

Creating a Report of Injury for an Injured Employee

The Report of Injury documents campus injuries. When the injured person is an NAU employee who is injured while working on campus, this report is given to the state of Arizona Worker's Compensation for processing. The form is now an electronic form within LOUIE.

When should the form be filled out?

Please complete the form within 24 hours of being notified of the injury. It is important to complete this form as close to the injury/illness time as possible so that the State of Arizona can be contacted as appropriate.

How to get started....

1. Sign on to [Louie with your NAU credentials.](#)
2. On the **HR Home Page** select the 'Manager/Department Dashboard' Tile.
3. Select 'Managing eForms'.
4. Select 'Report of Injury Home Page'
5. Select 'Create Report of Injury'

Report of Injury Home Page

	Create a Report of Injury Click here to create a Report of Injury eForm.
	Evaluate a Report of Injury eForm Evaluate a Report of Injury eForm to continue through the approval route
	View a Report of Injury eForm View a recently submitted Report of Injury eForm, including information about its handling so far. Report of Injury eForms submitted in the last month are listed here. This is a read-only view.

The Report of Injury (ROI) Creator/Initiator will notice that

- some of the fields in the form are required while others are optional,
- some responses generate more required fields, and
- some fields will default to the biographical and Reports to Information of the employee.
- fields with an astrick are required fields.

Since the electronic ROI will be used to create a Report of Injury for injured employees as well as others injured on campus, please identify this as a "Work Related Injury".

Next, enter the Injury Date.


Note: The online form may not be used to report injuries that occurred more than 365 days from the system date. Should this be the case contact Human Resources at 928-523-2223.


Report an Injury Form


Step 1 of 9: Injury Type

Form Number
eForm ID 287172

Type of Injury

- Work Related Injury** 
The injured person is an NAU employee injured while working.
Employees must report all injuries and incidents to the State of Arizona Employee Injury Call Center at 1-800-685-2877. Here the employee will be able to speak with a registered nurse who will be able to evaluate the nature of the incident and determine immediate care.
- Non-Work Related Injury**
The injured person is an NAU student, NAU affiliate, or NAU employee injured while on campus, but NOT while working.
OR a non-affiliate injured on campus.

*Injury Date  The Injury Date may not be more than 365 days ago from today.



Identify the Injured Employee. Enter one of the following combinations to do this.

- Emplid
- Last/First Name
- National ID (SSN)
- Last Name/Date of Birth

Then click the SEARCH button.

Report an Injury Form

Step 2 of 8: Person Search

Form Number

eForm ID 287172

Search for Injured Person

Work Related Injury

Employee ID: 🔍

First Name:

Last Name:

Social Security Nbr:

Date of Birth: 📅

 Click SEARCH

The person identified must have been an active employee at the date/time of the injury for it to be considered a work-related injury. When this is the case, their information will be returned in a grid that will display the following:

- Individual's employment status at the time of injury
- Individual's student status at the time of injury
- All the active jobs for this person at the time of the injury.

NOTE: If the individual has/had more than one job at the time of the injury, choose the one relevant to the time/date of injury.

Report an Injury Form

Step 2 of 8: Person Search

Form Number

eForm ID 287172

Search for Injured Person

Work Related Injury

Employee ID:

First Name:

Last Name:

Social Security Nbr:

Date of Birth:

If the injured party has more than one active job, select with the mouse the job in the grid that is relevant to the employee's date/time of injury.

Empl ID	Student	Employee	Display Name	Empl Record	Position Number	Job Description	Department Description
1 1111111	Not a student at time of injury	Employee status at time of injury	Lamb, Paul		0 00004347	ASA/Programmer Staff Spec	Information Technology Svs

Please respond to the required fields which are not pre entered.

Report an Injury Form

Step 3 of 8: Biographical

Work Related Injury

Form Number

eForm ID 287172

Biographical

First Name Empl ID 1180024

Middle Name

Last Name *Injury Date

*Best Telephone

*Email ID

Gender

*Has Dependents *Spouse may be included as a dependent*


*Married

The information in job information section defaults and will include the employee's supervisor data.

Job Information	
Position Number	00004347
Job Title	ASA/Programmer Staff Spec
Department	30520
Department Description	Information Technology Svs
Supervisor ID	<input type="text" value="2222222"/>
Supervisor Name	Young, Teddy
Time employee was scheduled to work the day of the injury.	
Enter time using this format.	
Ex: 3:00 pm or 3:00 am	
Start Time	<input type="text" value="8:00AM"/>
End Time	<input type="text" value="5:00PM"/>
<input type="checkbox"/> Unknown Times	

Fields with an asterisk are required fields.

