



HOW TO ENTER THE INCIDENT DETAILS REPORT AND INJURY DETAILS REPORT

Application:

iPeople

Audience:

Supervisors

Objective:

Learn how to **submit an incident details report and injury details report** in cases of workplace injury or accidents in iPeople.

Before you Begin:

To sign in to iPeople, go to hcm.illinoisstate.edu. Once there, click the **sign in using Central Login** link. Then, log in using your ULID and password.

Once you log in, the options on your screen will depend on your security access.

Contact:

If you are unable to log in, contact the **Technology Support Center (TSC)**:

Phone: (309) 438-HELP(4357)

Email: supportcenter@illinoisstate.edu

Website: ITHelp.IllinoisState.edu.

For further assistance regarding this task, to view more instructional documents and training videos, or to sign up for workshops, contact the **AT Knowledge & Training team**:

Email: ATTraining@ilstu.edu

Website: AT.IllinoisState.edu/Training



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Incident Details Report

1. After logging in, your homepage will open. Click the **Accident Reporting** tile.

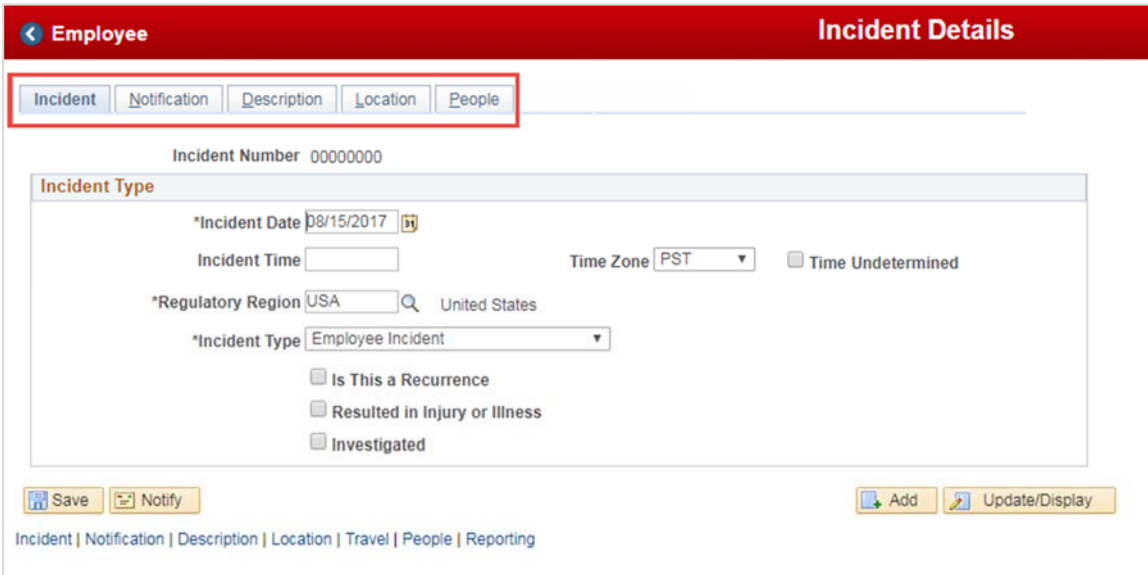


- If a new report is being created for the first time, click the **Add a New Value** tab. An incident number field is first assigned with "0" in the **Incident Number** field. Once the incident details report has been completed, an incident number will be assigned. Click the **Add** button.



The screenshot shows the 'Incident Details' form with a red header bar containing a back arrow and the text 'Employee' and 'Incident Details'. Below the header, there are two tabs: 'Find an Existing Value' and 'Add a New Value'. The 'Add a New Value' tab is highlighted with a red box. Below the tabs is a text input field labeled 'Incident Number' containing '00000000', with a red arrow pointing to it. Below the input field is a yellow 'Add' button, also highlighted with a red box. At the bottom of the form, there are two links: 'Find an Existing Value' and 'Add a New Value'.

- There are five tabs at the top of the screen: **Incident**, **Notification**, **Description**, **Location**, and **People**.



The screenshot shows the 'Incident Details' form with a red header bar containing a back arrow and the text 'Employee' and 'Incident Details'. Below the header, there are five tabs: 'Incident', 'Notification', 'Description', 'Location', and 'People'. The 'Incident' tab is highlighted with a red box. Below the tabs, the 'Incident Number' field contains '00000000'. Below this is the 'Incident Type' section, which contains several fields: '*Incident Date' (08/15/2017), 'Incident Time' (empty), 'Time Zone' (PST), and a checkbox for 'Time Undetermined'. Below these are '*Regulatory Region' (USA) and '*Incident Type' (Employee Incident). At the bottom of the section are three checkboxes: 'Is This a Recurrence', 'Resulted in Injury or Illness', and 'Investigated'. Below the form are two buttons: 'Save' and 'Notify'. At the bottom right are two buttons: 'Add' and 'Update/Display'. At the very bottom, there are several links: 'Incident | Notification | Description | Location | Travel | People | Reporting'.



4. The first tab is the **Incident** tab. Enter the preliminary information regarding the incident. The fields that require information are marked with an asterisk:
- **Incident Date** – Enter the date the incident occurred using the mm/dd/yyyy format. Alternatively, click on the **calendar icon** located to the right of the date field and select the date using the calendar.
 - **Incident Time** – Enter the time that the incident occurred using the “HH:MM AM/PM” format.
 - **Time Zone** – Select the time zone of the location where the incident took place using the dropdown menu.
 - **Time Undetermined** – If the time is unknown, select the checkbox next to the Time Undetermined field.
 - **Regulatory Region** – This field indicates the country in which the incident occurred. This field is auto-filled with USA.
 - **Incident Type** – Using the dropdown menu in the Incident Type field, select the type of incident that is being reported. The choices are: **Employee Incident**, **Employee Off-Duty Incident**, **Non-Employee Incident**, **Student Incident**, and **Vehicle/Equipment Incident**.
 - **Is This a Recurrence**: Select this checkbox if this incident is a recurring injury.
 - **Resulted in Injury or Illness**: Select this checkbox if this incident resulted in injury or illness.
 - **Investigated**: Select this checkbox if the incident has been investigated.

