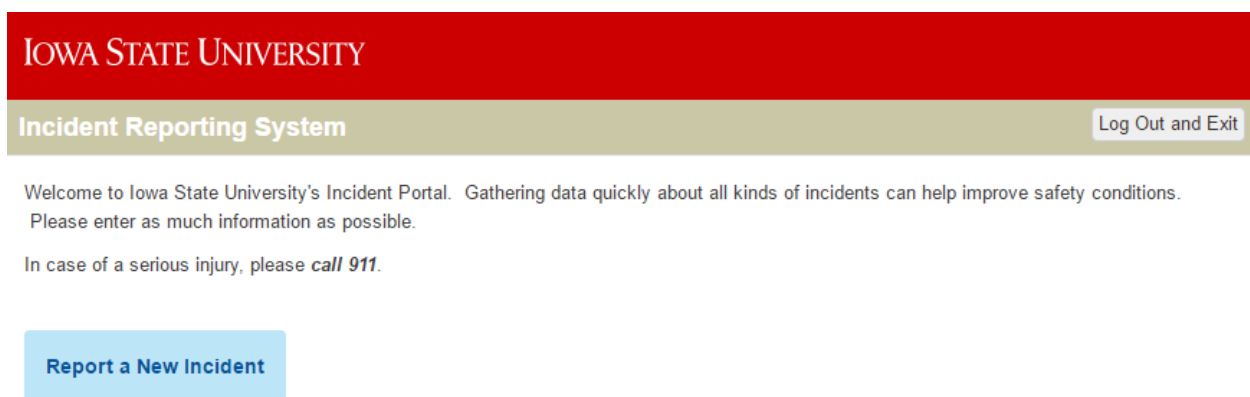# Quick Reference Guide: Report of Injury

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 a applicable to your incident

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

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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*

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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 ⓘ [   ] [Lookup by NetID] [Use My ID]

Involved Party Relationship to ISU [▼]

UID [   ]

First Name * [   ]

Middle Name [   ]

Last Name * [   ]

Office Phone [   ]

Email * [   ]

Department * [▼]

Job Title * [   ]

Employment Status * [▼]

Number of Days Scheduled Per Week * [   ]

Search for the location where the injured party regularly works.

[Lookup Location]

Work Location * [   ]

Work Street [   ]

Work City [   ]

Work State [Iowa   ▼]

Work Postal Code [   ]

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 ⓘ [   ]

[Lookup by NetID] [Use My ID]

Supervisor First Name * [   ]

Supervisor Last Name * [   ]

Supervisor Email * [   ]

Supervisor Phone [   ]

Supervisor Department [▼]

Supervisor Title [   ]

7. Enter your Accident Information
   Note: Anything with a '' is a required field*

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ACCIDENT INFORMATION

Date Of Injury *

Time of Injury *

Time Employee Began Work *

Date Injury Reported to Department *

Last Date Worked *

Did employee miss work? ℹ *

Date Returned to Work

Witness Information ℹ

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 ℹ *

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

ACCIDENT LOCATION

Accident Site ℹ *

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

9. 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.
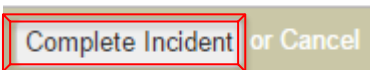
Initial Treatment *

Taken By Emergency Transportation *

Treatment Description

10. Click **"Complete Incident"** in the top right corner of the web page to complete the incident report

Complete Incident or Cancel

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