HOW TO REPORT AN ON-THE-JOB INJURY

When an employee is injured on the job, they should follow the directions below to report the accident.

1. Go the the System Risk Management website:  [riskmanagement.tennessee.edu](http://riskmanagement.tennessee.edu)

2. Click on “Report an Incident” on the left side banner.
3. Click on “Submit Here” for the “On-the-Job Injury” or click the link for more information

On-the-Job Injury
For employees to report any type of work-related injury within three business days from the date of the incident.
Click here for more information about on-the-job injuries.

4. An employee is instructed to first call CorVel 24/7 Nurse Line at 866-245-8588, Option 1 before proceeding

New Incident
Workers’ Compensation Procedures

HOW TO REPORT YOUR ON-THE-JOB INJURY

Injured Worker:
Complete the following checklist in order.

• Report your injury to the CorVel 24/7 Nurse line:
  • Call 1-866-245-8585 Option #1
  • If you need medical care, the nurse will send you to an authorized doctor.
  • You MAY NOT treat with an unauthorized provider
  • DO NOT go to the doctor before you report to CorVel.

• Type the CorVel claim number in the box below and press “Enter” to continue.

Your Responsibilities:

• Report your injury to your direct supervisor without delay.
• Stay in contact with your claim adjuster at CorVel. Cooperate with them in all matters related to your claim.
• Provide your supervisor with a copy of the Doctor’s Return-To-Work restriction form after each medical appointment, until you are released to full duty.

5. After entering the CorVel claim number, hit “enter” on your keyboard.
   • Check the box “I have read and agree to the above responsibilities.”

☐ I have read and agree to the above responsibilities.
   • Note: You will receive an email copy of these instructions and your report submission from Notifications@OrigamiRisk.com
6. **When you click that box, the screen expands.**

![Image of Workers' Compensation Statement form]

Injured Worker Information:
- Name
- First Name
- Last Name
- Location
- Position Number
- Net ID
- Department
- Email
- Phone Number
- Date of Birth
- Gender
- Mailing Address

Direct Supervisor Information:
- Supervisor Name
- Supervisor Email
- Supervisor Phone

7. **Click on “Employee Lookup”**
   - Using the “Filter By” option on the right side of the screen, enter your NetID, name or employee number and hit “enter”. This should bring up your name.
   - To choose your name, click on “Employee #”

![Image of Employee Lookup table]

8. **You will be taken back to the Injured Worker Information screen, and it should have auto-populated with your information. Review the information and let your HR department know if corrections are needed.**
9. Scroll down to “Injury Details” and fill in the information to the best of your ability.

10. For the injury area diagram, click on the body part affected/injured.
   - Use the drop down to choose the body part affected. This will drive the options for the body parts and location of injury.
   - Choose “Add part” to select.
   - Click all affected body parts on the diagram and complete the fields. You can also click on the “back of the body” picture to pick affected body parts on the back of the body.
11. If there are witnesses, scroll down to “Involved Parties” and click on “Save and Continue” and enter that information. If there are no other people involved, skip this area.

**Involved Parties**

Click the button below to enter Involved Parties (Witness, Passenger, Officer, etc.). A link will appear to enter record details.

**Save and Continue**

12. **Injured Worker Certification**
   - **Date and sign the form**

**Injured Worker Certification**

I hereby certify that the above referenced information is true and accurate. I further understand that the information above will be used by CMC/CCO/IMD to help determine compensability for my injury and that any false or false statements offered may result in a delay in processing my claim and/or denial of my request for Workers’ Compensation Benefits.

Date Signed: * 

Injured Worker Signature: * Signature

13. **Submit the Incident report**

**Submit Incident Report**

Once this form has been submitted, an email will be sent to you to confirm your submission. Your direct supervisor will also receive an email notification and instructions to complete their Supervisor Report.