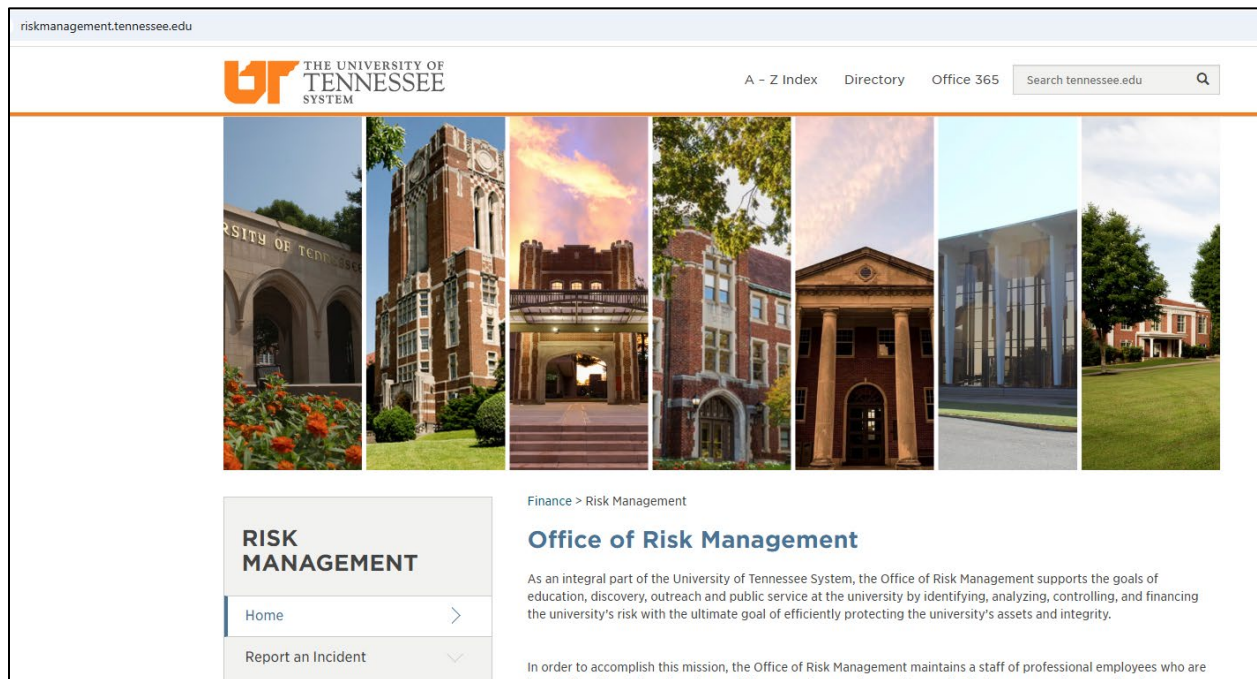


HOW TO REPORT AN ON-THE-JOB INJURY

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

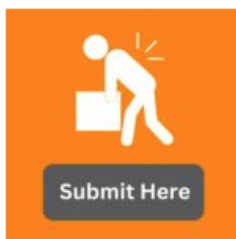
1. Go to the System Risk Management website: riskmanagement.tennessee.edu
2. Click “Report an Incident” on the left side banner



The screenshot shows the website riskmanagement.tennessee.edu. The header includes the University of Tennessee System logo, navigation links for "A - Z Index", "Directory", and "Office 365", and a search bar. Below the header is a banner with several images of university buildings. On the left, a sidebar menu for "RISK MANAGEMENT" has "Report an Incident" selected. The main content area is titled "Office of Risk Management" and includes a breadcrumb "Finance > Risk Management". The text describes the office's role in supporting the university's goals and protecting its assets and integrity. A "Submit Here" button is visible in the lower part of the page.

3. Click “Submit Here” to begin, or click the link for more detailed information.

Scroll down to select a category below to report a new incident.




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. Reporting is a two-part process. The Injured Worker must complete the steps in order.



New Incident

REPORT YOUR ON-THE-JOB INJURY

Injured worker should complete the following steps

Step 1: State Reporting

- Call your injury into CorVel at 1-866-245-8588, option 1
 - If you need medical care, the nurse will send you to an authorized doctor
 - Do **not** go to the doctor before you report to CorVel

Step 2: UT Reporting

- Type the CorVel claim number in the box below and hit 'Enter' to continue.