Employee Incident Details

Incident Notification Description Location People

Incident Number 00000000

Incident Type

*Incident Date 08/15/2017

Incident Time Time Zone PST Time Undetermined

*Regulatory Region USA United States

*Incident Type Employee Incident

Is This a Recurrence

Resulted in Injury or Illness

Investigated

Save Notify Add Update/Display

Incident | Notification | Description | Location | Travel | People | Reporting

5. The second tab is the **Notification** tab. Reporting information regarding the incident is entered in this tab. There are two sections in this tab – **Incident Notification** and **Incident Tracking**:

Incident Notification

- **Date Reported** – In the Date Reported field, the date the incident was reported is autofilled. If different, edit the date using the mm/dd/yyyy format or click on the calendar icon located to the right of the date field and select the date using the calendar.
- **Time Reported** – In the Time Reported field, enter the time that the incident was reported in this field using the “HH:MM AM/PM” format.
- **Reported To Empl ID** – In the **Reported To Empl ID** field, enter the Empl ID of the supervisor. To enter the Empl ID in this field, click the **lookup** button located to the right of the field.

In the pop-up window that appears, enter identifying information of the person’s Empl ID you would like to enter. In the **Search Results** field, click on the person’s name. This will close the window.

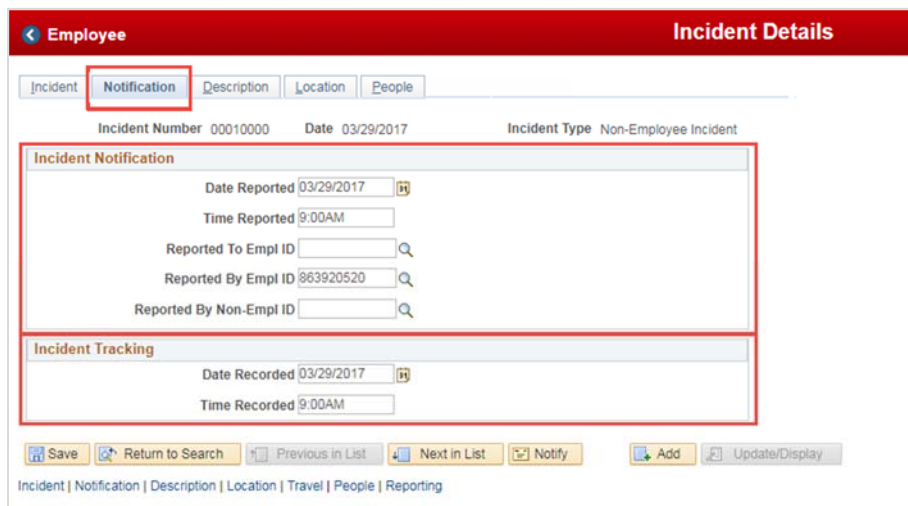
- **Reported by Empl ID** – In the **Reported By Empl ID** field, enter the Empl ID of the person who reported the incident (the injured employee).

To enter the Empl ID in this field, click the **lookup** button located to the right of the field. In the pop-up window that appears, enter identifying information of the person’s Empl ID you would like to enter. In the **Search Results** field, click on the person’s name. This will close the window.

- **Reported By Non-Empl ID** – If the incident was reported by a non-employee, enter the non-employee ID in this field.

Incident Tracking

- **Date Recorded** – In the Date Recorded field, enter the date that the incident was reported.
- **Time Recorded** – In the Time Recorded field, enter the time that the incident was recorded using the HH:MM AM/PM format.



The screenshot shows the 'Incident Details' form with the 'Notification' tab selected. The form displays the following information:

- Incident Number:** 00010000
- Date:** 03/29/2017
- Incident Type:** Non-Employee Incident

The **Incident Notification** section includes:

- Date Reported:** 03/29/2017 (with a calendar icon)
- Time Reported:** 9:00AM
- Reported To Empl ID:** (with a lookup icon)
- Reported By Empl ID:** 863920520 (with a lookup icon)
- Reported By Non-Empl ID:** (with a lookup icon)

The **Incident Tracking** section includes:

- Date Recorded:** 03/29/2017 (with a calendar icon)
- Time Recorded:** 9:00AM

At the bottom of the form, there are buttons for 'Save', 'Return to Search', 'Previous in List', 'Next in List', 'Notify', 'Add', and 'Update/Display'. A breadcrumb trail at the very bottom reads: Incident | Notification | Description | Location | Travel | People | Reporting.

6. The third tab is the **Description** tab. Enter a description of the incident in this tab.

In the **Description** field, enter a description of the incident. This is a freeform field.

The screenshot shows the 'Incident Details' form with the 'Description' tab selected. The form includes fields for Incident Number (00010000), Date (03/29/2017), and Incident Type (Non-Employee Incident). Below these is a 'Dangerous Occurrence' section with a 'Code' field set to NULL. The 'Description' field is a large text area containing the text 'Employee tripped on a box and sprained ankle.' At the bottom, there are buttons for Save, Return to Search, Previous in List, Next in List, and Notify, along with an 'Add' button and an 'Update/Display' button.

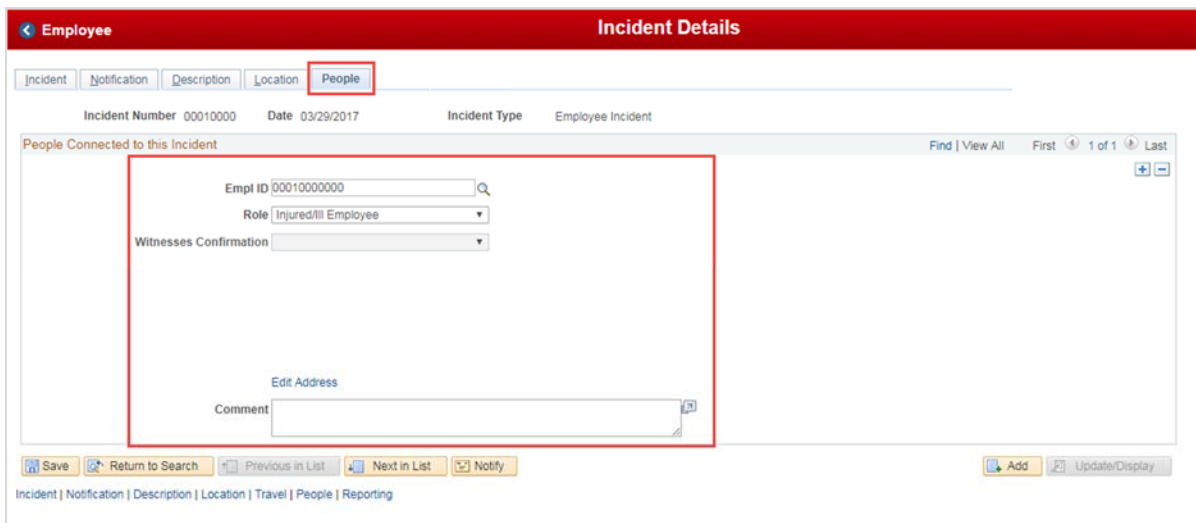
7. The fourth tab is the **Location** tab. This tab is used to enter information regarding where the incident took place.

