

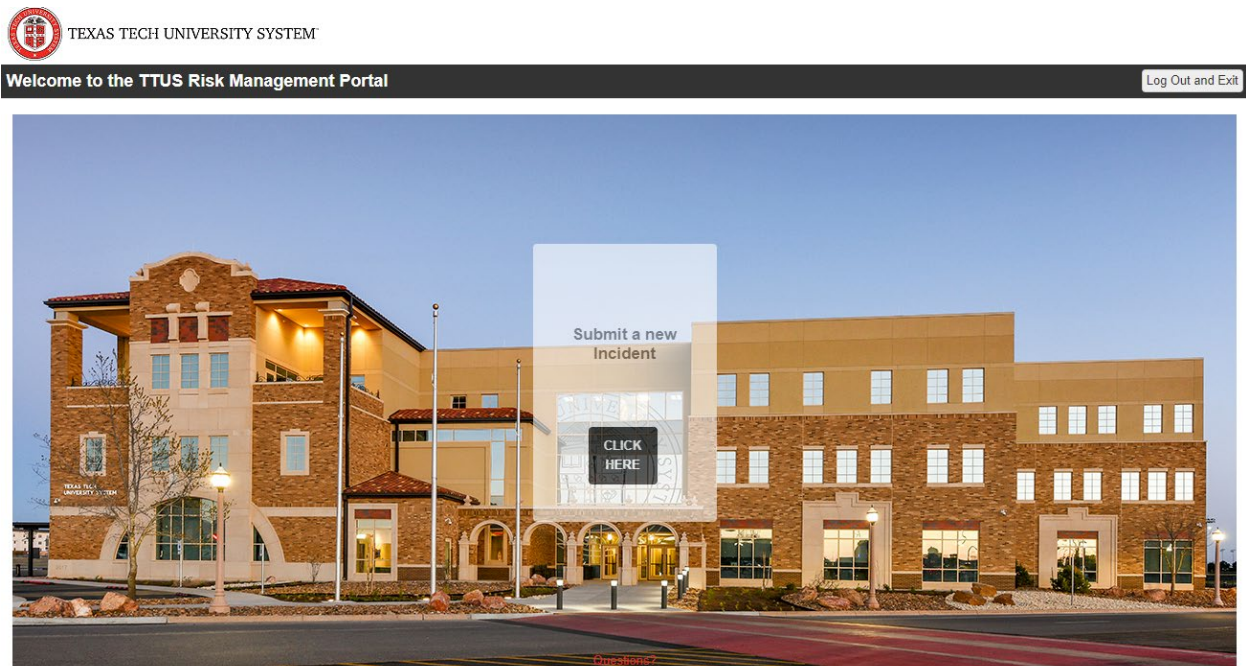
Reporting an Incident to TTUS Risk Management



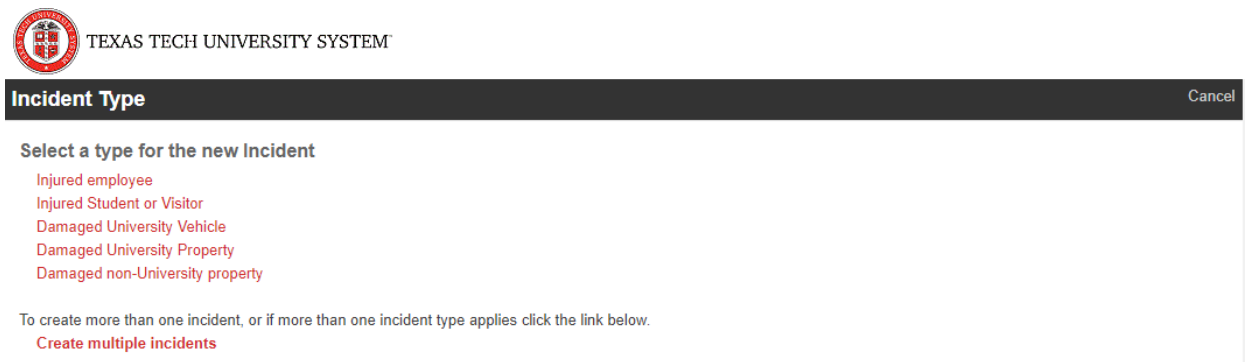
Quick Start Guide

Employee Incidents, Injuries, and Illnesses must be reported to the Office of Risk Management (ORM) using the Self-Serve Portal. The QR code on this guide can take you directly to the [Portal](#) or it can be found on ORM's [Webpage](#), labeled **Report an Incident**.

Enter the Portal to Submit a New Incident:




Select **Injured Employee**, or the most appropriate choice.



Start Typing the Employee ID number or Last Name of the Injured employee in the **R# or Employee ID** field and the System will populate the HR Data. Verify the information and make any changes, as needed. Please note, correcting employee information in this system will not correct it in Banner.

