

FILLING OUT THE 5020 (EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS)

● THIS FORM MUST BE FILLED OUT AND MAILED TO CFSA ●
WITHIN FIVE DAYS OF ANY KNOWLEDGE OF A WORK-RELATED INJURY OR ILLNESS

1. Have an authorized fair representative fill out the form as completely as possible, answering all questions. If any of the questions can't be answered, write "unknown" in the blank.
 - a. Questions 1 through 6 request special information about the "Employer" - the fair - such as name, address, etc.
 - b. Questions 7 through 29 request specific information regarding the injury and treatment sought. Several of the lines have an example that will help you formulate a specific explanation.
 - c. For all employees who earn less than \$1,260 per week, include earnings information for one year prior to the date of injury.
 - d. The answer to question 17 is the same date as appears on line 11 of the "Employee Claim for Workers' Compensation Benefits" (Form DWC-1), *Date employer first knew of injury*.
 - e. The answer to question 18 is the same date that appears on line 12 of the "Employee Claim for Workers' Compensation Benefits" (Form DWC-1), *Date claim form was provided to employee*.
 - f. Questions 30 through 39 ask for information about the injured employee. *When answering question 37a, indicate employment status as full-time, temporary, fairtime, alternate work program/community service, volunteer or 119-day employee. Under no circumstances would a fair worker be considered "seasonal." Fairtime employees are considered to be "temporary."*

2. Mail the signed original and one additional copy of this form to CFSA WITHIN FIVE DAYS OF KNOWLEDGE OF INJURY OR ILLNESS. Keep the second copy for your files.

**BY COMPLETING THIS FORM YOU ARE NOT ADMITTING LIABILITY
BUT SIMPLY COMPLYING WITH THE LAW. *A sample form is attached.***