WORK RELATED INJURY / ILLNESS PROCEDURE

For Life Threatening Injuries - CALL 911 IMMEDIATELY



Immediately report work related injury/illness to Supervisor. Complete the Injury/Illness Form.

Obtain from Supervisor (or the Human Resource Services home page at inside.sou.edu/hrs, then select forms) the Workers' Compensation Claim Form (801) and complete:

- ❖ Lines 1-26 if Incident Only (Do Not Sign form).
- Lines 27 if seeking medical treatment (Sign Form).
- Return form 801 to your Supervisor or Human Resource Services.
- Seek medical attention and have your physician or practitioner complete form 827.

(541)552-8508 FAX barlowm@sou.edu. Churchill Hall Rm.159

A representative from SAIF Corporation, SOU's third party adjustor, will contact employee to obtain additional information.

To obtain required forms, please go to the Human Resource Services page at inside.sou.edu/hrs. If you are unable to provide the Claim Form (801) to employee, please call (541) 552-8119 immediately for mailing within 24 hours. Upon notification of injury from employee, proceed as follows:

- Complete the Work Related Injury/Illness Form and obtain employee's signature.
- ❖ If the accident involves property damage contact Campus Public Safety.
- Review 801. If no medical treatment is needed, have employee complete Lines 1-26 only. If medical treatment is needed, employee signs Line 27.
- Copy forms for employee.
- FAX, deliver or email forms to Michele Barlow, Assistant Director of HR/ Accessibility Coordinator, Human Resource Services, Churchill Hall Room 159 FAX (541) 552-8508, email - barlowm@sou.edu.

IF EMPLOYEE IS HOSPITALIZED OSHA NEEDS TO BE NOTIFIED WITHIN 24 HOURS