Note: The **Location Set ID**, **Location**, and **Establishment ID** fields are only required for OSHA reports. They also need to be entered manually; these fields are not entered by default.

- **Location Set ID** – The **Location Set ID** will have the default of “ILSTU.” If blank, enter **ILSTU**.
- **Location** – The **Location** will have the default of “ISU.” If blank, enter **ISU**.
- **Establishment ID** – The **Establishment ID** will have the default of “ILSTU.” If blank, enter **ILSTU**.
- **Exact Location** – Enter the exact location of incident in this field. Information such as building and room number can be entered here.

The screenshot shows the 'Incident Details' form with the 'Location' tab selected. The 'Incident Location Data' section is highlighted with a red box. It includes a checked box for 'Occurred on Employer Premises'. Below this are fields for Location Set ID (ILSTU), Location (ISU), and Establishment ID (ILSTU), each with a search icon. To the right of these fields are dropdown menus showing 'Illinois State University'. Below these is a 'View Address' link. The 'Exact Location' field contains the text 'JULIAN HALL, ROOM 123' and has a character count of '219 characters remaining'. At the bottom, there are buttons for Save, Return to Search, Previous in List, Next in List, and Notify, along with an 'Add' button and an 'Update/Display' button.

8. The fifth tab is the **People** tab. The information in this tab defaults to the injured employee. However, this tab can be used if there are witnesses or other people involved.
- **Empl ID:** Enter the **Empl ID** of the witness/other person in this field. Use the **lookup** button if the Empl ID is unknown.
 - **Role:** The **Role** of the witness/other person will be automatically generated based on his/her role in iPeople. Use the dropdown menu to select a different role.
- Witness Confirmation:** If the chosen Role is “Witness,” the **Witness Confirmation** dropdown menu will become available to be used. Choose from the following options:
- Confirms statements
 - Does not confirm statement
 - Unknown confirmation
- **Comment:** Add any additional comments to this field.



The screenshot shows the 'Incident Details' form with the 'People' tab selected. The form displays the following information:

- Incident Number: 00010000
- Date: 03/29/2017
- Incident Type: Employee Incident

The 'People Connected to this Incident' section contains the following fields:

- Empl ID: 00010000000 (with a lookup icon)
- Role: Injured/ill Employee (dropdown menu)
- Witnesses Confirmation: (dropdown menu)
- Comment: (text input field)

At the bottom of the form, there are buttons for 'Save', 'Return to Search', 'Previous in List', 'Next in List', 'Notify', 'Add', and 'Update/Display'.

9. After completing all the necessary fields in this tab, click the **Save** button to save your changes.

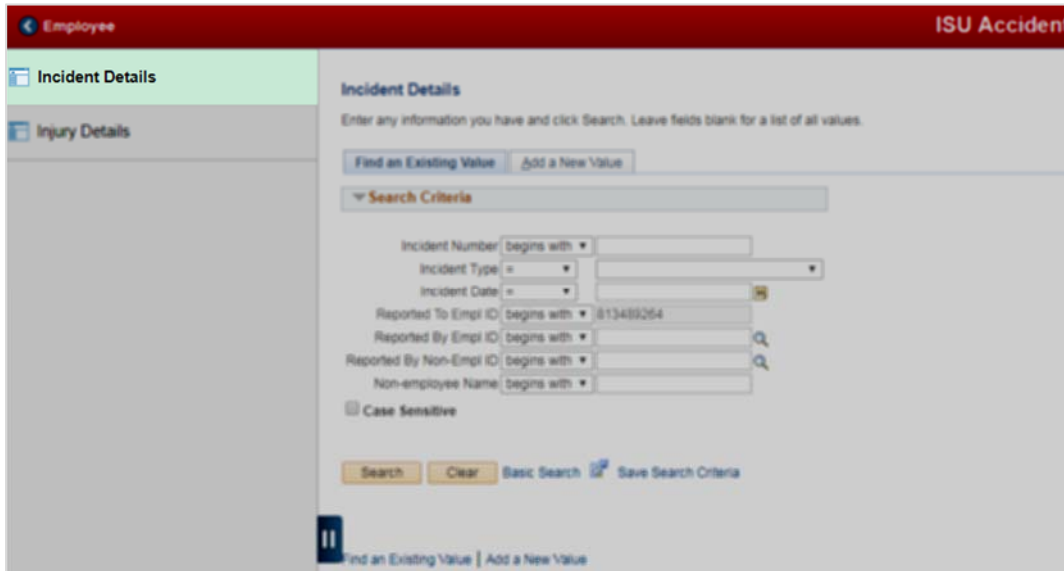
After entering information into the incident details report, navigate to the **Injury Details** report page to fill out the report and link it to the incident details report that was just completed.

To learn how to enter information into the injury details report, scroll down to the “Injury Details Report” section.

Editing the Incident Details Report

If an Incident Details report needs to be edited or updated after being saved, follow these next steps.

1. On the upper left side of the screen, click the **Incident Details** link. This will open the **Incident Details** page.



Employee ISU Accident

Incident Details

Injury Details

Incident Details

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

Find an Existing Value Add a New Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with 813489264

Reported By Empl ID begins with

Reported By Non-Empl ID begins with

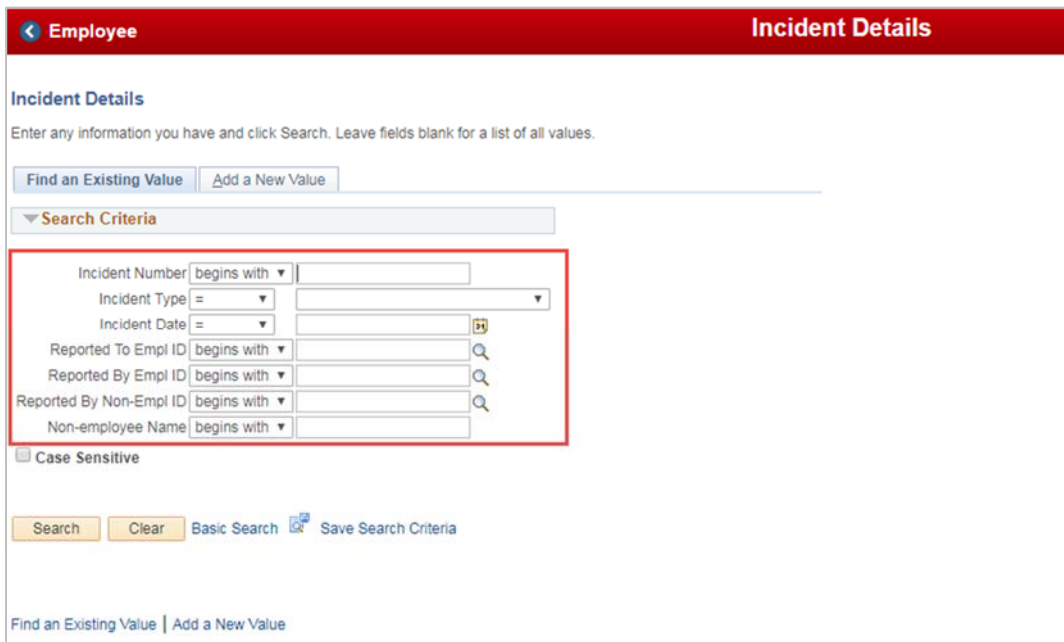
Non-employee Name begins with

Case Sensitive

Search Clear Basic Search Save Search Criteria

Find an Existing Value Add a New Value

2. Search for the incident to update using the search fields in the **Find an Existing Value** tab. Click the **Search** button.



