**Oregon State University Accident Reporting Process**

**The following is an outline of the expected process for accident reporting for OSU as an employer**

**Note – Accidents involving students or visitors:**

All injuries incurred by students and visitors at the University should be investigated and reported. The responsibility for reporting is assigned to whoever was in charge of the area during which the student or visitor was injured. The injury is reported on a **HR Advocate Public Incident Reporting** **form** and submitted to **Heidi Melton** in Insurance & Risk Management Services.

Non-fatal accident ***not*** requiring immediate hospitalization and ***does not*** require medical attention or result in lost time.

Supervisor fills out **HR Advocate Public Incident Reporting** **form** and submit **within 24 hours of incident**

https://oregonstate2-gme-advocate.symplicity.com/public\_report/index.php

In addition to the forms required for accidents requiring medical attention (above box), supervisor reports **within 8 Hours** by telephone to **OSU Environmental Health and Safety** (541) 737-2273, who will make the required notification to **Oregon Occupational Safety & Health Agency** (OROSHA)

Accident that results in ***death*** or ***immediate inpatient***

***hospitalization*** for injuries

**Within 24 hours**

Submit all forms to **Heidi Melton**

via Fax 541-737-4855,

or emailed to Heidi.Melton@oregonstate.edu

or, hand delivered to Oak Creek Building

Call Heidi at 541-737-2916 with any questions

Supervisor fills out **HR Advocate Public Incident Reporting form** and employee and supervisor complete the **SAIF 801 Form** and submit **within 24 hours of incident *(or within 24 hours of treatment, if sought outside 24 hours of incident)***

https://oregonstate2-gme-advocate.symplicity.com/public\_report/index.php

<http://www.saif.com/Documents/Forms/801ffpck.pdf>

Employee must also provide written release from their attending physician to confirm return to work status (may use **Employee Status Report** form) or similar doctor form http://risk.oregonstate.edu/workerscomp/forms

Accident that ***requires*** medical attention or results in lost time.