

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

29.	Oregon State University
30.	541-737-2916
31.	93-6001786
32.	Does not apply. Leave blank.
33.	Does not apply. Leave blank.
34.	122 Kerr Administration Building, Corvallis, OR 97331-2132
35.	168326
36.	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.
37.	Education
38.	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.
39.	Mark the "yes" or "no" box. If you are uncertain, leave both boxes blank. If the answer is yes, contact Heidi Melton in Human Resources at 737-2916 or at Heidi.Melton@oregonstate.edu , the machine or product may need to be preserved for inspection.
40.	9499
41.	Mark the "yes" or "no" box. If you are uncertain, leave both boxes blank.
42.	Mark the "yes", "no", or "uncertain" box. Answer yes if you have first hand knowledge that the injury was caused by work. If it is not apparent that the injury occurred while the employee was performing his/her duties, check "unknown". Check "no" if you are certain the injury or illness did not occur during the course or scope of employment.
43.	Leave blank.
44.	Write the exact date a manager or supervisor 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.
45.	Write the monthly salary or hourly wage, if known. If you do not have this information, leave blank.
46.	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.
47.	Report a fatality <u>IMMEDIATLY</u> to Human Resources at 737-2916, 737-2806 or if unavailable, to EH & S at 737-2276 <u>AND</u> to Public Safety at 7-7000 (emergency)
48.	Mark the appropriate box for return to 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. Notify Heidi Melton in Human Resources at 737-2916 or at Heidi.Melton@oregonstate.edu immediately of any time loss (other than for medical appointments). Also, keep Human Resources apprised of any changes in work status.
49.	Mark either "yes" or "no". If you are uncertain, leave blank.
50.	To be signed by the person completing the form (supervisor/manager or other designated department representative).