

## INSTRUCTIONS FOR REPORTING A SAFETY INCIDENT, JOB INJURY OR ILLNESS

### *Safety Incident or Accident Report (SIAR) and/or Workers' Compensation Claim Form (801)*

#### No Medical Treatment

- If the employee does not seek medical treatment, the **supervisor**, with the employee's assistance, will complete the *Safety Incident or Accident Report (SIAR)*.
- **Within 24 hours**, fax the *SIAR* to the Office of Risk Management at **(541)346-7008**.
- Do not complete the *Workers' Compensation Claim Form (801)* unless the employee later seeks medical treatment.

#### Medical Treatment

- *Safety Incident or Accident Report (SIAR)* - To be completed by the supervisor with the employee's assistance.
- *Workers' Compensation Claim Form (801)* - Employee will complete the WORKER section. Supervisor will complete the EMPLOYER section.
- Notify Risk Management at (541)346-8316 **IMMEDIATELY**, if the employee is admitted to the hospital as an inpatient or dies as a result of the injury/illness. A fatality must also be reported to UO Police Department at (541)346-2919.

**THE *SIAR* AND *801* MUST BE FAXED TO RISK MANAGEMENT WITHIN 24 HOURS OF THE EMPLOYEE'S NOTIFICATION OF A JOB INJURY/ILLNESS. FAX FORMS TO (541)346-7008.**

#### Employee is Not Available to Complete the Forms

- If the employee is not available to complete the form(s), the supervisor can partially complete the *SIAR* and *801* forms with known information. The supervisor's name should be provided in Box #28 on the *801*.
- Fax the partially completed form(s) to Risk Management within **24 hours** to **(541)346-7008**.
- The employee must finish and sign the form(s) as soon as he/she is available. When this is done, fax the finished forms to Risk Management.

#### Questions???

- Contact Risk Management at (541)346-8316 or email [riskmanagement@uoregon.edu](mailto:riskmanagement@uoregon.edu) .
- Fax forms to **(541)346-7008**.

## Instructions for Completing the EMPLOYER Section of the 801

### Box No. on Form

30.	University of Oregon
31.	(541)346-2907
32.	464727800
33.	Does not apply, leave blank.
34.	Does not apply, leave blank.
35.	1715 Franklin Blvd, Suite 2A, Eugene OR 97403
36.	854636
37.	Write the physical address of the building the employee supervisor's office resides in.
38.	Education
39.	Write the physical address (not the mailing address) of the location the injury took place.
40.	Check <u>yes</u> or <u>no</u> , if uncertain leave blank. If the answer is yes, contact Risk Management at (541)346-2907. The product may need to be preserved for inspection.
41.	Leave blank.
42.	Check either <u>yes</u> or no. If uncertain, leave blank.
43.	Check <u>yes</u> , <u>no</u> or <u>unknown</u> . If you have first-hand knowledge the injury occurred while the employee was working, check "yes". Check "no" if you are certain it is not a work-related injury. Otherwise, check "unknown" if it is not apparent the injury occurred in the course and scope of employment.
44.	Leave blank.
45.	Write the exact date a manager/supervisor was first notified that <b>medical treatment</b> was/will be sought for the injury.
46.	Write the hourly wage or monthly salary, if uncertain leave blank.
47.	Write the employee's date of hire, if uncertain leave blank.
48.	If a fatality, write the date of death AND <b>immediately</b> notify Risk Management, (541)346-8316, and the UO Police Department, (541)346-2919.
49.	Check the appropriate box for work status and indicate the date of the status. " <i>Modified</i> " work means employee was released to work by physician with written restrictions.
50.	Check either <u>yes</u> or <u>no</u> . If uncertain, leave blank.
51.	Signature of the person completing the form (supervisor/manager or other designated person).