Address	
Country	<input type="text"/>
*Address Line 1	<input type="text" value="123 Starfish Lane"/>
Address Line 2	<input type="text"/>
*City	<input type="text" value="Flagstaff"/>
*State	<input type="text" value="AZ"/>
*Postal Code	<input type="text" value="88888"/>



Report an Injury Form

Step 4 of 8: Injury Time & Location

Work Related Injury

Form Number

eForm ID 287174

Instructions for Entering Time of Day in the Fields Below:

Enter time using this format.
Ex: 3:00 pm or 3:00 am



Time/Location Details

Incident Date 08/01/2015 *Incident Time 10:00AM

Definition of the Date the incident Reported to NAU: means the date the injured party reported the injury to an NAU employee (not the date the form was filled out).

*Date Reported 08/01/2015 *Time Reported 2:15PM

*Reported By 1111111 Paul Lamb

Where did the incident occur?

Finding the Nearest Building

- 1-Click on the Magnifier Look Up
- 2-Change 'Description' filter to 'contains'
- 3- Write in a portion of the building name of which you're sure Ex: Franke
- 4- Click LOOK UP button
- 5- Click on the correct returned result

*Nearest Building 090 Building Name University Services

*Area 0003 Area Description Building Entrance

*Was employee on overtime when injured? (Y/N) No

Additional Information collected in the case the employee was a faculty member or other employee type injured while teaching using the “Select Class If Applicable” button. Searches may be by:

- Class Subject/Catalog Number (Ex: BIO 300)
- Faculty First/Last Name
- Faculty Last Name/Class Subject

NOTE that schedule of class results will be term offerings corresponding to the date of the injury/illness being reported.

Select Class If Applicable

If this incident occurred while attending an NAU sponsored camp, workshop, seminar, event, or other, please include the name of the program/event. Ex: Curry Summer Music Camp or Employee Development Day

Class Search

Search For Class Associated With Incident

Enter one or more of the following: 1) faculty first and last names, or 2) faculty last name and class subject or 3) class subject and catalog number.

Class Subject

Catalog Number

Faculty First Name


Faculty Last Name

Select the appropriate combination of Subject/Catalog Nbr/Faculty below.

Class Search							
	Select	Term	Course ID	Subject Area	Catalog Nbr	Faculty First Name	Faculty Last Name
1	Select	1154	007912	SPA	201	FRANCY	SOLARTESOTO
2	Select	1154	007912	SPA	201	CHRISTOPHER	WARGO
3	Select	1154	007912	SPA	201	BENNING	TIEKE

When there are multiple sections of the same course taught by the same faculty, differentiate which is the correct class by looking at meeting pattern days and times.

Select	Term	Session	Course ID	Subject Area	Catalog Nbr	Class Nbr	Class Section	Course Title	Start Time	End Time	Faculty First Name	Faculty Last Name
1 <input type="button" value="Select"/>	1154		007912	SPA	201	1012	001	SECOND YEAR SPANISH	09:00	11:50	FRANCY	SOLARTESOTO

Personalize Find View All  First 1 of 1 Last						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Y	Y	Y	Y	Y	N	N

Select Class If Applicable

Course ID 007912

Course Title SECOND YEAR SPANISH

Course Instructor Francy H Solarte Soto

Term 1154 **Session Code** N5A

Class Subject SPA **Catalog Number** 201

Class Nbr 1012

Start Time 09:00 **End Time** 11:50

Building and Room Babbitt Acad Annex, Rm 113

If the above information is correct, Click NEXT

Choose the description closest describing what happened in each of the four categories.

There can be more than one answer for each. If more than one answer is entered the creator/initiator will be asked to choose one as primary.

Step 5 of 8: Injury Details

Work Related Injury

***Form Number**

eForm ID 287174

Descriptions

When completing this page, please select the closest related description for each option.

Accident Type		Personalize	Find	First	1 of 1	Last
*Accident Type	Primary Injury					
1 Bodily Reaction	<input checked="" type="checkbox"/>					

Body Part		Personalize	Find	First	1-2 of 2	Last
*Body Part Code	Side of Body					
1 Arm(s)	Right					
	<input checked="" type="checkbox"/>					
2 Neck						
	<input type="checkbox"/>					


Nature of Injury		Personalize	Find	First	1 of 1	Last
*Nature of Injury	Privacy Case					
1 Animal or insect bites						
	<input type="checkbox"/>					

Source of Injury		Personalize	Find	First	1 of 1	Last
*Source of Injury	Primary Injury					
1 Insects and arachnids						
	<input type="checkbox"/>					

***Unsafe Acts** N/A

Describe any unsafe acts that may have contributed to the incident.