Employee Incident Details

Incident Details

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

Find an Existing Value Add a New Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

Search Clear Basic Search Save Search Criteria

Find an Existing Value Add a New Value



- For this example, the **Empl ID** of the employee who is reporting the incident is entered in the **Reported By Empl ID** field.

A list of incidents will appear in the **Search Results** field.

Employee Incident Details

Incident Details

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

Find an Existing Value Add a New Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with 85

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

Search Clear Basic Search Save Search Criteria

Search Results

View All First 1-19 of 19 Last

Incident Number	Incident Type	Incident Date	Reported To Empl ID	Reported By Empl ID Name	Reported By Non-Empl ID	Non-employee Name
00006514	Incident	11/12/2016	85	(blank)	(blank)	(blank)
00006309	Incident	01/09/2016	85	(blank)	(blank)	(blank)
00006259	Incident	10/09/2015	85	(blank)	(blank)	(blank)
00006159	Incident	04/14/2015	85	(blank)	(blank)	(blank)
00005459	Incident	04/27/2012	85	(blank)	(blank)	(blank)
00005441	Incident	03/31/2012	85	(blank)	(blank)	(blank)
00004741	Incident	09/26/2009	85	(blank)	(blank)	(blank)
00004607	Incident	03/20/2009	85	(blank)	(blank)	(blank)
00004450	Incident	09/16/2008	85	(blank)	(blank)	(blank)
00004232	Incident	01/14/2008	85	(blank)	(blank)	(blank)
00004155	Incident	10/10/2007	85	(blank)	(blank)	(blank)
00003904	Incident	02/13/2007	85	(blank)	(blank)	(blank)
00003727	Incident	09/16/2006	85	(blank)	(blank)	(blank)
00003493	Incident	12/01/2005	85	(blank)	(blank)	(blank)
00003209	Incident	01/27/2005	85	(blank)	(blank)	(blank)
00002969	Incident	01/26/2004	85	(blank)	(blank)	(blank)
00002741	Incident	09/12/2003	85	(blank)	(blank)	(blank)
00000759	Incident	02/12/2003	85	(blank)	(blank)	(blank)
00000408	Incident	02/25/2002	85	(blank)	(blank)	(blank)

- Click on the row of the incident to edit.

Employee Incident Details

Incident Details

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

Find an Existing Value Add a New Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with 85

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

Search Clear Basic Search Save Search Criteria

Search Results

View All First 1-19 of 19 Last

Incident Number	Incident Type	Incident Date	Reported To Empl ID	Reported By Empl ID Name	Reported By Non-Empl ID	Non-employee Name
00006514	Incident	11/12/2016	85	(blank)	(blank)	(blank)
00006309	Incident	01/09/2016	85	(blank)	(blank)	(blank)
00006259	Incident	10/09/2015	85	(blank)	(blank)	(blank)
00006159	Incident	04/14/2015	85	(blank)	(blank)	(blank)
00005459	Incident	04/27/2012	85	(blank)	(blank)	(blank)
00005441	Incident	03/31/2012	85	(blank)	(blank)	(blank)
00004741	Incident	09/26/2009	85	(blank)	(blank)	(blank)
00004607	Incident	03/20/2009	85	(blank)	(blank)	(blank)
00004450	Incident	09/16/2008	85	(blank)	(blank)	(blank)
00004232	Incident	01/14/2008	85	(blank)	(blank)	(blank)
00004155	Incident	10/10/2007	85	(blank)	(blank)	(blank)
00003904	Incident	02/13/2007	85	(blank)	(blank)	(blank)
00003727	Incident	09/16/2006	85	(blank)	(blank)	(blank)
00003493	Incident	12/01/2005	85	(blank)	(blank)	(blank)
00003209	Incident	01/27/2005	85	(blank)	(blank)	(blank)
00002969	Incident	01/26/2004	85	(blank)	(blank)	(blank)
00002741	Incident	09/12/2003	85	(blank)	(blank)	(blank)
00000759	Incident	02/12/2003	85	(blank)	(blank)	(blank)
00000408	Incident	02/25/2002	85	(blank)	(blank)	(blank)



5. The **Incident Details** page for the incident will open. Update this page with any edits or changes as needed.

Once completed, click the **Save** button to save your changes.