Once the claim number is entered, a drop-down will appear. Check the box.

Click here to continue to online report

Note: A copy of your report will be sent to your work email from Notifications@OrigamiRisk.com

5. Click “Employee Lookup” to find the required Injured Worker information

Injured Worker Information

Start Here -->

Click the Employee Lookup button above to search for your name.

Name: *

- Find the Injured Worker by entering the employee #, Net ID, or search by name.
Hit "Search"
Choose the Injured Worker by clicking on the "Employee #"

Employee #	Net ID	Last Name	First Name	Department
398586				E170133 - Vice President Acad Affairs; Stu Success
400476				E170133 - Vice President Acad Affairs; Stu Success
400732				E170133 - Vice President Acad Affairs; Stu Success
401765				E170145025 - Treasurer
406404				E011024 - Chemistry
410590				E170133 - Vice President Acad Affairs; Stu Success
412239				E011610 - Law
412304				E170405004 - System Communications & Marketing
420707				E170150 - General Counsel Rollup
428026				E062111 - Business

Injured worker information will auto-fill. This is the information that is contained in IRIS/DASH. If any of the information is incorrect, contact your campus HR/Payroll department for steps to correct.

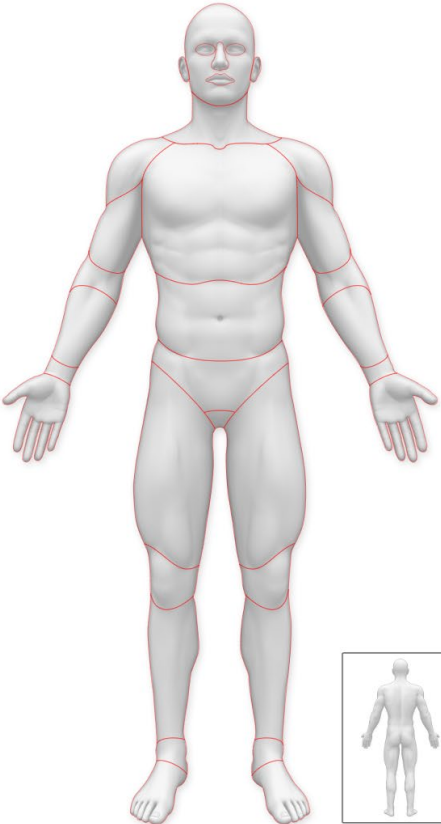
- Scroll down to the "Injury Details" section. Complete fully; do not leave any areas blank.

- Follow the Body Part Diagram instructions to indicate all injured body parts.

i **Body Part Diagram Instructions:**

- Using the Body Part Diagram below, **click the area of the body where the injury occurred.**
- Select the **body part** and location from the drop-down list to the right.
- Click **Add Part.**

Note: Please make sure to click the **Add Part** button once you have made a selection. To add multiple body parts, repeat the process.



Body Area Selected: None

Body Part: *

Body Part Location:

Please fill out all required fields.

Body Part	Body Part Location

9. Date, sign and choose "Complete Image"

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 Cor/Vel/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.

