

STEP 3: SUPERVISOR'S RESPONSIBILITIES

Required when Medical Treatment is sought other than basic first aid.

Supervisor please initial each item once completed

1. ____ Ensure employee has transportation to hospital or ER and back to work or home. (Do not allow employee to drive himself or herself).

2. ____ Instruct the employee or the medical facility to bill the charges as a Work-Related injury to:

TRISTAR RISK MANAGEMENT

PO Box 23189

Tigard, OR 97281-3189

Contact: Julie Bartel, Sr. Claims Examiner

Julie.bartel@tristargroup.net

Phone: 503-245-7592

Fax: 503-245-7599

- **NOTE:** They will not be assigned a claim number until all the paperwork has been processed.

3. ____ Advise employee that they need to fill out an 801 Worker's Compensation Form as soon as they are able to. (Must be completed within one week from injury). Copies of this form are available in each department, or they can be downloaded at:

[G: PERSONNEL INFORMATION/Workers' Compensation/Workers' Compensation Form 801](#)

4. ____ Advise employee that they **MUST** provide appropriate Return-to-Work documentation from their doctor before they can return to work.

5. ____ If employee is limited to light duty capacity, make every effort to find suitable work for the employee. If no Light Duty is available, please contact Personnel. If Light Duty is available, please stay within work restrictions provided by the doctor until the restrictions are released.

6. ____ Counsel employee on preventing future injury or reoccurrence as appropriate.

7. ____ Supervisor should forward originals of all forms and/or documentation related to the injury to Personnel ASAP. (The 801 must be filed within 1 week of the injury). All return to work documentation and doctor releases should be forwarded to Personnel as soon as received. Copies may be maintained by the department, but Personnel should have all originals.

Supervisor Signature

Date

OSHA Division One 437-01-052 requires that employers inform OSHA of all fatalities or catastrophes within 8 hours. To report a Death or catastrophic emergency that occurs at work, phone OSHA at 1-800-922-2689.