



Risk Management Training

Monday, February 22, 2010 | 9 am-Noon | Doors open at 8:30 am
SDAO Main Office | 727 Center St NE, Salem



The single most effective workers' compensation claim cost management tool: Early Return-to-Work

Aubrey Sakaguchi, SDAO's Return-to-Work/Loss Control Consultant, will provide pool members with the tools to implement an active Return-to-Work Program which is designed to assist employees and volunteers to continue to engage with the district during their recovery from on-the-job injuries. The most immediate benefit of implementing such a program is claim cost management which benefits all SDIS pool members but can also include free money from the Oregon Workers Compensation Division!



What to do if your worker hands you a slip from their doctor and requests a change or modification in their job duties or function

The Americans With Disabilities Act has many difficult elements to understand. Ultimately however, we find that the analysis comes down to one issue – "reasonable accommodation." In this presentation, Ron Down, SDAO Attorney, will discuss the what, why, and how you handle these requests. The discussion will include actual case examples and an overview of the current changes that went into affect January 1, 2009.



Easy steps to help your property claim reach a successful resolution

Both catastrophic and small property losses can pose challenges to those who are charged with the responsibility to deal with the consequences. This discussion, led by Mike Hackbart, Senior Claims Consultant for SDAO, is designed to help minimize the negative consequences emanating from a property loss, and to understand the responsibilities and processes involved from initial response to final payment at the conclusion of the repair.

Registration Form

SDAO's Risk Management Training

February 22, 2010

To register, complete and submit this form. Mail: SDAO, PO Box 12613, Salem, OR 97309. Fax: 503.371-4781. Or, register online at www.sdao.com.

Name: _____ Title: _____

District: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

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