Employee **Incident Details**

Incident | Notification | Description | Location | Travel | People | Reporting

Incident Number 00006514

Incident Type

*Incident Date

Incident Time Time Zone Time Undetermined

*Regulatory Region United States

*Incident Type

Is This a Recurrence

Resulted in Injury or Illness

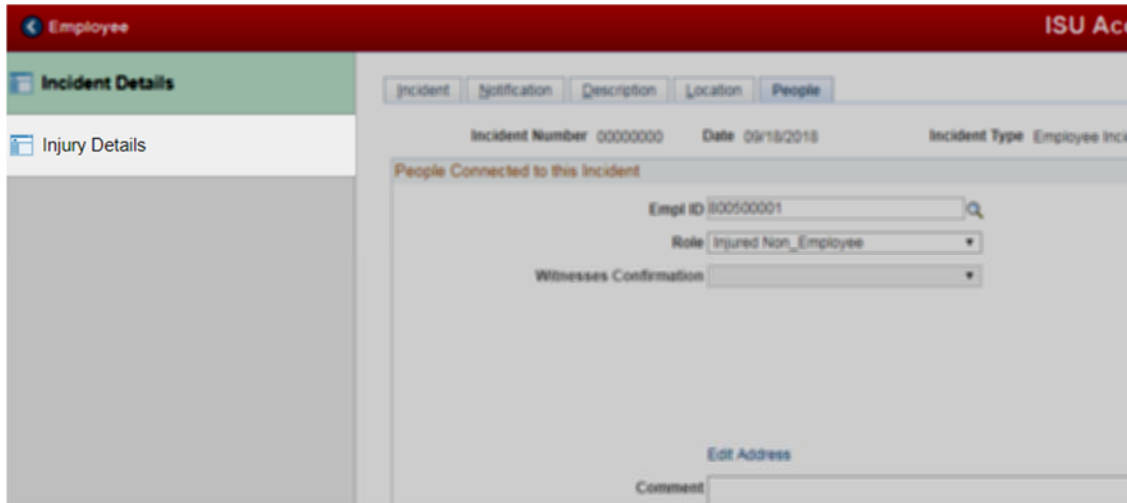
Investigated

Incident | Notification | Description | Location | Travel | People | Reporting

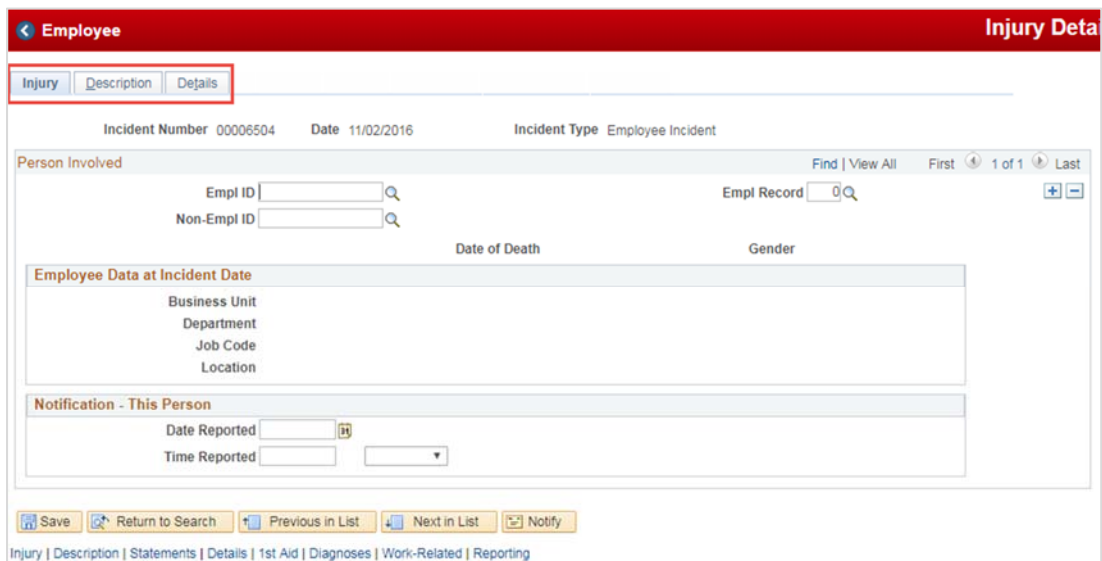
Injury Details Report

1. Navigate to the **Injury Details** page. This will link to the **Incident Details** report that was just completed.

In the upper left of the screen, click **Injury Details**.



2. There are three tabs at the top of the screen: **Injury**, **Description**, and **Details**.





3. The first tab is the **Injury** tab. Enter information regarding the person with the injury in this tab:

- **Person Involved:**

- **Empl ID:** Enter the **Employee ID** for the person with the injury. If you do not know the Empl ID, click the **lookup** button to the right of the field.

In the pop-up window that appears, search for the employee using the search fields at the top of the screen. Click the **Look Up** button.

Locate the employee in the Search Results that appear. Click on the employee's row. This will close the window and the **Empl ID** will be now entered into the **Empl ID** field.

- **Non-Empl ID:** Follow the above steps to enter the **Non-Empl ID** if the person is not an employee.
- **Empl Record:** Click in this field to autofill the data for the **Employee Data at Incident Date** section below. The "0" indicates that the system will autofill the **Employee Data at Incident Date** section based on the employee's main position at the university. If the employee has multiple positions, click the **lookup** button and select the position the employee had during the incident. This will autofill the **Employee Data at Incident Date** section below.
- **Employee Data at Incident Date:** The **Business Unit**, **Department**, **Job Code**, and **Location** of the employee during the incident will be autofilled based on the value in the **Empl Record** field.
- **Notification – This Person:**
 - **Date Reported:** Enter the date the injury was reported in this field using the mm/dd/yyyy format. Alternatively, click on the **calendar** icon to the right of the field and click on the date the injury was reported. This will enter the date in the field.
 - **Time Reported:** Enter the time the injury was reported in this field. Enter "AM" or "PM" after the time. The time zone is default set to CST. If this needs to be changed, use the dropdown menu to set the new time zone.



4. The next tab is **Description**. Enter information describing the injury in this tab:
- **Primary Outcome:** There are three choices for type of incident in this field: **Injury**, **Illness**, and **Death**. Select the radio button next to the type of incident.
 - **Treatment Required:** There are four choices for the type of treatment given to the injury: medical treatment, first aid, hospitalized, and not required. Select the radio button next to the treatment type.
 - **Injury/Illness Details:** This is a freeform field. Enter any additional details about the injury in the space provided.

Employee **Injury Details**

Injury **Description** Details

Incident Number 00006506 Date 11/02/2016 Incident Type Employee Incident

Person Involved Find | View All First 1 of 1 Last

Empl ID Empl Record 0
Non-Empl ID

Date of Death Gender

Primary Outcome
 Injury Illness Death

Treatment Required
 Medical Treatment First Aid Hospitalized Not Required

Occupational Illness
Illness

Injury/Illness Details

Save Return to Search Previous in List Next in List Notify

[Injury](#) | [Description](#) | [Statements](#) | [Details](#) | [1st Aid](#) | [Diagnoses](#) | [Work-Related](#) | [Reporting](#)