Enter N/A into the field if NO unsafe acts were committed.



***How did it happen?**

Several wasps were near the building entrance unseen by Paul. Paul's sudden movement inadvertently disturbed the wasps and he was stung in two places - the neck and his right arm.

If there were witnesses to the employee's injury, please include their information below. It is important to include all witnesses even if they are not NAU employees.

Report an Injury Form

Step 6 of 8: Witnesses and Treatment

Work Related Injury

Form Number

eForm ID 287174

Incident Details

Witness Details

No Emplid	Empl ID	Witness Name	Email	Telephone
1	5555555	Renee Rountree	RR@gmail.com	928/777-7777

No Emplid	Witness Name	Email	Telephone
2	Grace Wall	gw@verizon.net	757/222-3333

Continuing through Step 6 of 8 is Outcome and Treatment

Depending on the treatment required selected (None, First Aid, Medical, Hospitalization), you will have more or less questions to answer. Occupational Safety and Health Administration (OSHA) has identified treatments that are classified as first aid. Please click on the link below to make a determination.

Outcome and Treatment

[Click here to determine if treatment was first aid](#)

*Treatment Required?

*Primary Outcome

*Medical Facility

Physician Name

*Treatment Description

Transportation

More Step 6 of 8 is “Were others also injured?”

If there were others injured through the same accident as this employee, please include their information below. It is important to include all individuals injured even if they are not NAU employees.

"Were others injured in the same incident?" Yes

No Emplid	Empl ID	Name of Person Injured	Email ID	Telephone	
1	<input type="checkbox"/>	1234567	James Fletcher	James@Fletcher.com	928/333-5555
2	<input checked="" type="checkbox"/>		Julie Lamb	JL@gmail.com	928/333-4444

Click NEXT

<< Previous Next >> Cancel

The final Report of Injury page

Include any comments that may be helpful to the Benefits Approver or to clarify any of the reporting.

Comments are not a required field.

Click the Submit button.

Report an Injury Form

Step 7 of 8: Submit Form

Work Related Injury

Form Number

eForm ID 287174

Comments

Your Comment:

Form Creator's Comments

<< Previous Submit

Click 'YES' below if you are ready to submit the form to the Benefits Approver.

Message

Submit this form? (24642,112)

The form will be directed to the next approver, if any.

Report an Injury Form

Step 8 of 8: Form Finalized

Form Number

eForm ID	287193
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Form Status

You have just SUBMITTED this form. This action passed the form to UROI HR Approver for further processing.

Process Visualizer

[Go To Worklist](#)
[View This Form](#)

The Form Creator may access "View This Form" to see routing and status.

FormList Fields

eForm ID: 287193 **Workflow Form Status:** Pending

Workflow Form Type: UROI

Original Operator: rys5 Schenck,Renee Young
Original DateTime: 08/28/2015 4:32:50PM

Last Operator: rys5 Schenck,Renee Young
Last By Alternate Operator:
Last DateTime: 08/28/2015 4:32:50PM

Next Approving RoleName: NAU_HR UROI HR Approver Who can work this form?