Complete the online form with as much detail about the incident as possible. You may search the Building Names or Building Numbers in the **Location of the Accident** Field.

 This Symbol offers tool tips, if you need more information on the question. The Magnifying Glass allows you to search the options for the field.






New Incident Complete Incident or Cancel

Injured employee

Employee Information

Incident Number *	<input type="text"/>	Empty to autogenerate	Office Phone	<input type="text" value="(xxx) xxx-xxxx"/>
R# or Employee ID	<input type="text" value="Doe, John"/>	<input type="button" value="Q"/>	Department	<input type="text" value="Risk Management"/>
Employee Number	<input type="text" value="TEST"/>		Supervisor	<input type="text" value="Jones, Mary"/>
Completed By *	<input type="text" value="Supervisor"/>			
Was Employee Doing His/Her Regular Job?	<input type="text" value="Yes"/>			
Claimant *	<input type="text" value="Doe, John"/>			
Home Email Address	<input type="text"/>			

Incident Details

Date of Accident *	<input type="text" value="04/14/2021"/>	<input type="button" value="Calendar"/>	Loss Description 	<input type="text" value="Tripped walking down the stairs in Drane."/>
Time of Accident	<input type="text" value="02:30 PM"/>			
Report Date	<input type="text" value="04/28/2021"/>	<input type="button" value="Calendar"/>	Cause of Accident/Exposure 	<input type="text" value="Fall, Slip, or Trip - On Stairs"/>
Date Reported to Supervisor	<input type="text" value="04/15/2021"/>	<input type="button" value="Calendar"/>	Nature 	<input type="text" value="Sprain or Tear"/>
Location of Accident *	<input type="text" value="0028 - DRANE HALL"/>	<input type="button" value="Q"/>	Did employee lose time from work?	<input type="text" value="No"/>
Address where accident or exposure occurred.			Did employee seek medical treatment?	<input type="text" value="Yes"/>
Accident Street1	<input type="text" value="2515 15TH ST"/>			
Accident Street2	<input type="text"/>			
Accident City	<input type="text" value="Lubbock"/>			
Accident State *	<input type="text" value="Texas"/>			
Accident Postal	<input type="text" value="79409"/>			
Accident County	<input type="text"/>			
Accident Country	<input type="text" value="United States of America"/>			

If the Employee needed medical Treatment, include the treating Physician's Information, and note the Employee should be seeking treatment in the [CareWorks](#) network. If you have questions about providers in our network, please email ttusrm@ttu.edu for additional information.

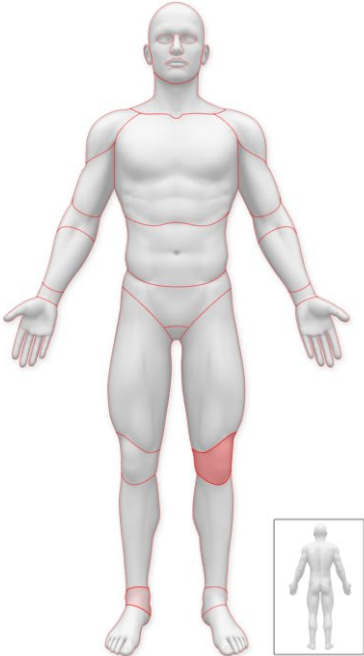
Physician/Lost Time Details

Physician Name	<input type="text" value="Dr. Smith"/>
Physician Address	<input type="text" value="1234 7th Street"/>
Physician Phone	<input type="text" value="800-123-5462"/>

To Indicate the affected body part, select the area on the diagram, complete the specific **Body Part** question on the right, and then select **Add Part**. Multiple affected areas can be added. You must select **Add Part** to save the affected areas to the record.

Description of Injury

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



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.

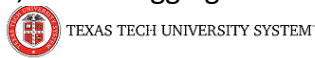
Body Area Selected: Knee

Body Part *

Body Part Location

Body Part	Percent Impairment	Percentage	Body Part Location
Ankle	0		Right (R)

Complete Incident when all information has been completed. **Upload Documentation** on the next screen, as required, before logging out of the Portal.



Upload any relevant files

Save Successful.

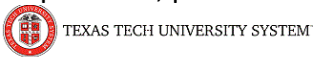
You can upload any relevant documents and files for the incidents you submitted in this page. Please do so below before clicking on the I'm done button.

#1 Doe, John (13)

No files uploaded.

or [click here to log out](#)

Following reporting, ORM will contact the employee or supervisor for any additional information needed. If you have questions, please email ttusrm@ttu.edu or call 806-742-0212.



Thank you for your submission!

Thank You!

Submitted Incidents

Incident Number	Incident Type	Claimant	Loss Date	Location
13	Injured employee	Doe, John	04/14/2021	0028 - DRANE HALL

or [click here to log out](#)