5. The final tab is the **Details** tab. More specific information about the injury can be entered here.

Employee **Injury Detail**

Injury Description **Details**

Incident Number 00006506 Date 11/02/2016 Incident Type Employee Incident

Person Involved Find | View All First 1 of 1 Last

Empl ID Empl Record 0
Non-Empl ID

Date of Birth Date of Death Gender

Injury Description

Body Parts Nature of Injury Source of Injury Accident Type Unsafe Act

Primary Injury Details

Body Part
Nature of Injury
Source of Injury
Accident Type
Unsafe Act Performed

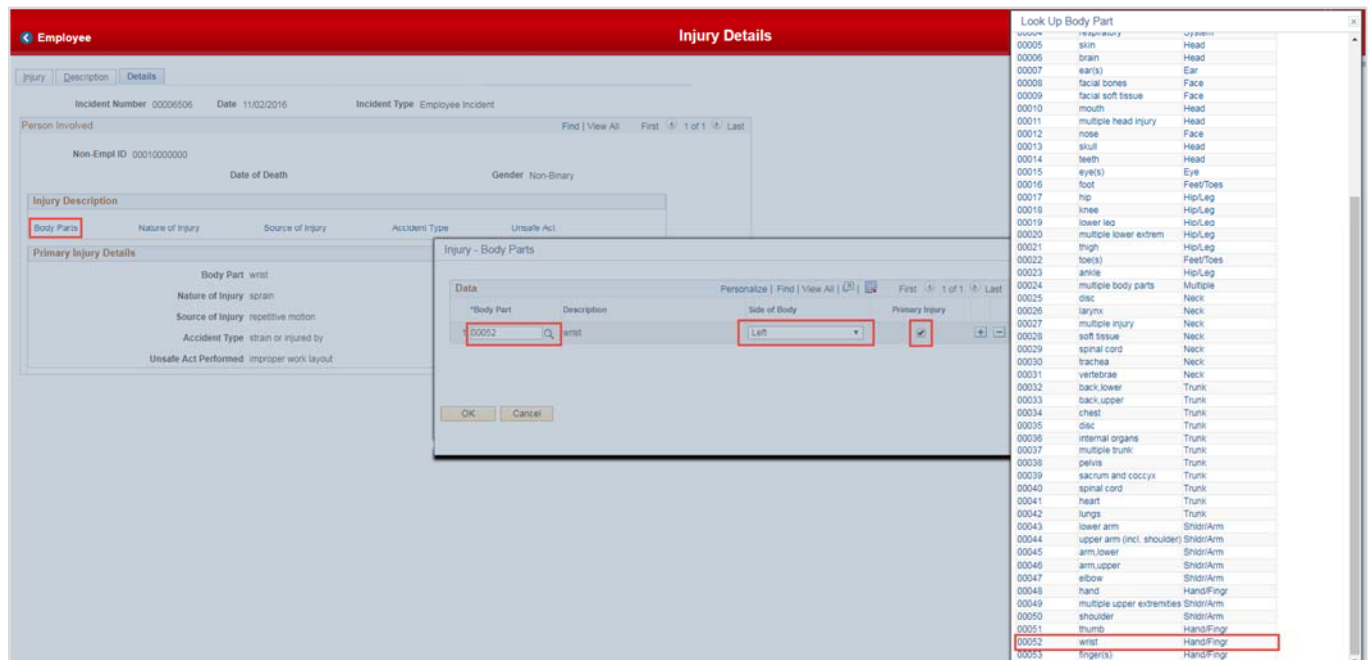
6. Injury Description section:

Body Parts: Indicate the body part that received the injury.

- 1) Click the **Body Parts** link.
- 2) In the pop-up window that appears, enter the code for the body part in the **Body Part** field. Alternatively, click the **lookup** button in this field and select the body part from the list that appears in the new pop-up window.

For this example, select **wrist**. This will close the window.

- 3) In the **Side of Body** field, select the side of the body the injury occurred using the **dropdown menu**.
- 4) Select the **checkbox** in the **Primary Injury** field to indicate that this is for the primary injury.



Employee Injury Details

Incident Number: 00006506 | Date: 11/02/2016 | Incident Type: Employee Incident

Person Involved: Non-Emp ID: 0001000000

Injury Description

Body Parts | Nature of Injury: sprain | Source of Injury: repetitive motion | Accident Type: strain or injured by | Unsafe Act: improper work layout

Primary Injury Details

Body Part: wrist | Nature of Injury: sprain | Source of Injury: repetitive motion | Accident Type: strain or injured by | Unsafe Act Performed: improper work layout

Injury - Body Parts

Body Part	Description	Side of Body	Primary Injury
00052	wrist	Left	<input checked="" type="checkbox"/>

Look Up Body Part

00000	respiratory	zygomatic
00005	skull	Head
00006	brain	Head
00007	ear(s)	Ear
00008	facial bones	Face
00009	facial soft tissue	Face
00010	mouth	Head
00011	multiple head injury	Head
00012	nose	Face
00013	skull	Head
00014	teeth	Head
00015	eye(s)	Eye
00016	foot	Feet/Toes
00017	hip	Hip/Leg
00018	knee	Hip/Leg
00019	lower leg	Hip/Leg
00020	multiple lower extrem	Hip/Leg
00021	thigh	Hip/Leg
00022	toe(s)	Feet/Toes
00023	ankle	Hip/Leg
00024	multiple body parts	Multiple
00025	disc	Neck
00026	larynx	Neck
00027	multiple injury	Neck
00028	soft tissue	Neck
00029	spinal cord	Neck
00030	trachea	Neck
00031	vertebrae	Neck
00032	back, lower	Trunk
00033	back, upper	Trunk
00034	chest	Trunk
00035	stic	Trunk
00036	internal organs	Trunk
00037	multiple trunk	Trunk
00038	pelvis	Trunk
00039	sacrum and coccyx	Trunk
00040	spinal cord	Trunk
00041	heart	Trunk
00042	lungs	Trunk
00043	lower arm	Shldr/Arm
00044	upper arm (incl. shoulder)	Shldr/Arm
00045	arm, lower	Shldr/Arm
00046	arm, upper	Shldr/Arm
00047	elbow	Shldr/Arm
00048	hand	Hand/Fing
00049	multiple upper extremities	Shldr/Arm
00050	shoulder	Shldr/Arm
00051	thumb	Hand/Fing
00052	wrist	Hand/Fing
00053	finger(s)	Hand/Fing



Nature of Injury: Indicate the nature of the injury.

- 1) Click the **Nature of Injury** link.
- 2) In the pop-up window that appears, enter the code for the nature of the injury in the **Nature of Injury** field. Alternatively, click the **lookup** button in this field and select the nature of the injury from the list that appears in the new pop-up window.

For this example, select **sprain**. This will close the window.

- 3) Select the **checkbox** in the **Primary Injury** field to indicate that this is for the primary injury.
- 4) Select the **checkbox** in the **Privacy Case** field to indicate that this case is private.

The screenshot displays the 'Injury Details' form for an employee. The 'Nature of Injury' field is highlighted with a red box. A pop-up window titled 'Injury - Nature of Injury' is open, showing a search results table with one entry: '00026 sprain'. The 'Primary Injury' and 'Privacy Case' checkboxes are also highlighted with red boxes. To the right, a 'Look Up Nature of Injury' window is visible, showing a search results list with '00026 sprain' selected.