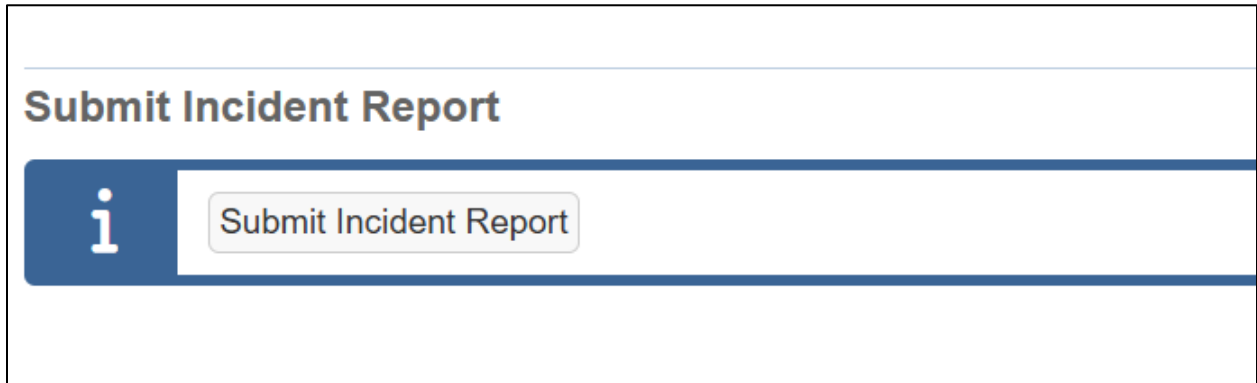
Date Signed: *

Injured Worker Signature: *

Undo Last | Erase All | Complete Image

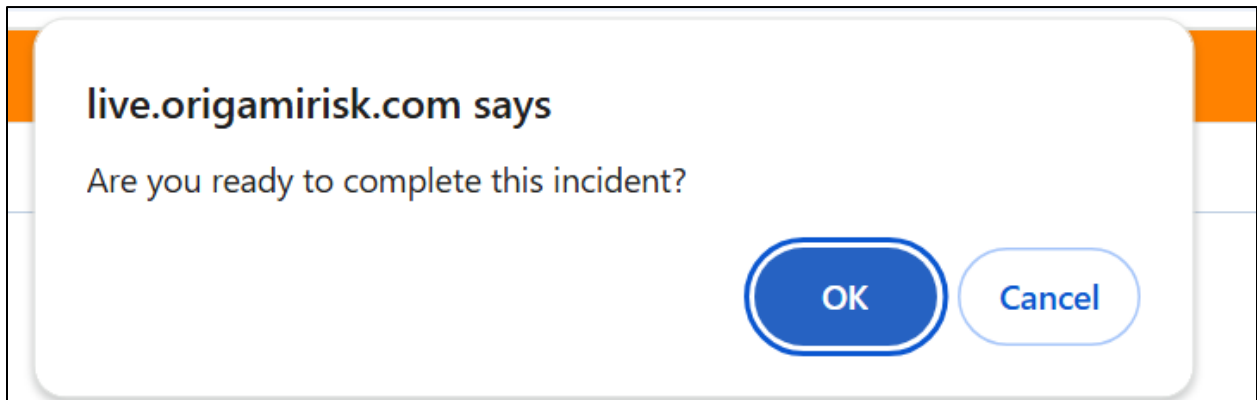


10. Click “Submit Incident Report” at the lower left to complete.



The image shows a dialog box titled "Submit Incident Report". On the left side, there is a blue vertical bar containing a white lowercase letter 'i'. To the right of this bar is a light gray button with rounded corners that says "Submit Incident Report".

Click OK if you are ready to complete.



The image shows a confirmation dialog box with a white background and rounded corners. At the top, it says "live.origamirisk.com says". Below that, it asks "Are you ready to complete this incident?". At the bottom right, there are two buttons: a blue button with white text that says "OK" and a white button with a blue border and blue text that says "Cancel".

If you have NOT completed the form properly, you will see a red section detailing areas you must complete.




The image shows a "New Incident" form with an orange header. Below the header, there is a red vertical bar on the left containing a white exclamation mark. To the right of the bar, the text reads "Please correct the following errors." followed by a list of seven items, each with a red circle icon and a description of the error:

- o **Date of Injury:** A value is required for Incident.
- o **Date Injury Reported to Supervisor:** A value is required for Incident.
- o **Street:** A value is required for Incident.
- o **City:** A value is required for Incident.
- o **State:** A value is required for Incident.
- o **What job duties were being performed at the time of your injury?:** A value is required for Incident.
- o **Date Reported to CorVel:** A value is required for Incident.
- o **Were you sent for treatment?:** A value is required for Incident.

If you have completed the form properly, you will see the following:

Thank you

 Save Successful.

Thank you. Your Incident has been submitted. Someone will contact you within 48 business hours. If you have questions or concerns please contact The Office of Risk Management: 865-974-5409 or riskmanagement@tennessee.edu.

[Return to Welcome Screen](#) or [click here to log out](#)

Your submission is now complete. You will receive an email from Notifications@origamirisk at your work email address with a copy of your submission and further instructions regarding YOUR RESPONSIBILITIES as the Injured Worker.

Hello [Injured Worker Name],

Attached is a copy of the recent Workers' Compensation Incident you submitted.

Your responsibilities:

- Communicate with your direct supervisor; provide doctor's note(s) after **each** medical appointment until you are released to full duty.
- Stay in contact with your CorVel claim adjuster; cooperate with them in all matters related to your claim.

Thank you,

Office of Risk Management
riskmanagement@tennessee.edu
865-974-5409