

# IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo



**AVAILABLE  
24 HOURS A DAY**

# 1-855-339-1893

Employer Name (Nombre De Compania)

Search Code (Código Del Búsqueda)

**UA DIVISION OF AGRICULTURE**

**QR103**

**1**

**Injured worker notifies supervisor.**  
Empleado lesionado notifica a su supervisor.

**2**

**Supervisor/Injured worker immediately calls injury contact center.**  
Supervisor / Empleado lesionado llama de inmediato al centro de contacto para lesiones.

**3**

**Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**  
Company Nurse obtiene información por teléfono y asiste al empleado lesionado en adquirir el tratamiento médico adecuado.

**NOTICE TO EMPLOYER/SUPERVISOR:** Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.