Nature of Injury	Description	Primary Injury	Privacy Case
00026	sprain	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Nature of Injury Description
00001 asbestosis
00002 black lung
00003 byssinosis
00004 cancer
00005 carpal tunnel syndrome
00006 contagious disease
00007 dermatitis
00008 dust disease
00009 loss of hearing
00010 mental disorder
00011 mental stress
00012 occ. disease
00013 poisoning (chemical)
00014 poisoning (metal)
00015 radiation
00016 respiratory (gas/fume/chem)
00017 silicosis
00018 VDT-related disease
00019 all other cumulative injuries
00020 all other occ. disease
00021 anaphylaxis- allergic reaction
00022 syncope (fainting)
00023 hearing loss
00024 all other
00025 strain
00026 sprain
00027 amputation
00028 angina pectoris
00029 asphyxiation
00030 burn
00031 concussion
00032 contusion
00033 crushing
00034 culprage
00035 dislocation
00036 electric shock
00037 enucleation
00038 foreign body



Source of Injury: Enter the source of the injury.

- 1) Click the **Source of Injury** link.
- 2) In the pop-up window that appears, enter the code for the source of the injury (what caused the injury) in the **Source of Injury** field. Alternatively, click the **lookup** button in this field and select the injury source from the list that appears in the new pop-up window.

For this example, select **repetitive motion**. This will close the window.

- 3) Select the **checkbox** in the **Primary Injury** field to indicate that this is for the primary injury.

The screenshot shows the 'Injury Details' form with a 'Source of Injury' field highlighted in red. A pop-up window titled 'Injury - Source of Injury' is open, displaying a table of injury sources. The 'Source of Injury' field in the pop-up is also highlighted in red, and the 'Primary Injury' checkbox is checked.

Source of Injury	Description	Primary Injury
00033	repetitive motion	<input checked="" type="checkbox"/>

The 'Look Up Source of Injury' window shows a search results table with the following data:

Source of Injury	Description
00001	contact w/ hot object
00002	explosion or flare back
00003	fire or flame
00004	steam or hot fluids
00005	temperature extremes
00006	welding operations
00007	acid chemicals
00008	dust,gas,fumes,vapor
00009	caught in/misc
00010	machine or machinery
00011	object handled
00012	caught in/miscellaneous
00013	animal or insect
00014	electric current
00015	plant
00016	Smoke,Dust etc.
00017	hand tool/utility; not powered
00018	powered hand tool/appliance
00019	hypodermic needle
00020	cut/miscellaneous
00021	knife
00022	fall/elevated
00023	fall/ladder or scaffolding
00024	fall/liquid or grease
00025	fall/miscellaneous
00026	fall/same level
00027	slipping/fall
00028	fall/ice
00029	fall/steps
00030	foreign body in eye
00031	not specified
00032	other
00033	repetitive motion
00034	robbery or criminal assault
00035	smoking
00036	contact w/ electric current
00037	cumulative (all other)
00038	collision w/ a fixed object



Accident Type: Enter the type of accident that caused the injury.

- 1) Click the **Accident Type** link.
- 2) In the pop-up window that appears, enter the code for the type of accident that occurred in the **Accident Type** field. Alternatively, click the **lookup** button in this field and select the injury source from the list that appears in the new pop-up window.

For this example, select **strain or injured by**. This will close the window.

- 3) Select the **checkbox** in the **Primary Injury** field to indicate that this is for the primary injury.

The screenshot displays the 'Employee Injury Details' form. The 'Accident Type' field in the 'Injury Description' section is highlighted with a red box. A 'Look Up Accident Type' pop-up window is open, showing a search results table. The table has columns for 'Accident Type' and 'Description'. The row with '00009' and 'strain or injured by' is highlighted with a red box, and a checkbox in the 'Primary Injury' column is checked. The 'OK' button is visible at the bottom of the pop-up window.

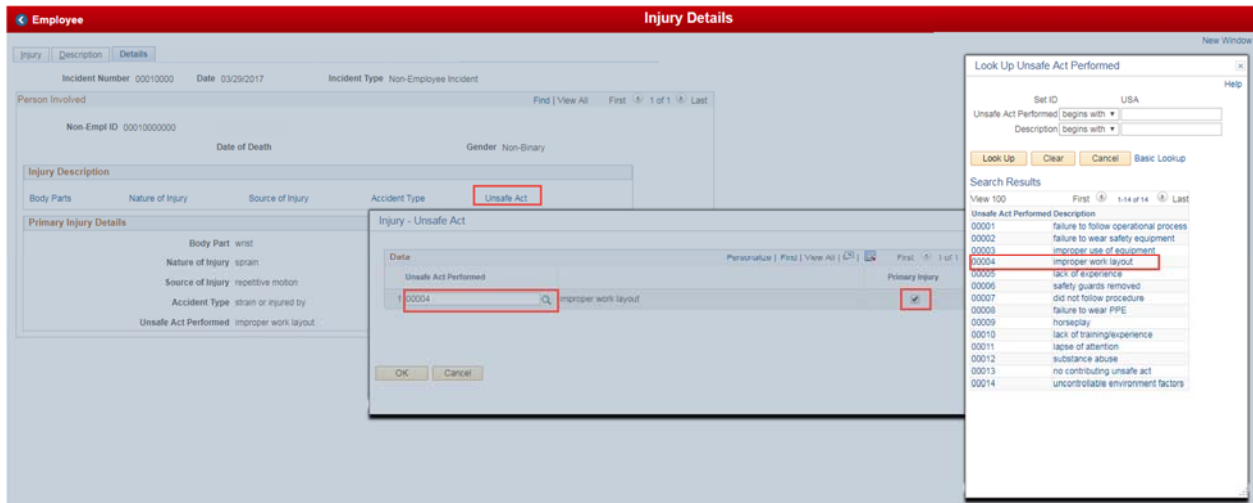
Accident Type	Description	Primary Injury
00001	burn (hot or cold)	
00002	caught in-between	
00003	contact with	
00004	cut, puncture, scrape	
00005	fall, slip, or trip	
00006	miscellaneous causes	
00007	motor vehicle	
00008	non-occupational	
00009	strain or injured by	<input checked="" type="checkbox"/>
00010	struck by/against	
00011	struck or injured by	

Unsafe Act: Enter the act that caused the injury.

- 1) Click the **Unsafe Act** link.
- 2) In the pop-up window that appears, enter the code for the type of unsafe act that caused the injury in the **Unsafe Act** field. Alternatively, click the **lookup** button in this field and select the unsafe act from the list that appears in the new pop-up window.

For this example, select **improper work layout**. This will close the window.

- 3) Select the **checkbox** in the **Primary Injury** field to indicate that this is for the primary injury.