Process Visualizer

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graph LR
  S1[1: Schenck,Renee Young (rys5)] --> S2[2: UROI HR Approver]
  S2 --> S3[3: Integration Broker]
  S3 --> S4[4: System]
  
```

Transaction Log

	Current DateTime	Role Name	User ID	User Description	Form Action	Workflow Form Status
1	08/28/2015 4:32:50PM	NAU_LS HR UROI Initiator	rys5	Schenck,Renee Young	Submit	Pending

Form Messages

When the submitted form information is incomplete.....

If this form was initiated and submitted right after an injury/illness occurred for an employee, it is understandable that not all data could be fully collected. For example, if it was known when the form was created that someone went to the hospital, but we don't yet know the full treatment description or treating doctor, it is important for the initiator to know that the Benefits Approver will be able to add this information when it is known.

What happens after the form is submitted?

Notification emails are sent to the Injured Employee and Regulatory Compliance to view and to the Benefit Department Approver to approve the form. Please find below a sample of the letter sent to the injured employee.

SAMPLE LETTER SENT to INJURED EMPLOYEE

Dear Injured Employee,

On 08/28/2015, a report of injury was filed that you were injured or became ill while working at NAU. Thank you for reporting this incident. If you have not called the Employee Injury Call Center at 800-685-2877 to speak with a nurse about your care, please do so now.

Please click on the link below which will take you to the form. Please review the report and if you wish to provide your own statement of the occurrence please email hr.workerscomp@nau.edu with your statement and it will be added to your file.

https://phdv2.ucc.nau.edu:8443/psp/ph92dvnc/EMPLOYEE/HRMS/c/G_FORM_UROI.G_FORM_UROI.V.GBL?Page=G_FORM_UROI_A_BIO&Action=U&&G_FORM_ID=287193&G_FORM_TASK=VWS

If you have any questions about this report please contact Human Resources at 928-523-2223 or hr.workerscomp@nau.edu

Important Information:

A Physician's Report of Injury (pink 102 form) should be completed and signed at the health provider's office. If this form is not filled out, the Industrial Commission and insurance carrier will not be officially notified and claim activity can be delayed.

Any doctors notes you have related to your injury/illness and work status should be remitted to Human Resources.

Provide the billing information below to any medical provider or pharmacy:

CorVel Corporation
PO Box 6966
Portland, OR 97228

Billing Phone: 602-288-2020


Who sees the form after it is submitted and approved?

- The Report of Injury **Initiator/Creator** will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.
- The **Injured Employee** will be able to VIEW forms reporting their injury/illness with the form status, who has approved the form, edits made by the approver, and any comments made by the approver.
- Assigned **Regulatory Compliance** employees will be able to VIEW any forms they create along with the status, who has approved the form, edits made by the approver, and any comments made by the approver.
- The **Benefits Approver** is able to Evaluate/Approve the Report of Injury and update fields if necessary prior to finalizing. Once this is done the data is stored in PeopleSoft/Louie. After the form is approved the Benefits Approver will always have access to VIEW for the form.

Where is the form VIEWED?

In Self Service > Report of Injury SS Home Page

Report of Injury Self Service Home Page



[View a Report of Injury eForm](#)
View a recently submitted Report of Injury eForm, including information about its handling so far. Report of Injury eForms submitted in the last month are listed here. This is a read-only view.

OR Department Self Service > Report of Injury Home Page

Report of Injury Home Page



[Create a Report of Injury](#)
Click here to create a Report of Injury eForm.



[Evaluate a Report of Injury eForm](#)
Evaluate a Report of Injury eForm to continue through the approval route



[View a Report of Injury eForm](#)
View a recently submitted Report of Injury eForm, including information about its handling so far. Report of Injury eForms submitted in the last month are listed here. This is a read-only view.

Search for the eform using these combinations:

- first/last name,
- emplid,
- user id,
- eform ID,
- filter by form statuses of Pending, Authorized, Executed

NOTE: Users will only be able to view forms they have created or forms that have been created for them via Self Service and Department Self Service.

Searching for forms 'I' have created that have been Executed or approved by the Benefits Approver.

View a ROI eForm

Enter any information you have and click Search. Leave fields blank for a list of all va

Find an Existing Value

▼ **Search Criteria**

eForm ID:	begins with ▼	<input type="text"/>
Workflow Form Status:	= ▼	Executed ▼
User ID:	begins with ▼	<input type="text"/> 🔍
Empl ID:	begins with ▼	<input type="text"/> 🔍
First Name:	begins with ▼	<input type="text"/>
Last Name:	begins with ▼	<input type="text"/>

See the Process Visualizer and Transaction Log below

FormList Fields

eForm ID: 287193
Workflow Form Status: Executed


Workflow Form Type: UROI

Original Operator: rys5 Schenck,Renee Young
Original DateTime: 08/28/2015 4:32:50PM


Last Operator: lmo35 Steinhoff,Lindsey Marie
Last By Alternate Operator:
Last DateTime: 08/28/2015 5:06:08PM

Who can work this form?


Process Visualizer




Schenck,Renee Young (rys5)




UROI HR Approver (33 minutes)



Integration Broker



System



Transaction Log

	Current DateTime	Role Name	User ID	User Description	Form Action	Workflow Form Status
1	08/28/2015 4:32:50PM	NAU_LS HR UROI Initiator	rys5	Schenck,Renee Young	Submit	Pending
2	08/28/2015 5:06:09PM	NAU_HR UROI HR Approver	lmo35	Steinhoff,Lindsey Marie	Authorize	Authorized
3	08/28/2015 5:06:22PM	SYSTEM	lmo35	Steinhoff,Lindsey Marie	Execute	Executed