damage verification.

The Risk Management Section, Legal Coordination Unit, (916) 657-7257, has custody of injury/illness files. The Departmental Safety Officer, (916) 375-2160, has custody of CHP vehicle accident files.

All items on all reports are mandatory, unless not applicable. Failure to respond to questions may result in delayed or withheld benefits, excessive financial loss to the Department, or appropriate corrective measures.

Employees may request to see departmental records as outlined in Chapter 30 of HPM 10.3, Personnel Transactions Manual, and have the right to access personal information that is not otherwise exempt from disclosure.

ANNEX X

OPTIONS LETTER (*revised 9-06.*)

State of California—Business, Transportation and Housing Agency ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

P.O. Box 942898
Sacramento, CA 94298-0001
(916) 375-2141
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)



«Date»

File No.:

«Employee Name»

«Address»

«City, State Zip»

RE: Options Letter

Dear «Mr./Mrs. Last Name»:

The California Highway Patrol (CHP) is in receipt of a medical report «Dated» from «Doctors Name» which indicates that you are permanently unable to perform the duties of your current position. Therefore, the following information is being provided to make you aware of the various options which may be available to you. However, please be advised that not all options listed in this letter may apply to you; either because you are not legally entitled to them or you have already exhausted an option(s).

PLEASE REVIEW THE FOLLOWING OPTIONS AND, UTILIZING THE ENCLOSED OPTIONS DISCUSSION CHECKLIST, SELECT THE OPTION(S) YOU WOULD LIKE TO DISCUSS WITH ME. PLEASE RETURN THE COMPLETED OPTIONS DISCUSSION CHECKLIST TO ME PRIOR TO OUR MEETING DATE OF «Date» SO I CAN BE BETTER PREPARED TO DISCUSS THE PARTICULAR OPTION(S) WITH YOU. YOU MAY CHECK ANY OPTION(S) YOU ARE INTERESTED IN PURSUING.

1. Return to Work.

- a. Full Duty: You may be able to return to work as a «Classification», performing full duty with no restrictions if you provide a full medical release, in writing, from your treating physician. This medical release must be provided prior to your return to work. The release must specifically state that you are physically and/or mentally fit to return to full duty with no restrictions.

Safety, Service, and Security

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ANNEX X

OPTIONS LETTER (*revised 9-06.*)

- b. Limited Duty: If your medical condition allows you to return to work with limitations from your treating physician, you may be entitled to return to work under a temporary limited duty assignment. Limited duty may include a modification of your essential duties, work hours, and equipment. If you believe that your medical condition allows you to perform limited duty, you may request limited duty by completing a CHP form 443, Approval of Limited Duty Assignment. Reference HPM 10.7, Injury and Illness Case Management Manual, Chapter 8, Limited-Duty/Return-To-Work Policy.
- c. Reasonable Accommodation: If you believe that you are disabled and a reasonable accommodation would enable you to perform the essential functions of your current position or another position for which you meet the minimum qualifications, you may request a reasonable accommodation by completing a CHP 163, Reasonable Accommodation Request. Reference HPM 10.12, Affirmative Action/Equal Employment Opportunity Planning Manual, Chapter 6, Persons with Disability Program.

Reasonable accommodation is a logical adjustment to a job and/or work environment that enables a qualified disabled person to perform the essential functions of a position. Reasonable accommodation shall not include altering essential job functions or creating positions that do not currently exist. Reasonable accommodation will be provided only when the accommodation is necessary to perform the essential functions of the job. Transportation, personal care needs, and personnel difficulties, are not appropriate reasons for reasonable accommodation.

- d. Alternative Job Placement/Reassignment: If you are not eligible for reasonable accommodation in your current classification and you are qualified and would like to pursue alternate placement to another classification, a list of current job vacancies will be provided to you. You may indicate which positions you are interested in, and you will be given an opportunity to demonstrate your qualifications for those positions. This option is available through a medical transfer/demotion pursuant to Government Code Section 19253.5 (enclosed).

If, at a later date, you are unable to return to full duty in your original classification, under most circumstances you have a mandatory right to reinstate to that classification or an equivalent classification. This option is available through the provisions of Government Code Section 19253.5.

- e. Temporary Assignment: A temporary assignment or loan of employees within an agency or between agencies, not to exceed two years, may be available to facilitate your return to work. You would have a mandatory right to return to your former position if you provide a full medical release, in writing, from your treating/evaluating physician.

ANNEX X

OPTIONS LETTER (*revised 9-06.*)

2. Temporary Leave.

- a. Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA): If you qualify, you may request a leave of absence under either of these statutes. Both allow qualified employees to take up to 12 weeks of unpaid leave each year when they, or a qualified family member, have a serious health condition. You may be able to utilize existing leave credits. These statutes require that the employer maintain an employee's health, dental, and vision coverage during such leave.
- b. Pregnancy Disability Leave: If you are unable to perform in your current position due to a disability related to pregnancy, you may be entitled to unpaid leave. Accrued leave credits may be available to supplement this leave.
- c. Medical Leave of Absence: You may request an unpaid medical leave of absence for up to one year. Under this option, the employer is not required to maintain an employee's health, dental, and vision coverage. You may choose to pay direct for these benefits yourself.
- d. Leave Balances: You may be able to utilize existing leave balances, including a request for catastrophic leave.
- e. Non-Industrial Disability Insurance (NDI): If you have a non-industrial health condition or a denied workers' compensation claim which prevents you from working, you may be entitled to NDI benefits. The NDI benefit is administered by the Employment Development Department (EDD). Your doctor must provide medical substantiation of your health condition in order for EDD to determine your eligibility for NDI benefits. While on NDI, health, dental, and vision benefits are covered.
- f. Temporary Total Disability (TD)/Industrial Disability Leave (IDL) (4800.5 time for uniformed)/Vocational Rehabilitation (VR): If you are industrially injured, you may be entitled to TD benefits, IDL (4800.5 time for uniformed employees) benefits, or if eligible and approved as a qualified injured worker in a workers' compensation case, VR benefits. The VR benefit is administered through the State Compensation Insurance Fund (SCIF). Continuation of health care benefits may be available. To determine your eligibility, please contact the SCIF VR coordinator or your workers' compensation attorney. If you are not represented by an attorney, you may contact an Information and Assistance Officer in any Workers' Compensation Appeals Board office.
- g. Supplemental Job Displacement Benefit: For injuries on or after January 1, 2004, a nontransferable voucher is payable to a state-approved school if your injury resulted in permanent disability, you did not return to work within 60 days after TD benefits ended, and you were not offered modified or alternative work assignments.

