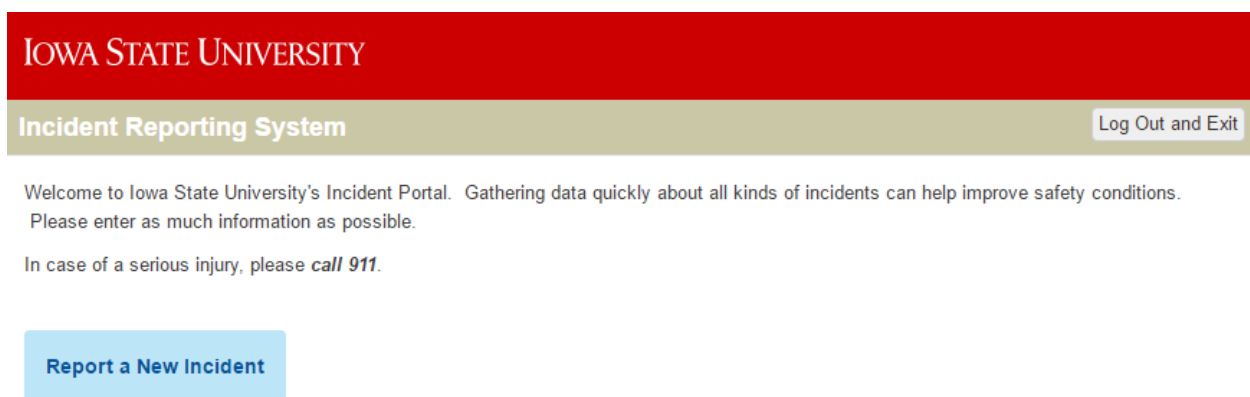


Quick Reference Guide: Report of Injury

Instructions: Use the following steps to report employee injuries that could be eligible for Workers Compensation. Anyone with an ISU net-ID can report a First Report of Injury (FROI). Steps in the quick reference guide will be short and concise with screen captures.

1. Log in to the Incident Reporting System with your NetID at <https://live.origamirisk.com/Origami/Account/Login?account=ISU>



2. Click on the “**Report a New Incident**” button



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3. Choose a link from the following list that is applicable to your incident

IOWA STATE UNIVERSITY

Select Incident Type Cancel


Please choose the applicable link below for the Incident you are trying to Report OR (if more than one link applies) choose the "Create Multiple Incidents" link below

- [Click here to report an Injury to an ISU Employee.](#)
- [Click here to report an Injury to a Non-Employee.](#)
Examples Include:
 - * Any person who is a Guest, Visitor, or Vendor of ISU.
 - * Students who are not working for ISU at the time of their injury.
 - * Injuries at a sporting event or other event.
- [Click here to report a Motor Vehicle Accident.](#)
Examples Include:
 - * Accidents involving university, rental, or personal vehicles.
 - * Accidents involving non-licensed vehicles owned by ISU (ex. tractor, ATV, snow equipment).
- [Click here to report Damage to University Property.](#)
Examples Include:
 - * Electronics, furniture, writings, goods, and other movable property owned by ISU.
 - * University property damaged by fire, wind, or water.
 - * Stolen or vandalized university property.
- [Click here to report Damage to Non-University Property.](#)
Examples Include:
 - * Damage to a Student, Guest, or Visitor's personal property (ex. cell phone, computer, bicycle).
 - * Missing or lost mail at an ISU Residence Hall.

Note: If more than 1 link applies, choose "Create Multiple Incidents"

Quick Reference Guide: Report of Injury

Multiple incident types

 To report more than one incident, or if more than one incident type applies click the link below.

[Create multiple incidents](#)

4. Choose **Yes** if your injury type relates to one of the listed injuries ; Choose **No** if not
Note: This is a required field

IOWA STATE UNIVERSITY

New Incident Complete Incident or Cancel

Injured ISU Employee

Is injury type one of the following injuries? *


Amputation
Death
In-patient hospitalization (Formal admission to the in-patient service of a hospital or clinic for care or treatment.)
Loss of an eye
Needlestick
Recombinant nucleic acid or synthetic nucleic acid exposure
Select biological agent exposure
Unplanned radiation exposure

5. Enter your Employee Information, or the Employee Information of the person injured
Note: Anything with a '' is a required field*

Quick Reference Guide: Report of Injury

EMPLOYEE INFORMATION

If the employee has a NetId you may be able to autofill some of the employee's information by using the field below.

NetID 	<input type="text"/>	<input type="button" value="Lookup by NetID"/>	<input type="button" value="Use My ID"/>	
Involved Party	<input type="text"/>			Department * <input type="text"/>
Relationship to ISU	<input type="text"/>			Job Title * <input type="text"/>
UID	<input type="text"/>			Employment Status * <input type="text"/>
First Name *	<input type="text"/>			Number of Days <input type="text"/>
Middle Name	<input type="text"/>			Scheduled Per Week *
Last Name *	<input type="text"/>			
Office Phone	<input type="text"/>			
Email *	<input type="text"/>			

Search for the location where the injured party regularly works.


<input type="button" value="Lookup Location"/>	
Work Location *	<input type="text"/>
Work Street	<input type="text"/>
Work City	<input type="text"/>
Work State	<input type="text" value="Iowa"/>
Work Postal Code	<input type="text"/>

6. Enter your Supervisor Information

Note: Anything with a '*' is a required field

SUPERVISOR INFORMATION

If the supervisor has a NetId you may be able to autofill some of the supervisor's information by using the field below.

Supervisor NetID 	<input type="text"/>	<input type="button" value="Lookup by NetID"/>	<input type="button" value="Use My ID"/>	Supervisor Phone	<input type="text"/>
Supervisor First Name *	<input type="text"/>			Supervisor Department	<input type="text"/>
Supervisor Last Name *	<input type="text"/>			Supervisor Title	<input type="text"/>
Supervisor Email *	<input type="text"/>				

7. Enter your Accident Information

Note: Anything with a '*' is a required field

Quick Reference Guide: Report of Injury

ACCIDENT INFORMATION

Date Of Injury * ⓘ

Time of Injury *

Time Employee Began Work *

Date Injury Reported to Department * ⓘ

Last Date Worked * ⓘ

Did employee miss work? ⓘ *

Date Returned to Work ⓘ

Witness Information ⓘ

Click on the "search icon" and select the code that corresponds with the body part that was injured.

Body Part * 🔍

Click on the "search icon" and select the code that corresponds with the detailed body part that was injured.

Detail Body Part * 🔍

What Safety Equipment Provided

What Safety Equipment Used

Provide a detailed description of the incident.

Injury Description ⓘ

- Enter Accident Location
Note: Anything with a '' is a required field*

ACCIDENT LOCATION

Accident Site ⓘ *

Search for the location where the injury occurred.

Lookup Location

Accident Location *

Location e.g. State Fair, McDonald's

Accident Street

Accident City

Accident State

- Enter Treatment Information
Note: Anything with a '' is a required field*

TREATMENT INFORMATION

Click here to select the type of treatment the injured party received. Select whichever one is more serious if there is more than one answer that applies.

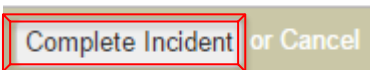
Initial Treatment *

Taken By

Emergency Transportation *

Treatment Description

- Click **“Complete Incident”** in the top right corner of the web page to complete the incident report



Quick Reference Guide: Report of Injury

11. Click **"I'm Done"** to complete the Injury Report

