

INSTRUCTIONS FOR REPORTING A SAFETY INCIDENT, JOB INJURY OR ILLNESS

Workplace Injury Report 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 *Workplace Injury Report*, regardless of severity.
- **Within 24 hours**, fax or email the *Workplace Injury Report* to Safety and Risk Services (SRS). Fax **(541)346-7008** or email workinjury@uoregon.edu
- Do not complete the *Workers' Compensation Claim Form (801)* unless the employee later seeks medical treatment.

Medical Treatment

- *Workplace Injury Report* - 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 SRS at (541)346-3192 and UO Police at (541)346-2919 **IMMEDIATELY**, if the employee is admitted to the hospital as an inpatient or dies as a result of the injury/illness.

THE WORKPLACE INJURY REPORT AND 801 MUST BE FAXED OR EMAILED TO SRS WITHIN 24 HOURS OF THE EMPLOYEE'S NOTIFICATION OF A JOB INJURY/ILLNESS. FAX FORMS TO (541)346-7008 OR EMAIL WORKINJURY@UOREGON.EDU

Employee is Not Available to Complete the Forms

- If the employee is not available to complete the *Workplace Injury Report*, the supervisor should complete the injury report with information that is known at the time.
- Fax or email the partially completed form to SRS **within 24 hours to (541)346-7008 or workinjury@uoregon.edu**
- If medical treatment is received, **only the injured employee** can complete the 801 form to file a workers' compensation claim.
- The employee can complete the 801 form, if applicable, finish and sign the *Workplace Injury Report* as soon as he/she is available. Fax or email the completed form(s) to SRS.

Questions???

- Contact SRS at (541)346-2907 or email SRS workinjury@uoregon.edu .
- Fax or email forms to **(541)346-7008 or workinjury@uoregon.edu**

UNIVERSITY OF OREGON – SAFETY AND RISK SERVICES

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 SRS at (541)346-2907. The product may need to be preserved for inspection.
41.	Leave blank.
42.	Check either <u>yes</u> or <u>no</u> . 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 medical treatment was/will be sought for the injury.
46.	Write the exact 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 immediately notify SRS, (541)346-3192, 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).