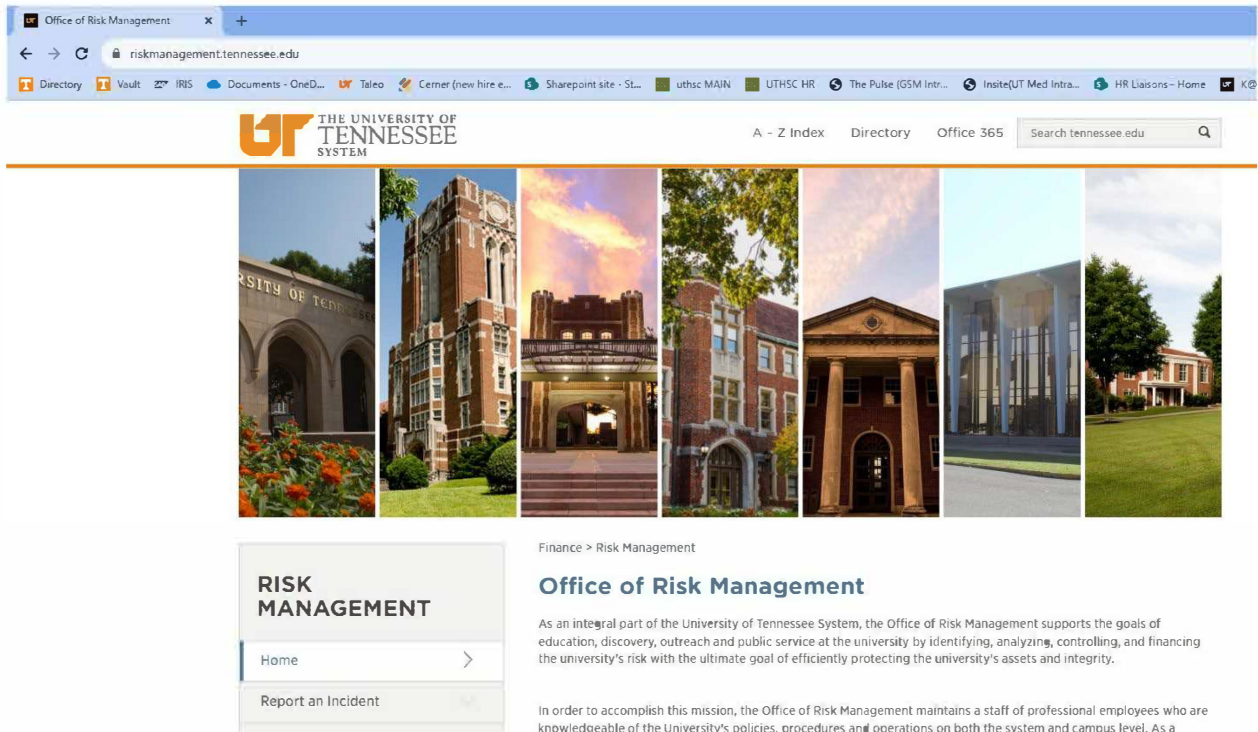


HOW TO REPORT AN ON-THE-JOB INJURY

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

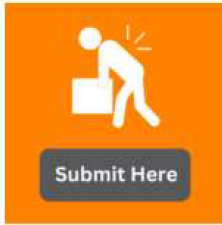
1. Go to the System Risk Management website: riskmanagement.tennessee.edu



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.](#)

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.

CorVel: 0545-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	<input type="text"/>
	<small>Click the Employee Lookup button above to search for your name</small>	Mailing Address City	<input type="text"/>
Name: *	<input type="text"/>	Mailing Address State	- None Selected -
First Name	<input type="text"/>	Mailing Address Zip Code	<input type="text"/>
Last Name	<input type="text"/>		
Location	<input type="text"/>	Work Classification	- None Selected -
Personnel Number	<input type="text"/>	Work Type	- None Selected -
Net ID	<input type="text"/>	Job Title	<input type="text"/>
Department	<input type="text"/>	Shift Start Time	<input type="text"/>
		Shift End Time	<input type="text"/>
Email	<input type="text"/>	Days Worked	Number of Days Worked
Phone Number	<input type="text"/>	Physical Job Demand	- None Selected -
Date of Birth	<input type="text"/>		
Gender	- None Selected -		

Direct Supervisor Information

Supervisor Name	<input type="text"/>
Supervisor Email	<input type="text"/>
Supervisor Phone	<input type="text"/>

7. Click on "Employee Lookup"

- Using the "Filter By" option on the right side of the screen, enter your NetID or employee number and hit "enter". This should bring up your name.
- Click on "Employee #"

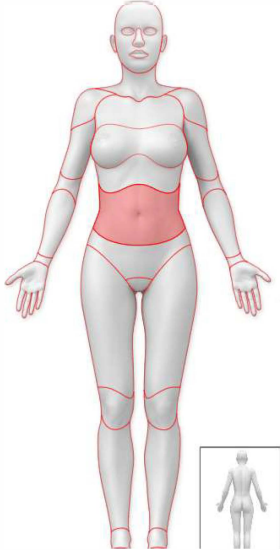
8. You will be taken back to the Injured Worker Information screen, and it should have auto-populated with your information. Review the information and let your HR department know if corrections are needed.

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.

- Injury area can be selected from diagram
- Injury is unknown, internal, or multiple areas



i Use the Body Part Diagram to select a general area of the body. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Abdomen

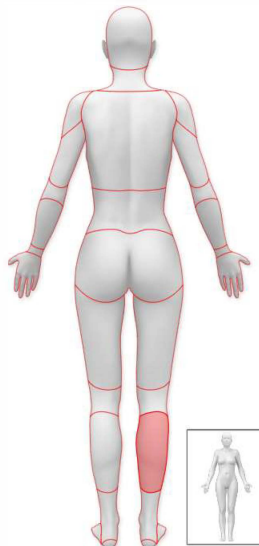
Body Part: * Abdomen

Body Part Location: Bilateral (B)

Add Part Please fill out all required fields

Body Part	Body Part Location
Abdomen	Bilateral (B)

- Injury area can be selected from diagram
- Injury is unknown, internal, or multiple areas



i Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Calf

Body Part: * Lower Leg

Body Part Location: Right (R)

Add Part

Body Part	Body Part Location
Abdomen	Bilateral (B)

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 are.

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 CoVal/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



[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.