HOW TO REPORT AN ON-THE-JOB INJURY
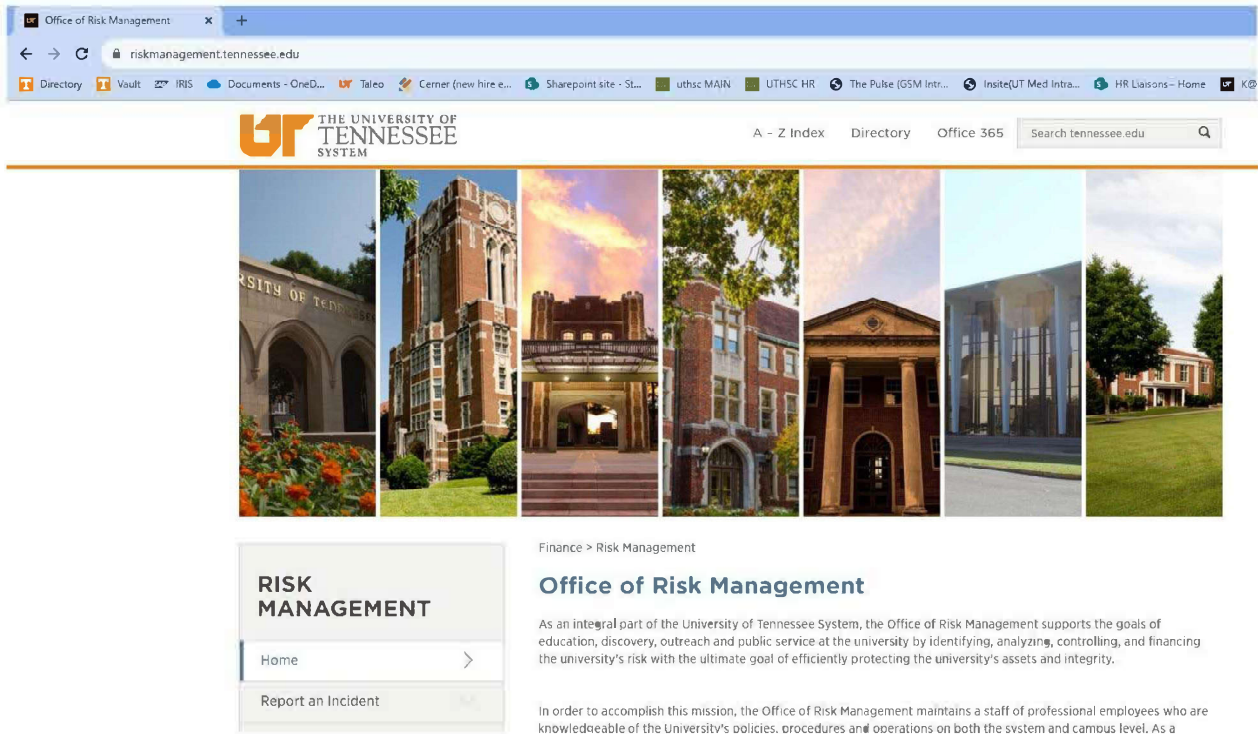
When an employee is injured on the job, they should follow the directions below to report the accident.
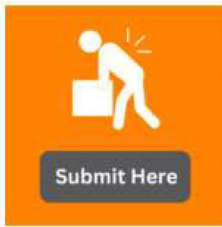
1. **Go the the System Risk Management website:** **riskmanagement.tennessee.edu**

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.

Submit Here

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 1-866-245-8588 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.

   `ex: 0548-WC-##-#######`

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 restrictions 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.**

Workers' Compensation Statement

This form should be completed in its entirety and should be an accurate and truthful account of the injury/illness. This form should be completed by the injured worker and supervisor. Signatures are required

Injured Worker Information

Start Here -->	Employee Lookup	Mailing Address Street	
	○ Click the Employee Lookup button above to search for your name	Mailing Address City	
Name: *		Mailing Address State:	- None Selected -
First Name		Mailing Address Zip Code	
Last Name			
Location		Work Classification	- None Selected -
Personnel Number:		Work Type	- None Selected -
Net ID		Job Title	
Department			
Email		Shift Start Time	
Phone Number		Shift End Time	
Date of Birth		Days Worked	
Gender:	- None Selected -	Physical Job Demand	- None Selected -

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 #"**

Employees

Employee #	Net ID	Last Name	First Name	Location
398586				SA000 - UT SYSTEM (SA000)
400476				SA000 - UT SYSTEM (SA000)
400732				SA000 - UT SYSTEM (SA000)
401765				SA000 - UT SYSTEM (SA000)
406404				KN000 - UT KNOXVILLE (KN000)
410590				SA000 - UT SYSTEM (SA000)
412239				KN000 - UT KNOXVILLE (KN000)
412304				SA000 - UT SYSTEM (SA000)
420707				SA000 - UT SYSTEM (SA000)
428026				SO000 - UT SOUTHERN (SO000)

Filter By
Employee #
Net ID
Last Name
First Name
Location
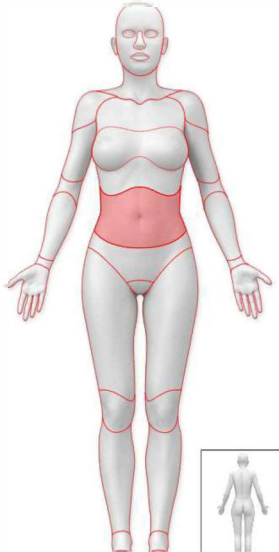Is Active
Any Status
Search Clear
Recently Viewed

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

i   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 CorVel/DCRMA to help determine compensability for my injury and that any inaccurate 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: *   Sign Here

13. **Submit the Incident report**

Submit Incident Report

i   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.