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ANNEX X

OPTIONS LETTER (*revised 9-06.*)

3. Separation from State Service.

- a. Disability Retirement: If you are unable to work due to your health condition, you may apply for disability retirement with California Public Employees' Retirement System (CalPERS). Disability retirement is considered a temporary separation from state service. Health benefits are available through CalPERS while you are on retirement status. (If, after you are approved for disability retirement and, at a later date, it is determined that you are able to return to work as a «Classification», you have mandatory rights to reinstate.)

While you await the determination of your disability retirement application from CalPERS, you may use your existing leave credits, request FMLA/CFRA leave, or request a medical leave of absence. If you are eligible, you may also apply for service retirement pending approval of your disability retirement.

- b. Industrial Disability Retirement (IDR): If you are industrially injured, you may be entitled to an IDR. This retirement benefit is available ONLY to uniformed employees, public safety dispatchers, and other specified employee groups.
- c. Service Retirement: If you are eligible, you may apply for service retirement with CalPERS. A service retirement is a permanent separation from state service. Health benefits are available through CalPERS and you retain permissive reinstatement rights to state service.
- d. Voluntary Resignation: You may choose to voluntarily resign from state service. You will retain permissive reinstatement rights. However, permissive reinstatement is at the sole discretion of the Commissioner and is only granted in rare occasions. You may be able to purchase health, dental, and vision benefits through Consolidated Omnibus Budget Reconciliation Act (COBRA).

These options may not include all available legal options. If you have any other options that you would like to discuss, please let me know. During our meeting, you may also request mediation through the State Personnel Board's State Employee Mediation Program. If the CHP agrees to mediation, the issues will be discussed in a confidential forum and an impartial, trained mediator will assist in finding a mutually acceptable resolution.

If you do not respond to this letter or the CHP is unable to reach a solution, the CHP may pursue one of the following options:

1. If you are able to work in an alternate classification, the CHP may medically transfer or demote you to a vacant position for which you meet the minimum qualifications. We will make an effort to place you in the highest paying vacant position for which you are qualified, which is not promotional, and which meets your medical restrictions.

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OPTIONS LETTER *(revised 9-06.)*

2. If you are unable to perform the work of your present position and no position is available to which you could be medically transferred or demoted, the CHP may pursue one of the following options:
 - a. Disability Retirement: If you have not pursued disability retirement but are eligible to apply, the CHP may file on your behalf. While the application is pending, you may utilize your existing leave credits until exhausted. If you exhaust all of your leave credits prior to CalPERS' determination, you will receive an interim disability allowance equal to the estimated amount of the disability retirement benefit to which you would be entitled. Should CalPERS grant the disability retirement application, you would begin to receive the disability retirement allotment from CalPERS.

If the disability retirement application is denied, you may have a right to return to work, with back pay, less the interim disability allowance received while the application was pending. Your ability to return to work in your prior position, or another position for which you are eligible to medically transfer or demote, will be contingent upon the provision of a full medical release, in writing, from your treating or evaluating physician.

- b. Medical Termination: If you are not entitled to disability retirement or you waive your right to file for disability retirement, the CHP may pursue a medical termination pursuant to Government Code Section 19253.5.

IF THE CHP DOES NOT HEAR FROM YOU BY «Contact By Date», AN OPTION WILL BE PURSUED ON YOUR BEHALF.

Sincerely,

«Commander»
«Area»

Enclosures

cc: «Division»
Disability and Retirement Section

ANNEX X

OPTIONS LETTER (revised 9-06.)

OPTION DISCUSSION CHECKLIST

«EmployeeName»

THE FOLLOWING IS A LIST OF POSSIBLE OPTIONS. PLEASE CHECK AS MANY AS YOU WOULD LIKE TO DISCUSS.

- Return to work full duty with no restrictions
- Return to temporary limited duty/temporary reassignment (employee must complete a CHP 443, Limited Duty Assignment – Physician’s Report)
- Return to work with reasonable accommodation (employee must complete a CHP 163, Reasonable Accommodation Request)
- Medical transfer/demotion to another classification
- Family Medical Leave/California Family Leave
- Medical Leave of Absence
- Use existing leave balance(s)
- Non-industrial Disability Leave (NDI)
- Temporary Disability/Industrial Disability Leave (IDL)/Vocational Rehabilitation
- Disability Retirement
- Service Retirement
- Voluntary Resignation
- SPB’s State Employee Mediation Program

THE FOLLOWING DATES WOULD BE CONVENIENT FOR A MEETING. PLEASE CHECK ALL DATES THAT YOU WOULD BE AVAILABLE.

- «MeetingDateOne»
- «MeetingDateTwo»
- «MeetingDateThree»

PLEASE RETURN IN ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE BY «ContactByDate».

Employee Signature	Date
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