

## Oregon State University

### Instructions for Employer Section of SAIF 801 form (Report of Job Injury or Illness)

1-29	<b>(Worker portion of form)</b> <i>If the employee is unavailable</i> , complete as much as you can based on the information you have (employee name, brief description of injury, date it occurred, etc.)
30.	Oregon State University
31.	541-737-2916
32.	61-1730890
33.	Does not apply. Leave blank.
34.	Does not apply. Leave blank.
35.	3015 SW Western Blvd, Corvallis, OR 97331-2132
36.	790684
37.	Write in the name and address of the office or building location to which the employee is assigned. For example, Financial Aid, 218 Kerr Administration Building.
38.	Education
39.	Write in the address where the injury took place. This may be an office, building, intersection, mile marker, geographic location other than the location the employee usually works.
40.	Mark the “yes” or “no” box. If you are uncertain, leave both boxes blank. If the answer is yes and caused by machine or product failure, contact Heidi Melton in Insurance and Risk Management Services at 541-737-2916 or at <a href="mailto:Heidi.Melton@oregonstate.edu">Heidi.Melton@oregonstate.edu</a> , the machine or product may need to be preserved for inspection.
41.	Leave blank.
42.	Mark the “yes” or “no” box. If you are uncertain, leave both boxes blank.
43.	Answer “yes” if you have <i>first hand</i> knowledge or a reliable witness that the injury was caused a work-related accident. If no first hand knowledge that the injury occurred as a result of a work-related accident, or if the employee is claiming a work-related illness or repetitive motion injury, check “unknown”. Check “no” if you are certain the injury or illness did not occur during the course or scope of employment (if answer is no, but occurred on OSU controlled premise, please be sure this is noted in line 39 of the form.)
44.	Leave blank.
45.	Write the exact date a <i>manager/supervisor</i> first knew that medical treatment was required for the injury or illness. It may be the date of the injury or later date, if the employee does not seek immediate medical attention.
46.	Leave blank.
47.	Write the employee’s date of hire. If the employee terminated employment and was later rehired, put the new date of hire. Leave blank if the date of hire is unknown or not clear.
48.	Report a fatality <b>immediately</b> to Heidi Melton at 541-737-2916, or if unavailable, to EH & S at 541-737-2273 <b>AND</b> to Public Safety at 541-737-7000 (emergency)
49.	Mark the appropriate box for return to work (not returned, returned to regular work, or returned to modified work) and provide the date when the status occurred. The “modified” work status means that the employee returned to work with written restrictions or limitations as determined by a physician. If released to modified work, check if they are working regular hours and receiving regular pay or not. Notify Heidi Melton at 541-737-2916 or at <a href="mailto:Heidi.Melton@oregonstate.edu">Heidi.Melton@oregonstate.edu</a> immediately of any missed work shifts (other than for medical appointments). Also, keep Heidi Melton apprised of any changes in work status.
50.	To be signed by the person completing the form (supervisor/manager or other designated department representative).
51.	Printed name of person completing form, and job title.
52.	Date completing the form.