The screenshot displays the 'Employee Injury Details' application. The main window shows incident information for '00010000' on '03/29/2017'. A 'Primary Injury Details' section is visible with 'wrist' as the body part and 'strain or injured by' as the accident type. A pop-up window titled 'Injury - Unsafe Act' is open, showing a search for '00004' which returns 'improper work layout'. A checkbox in the 'Primary Injury' column is checked. To the right, a 'Look Up Unsafe Act Performed' window shows a list of 14 unsafe act codes, with '00004 improper work layout' highlighted.

Unsafe Act Performed	Description
00001	failure to follow operational process
00002	failure to wear safety equipment
00003	improper use of equipment
00004	improper work layout
00005	lack of experience
00006	safety guards removed
00007	did not follow procedure
00008	failure to wear PPE
00009	horseplay
00010	lack of training/experience
00011	lapse of attention
00012	substance abuse
00013	no contributing unsafe act
00014	uncontrollable environment factors



7. **Primary Injury Details:** A summary of all the selections made in the Injury Description section can now be viewed in this section.

Scroll to the bottom of the screen. Click the **Save** button.

Employee **Injury Details**

[Injury](#) [Description](#) [Details](#)

Incident Number 00010000 Date 03/29/2017 Incident Type Non-Employee Incident

Person Involved Find | View All First 1 of 1 Last

Non-Empl ID 000100000000 **Test Employee**

Date of Death Gender Non-Binary

Injury Description

Body Parts	Nature of Injury	Source of Injury	Accident Type	Unsafe Act
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Primary Injury Details

Body Part wrist

Nature of Injury sprain

Source of Injury repetitive motion

Accident Type strain or injured by

Unsafe Act Performed improper work layout



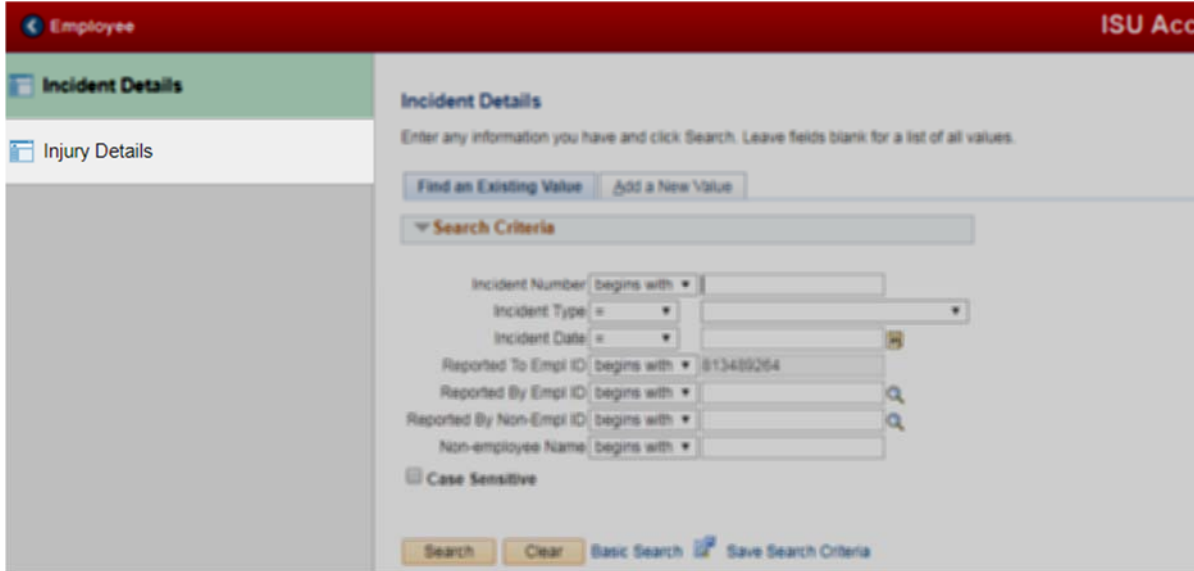
Editing the Injury Details Report

If an Injury Details report needs to be edited or updated after being saved, follow these next steps.

1. On your homepage, click the **Accident Reporting** tile.



- In the upper left of the screen, click **Injury Details**.



Employee ISU Acc

Incident Details

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

Find an Existing Value Add a New Value

▼ Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with 813489264

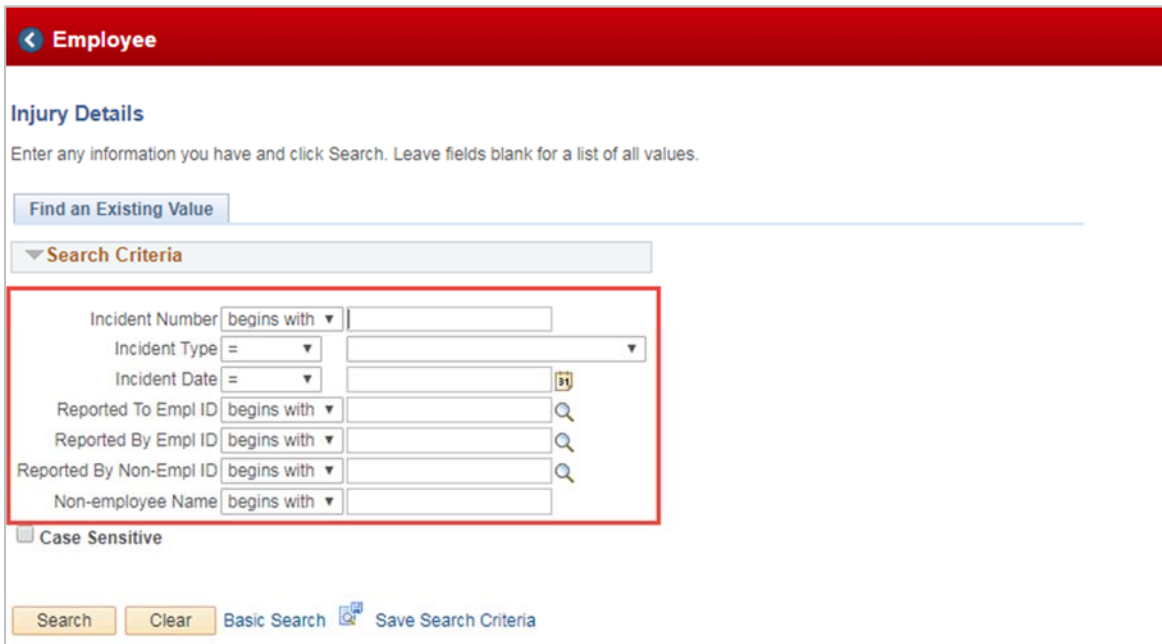
Reported By Empl ID begins with

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

- Search for the incident that to update using the search fields in the **Find an Existing Value** tab.



Employee

Injury Details

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

Find an Existing Value

▼ Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with

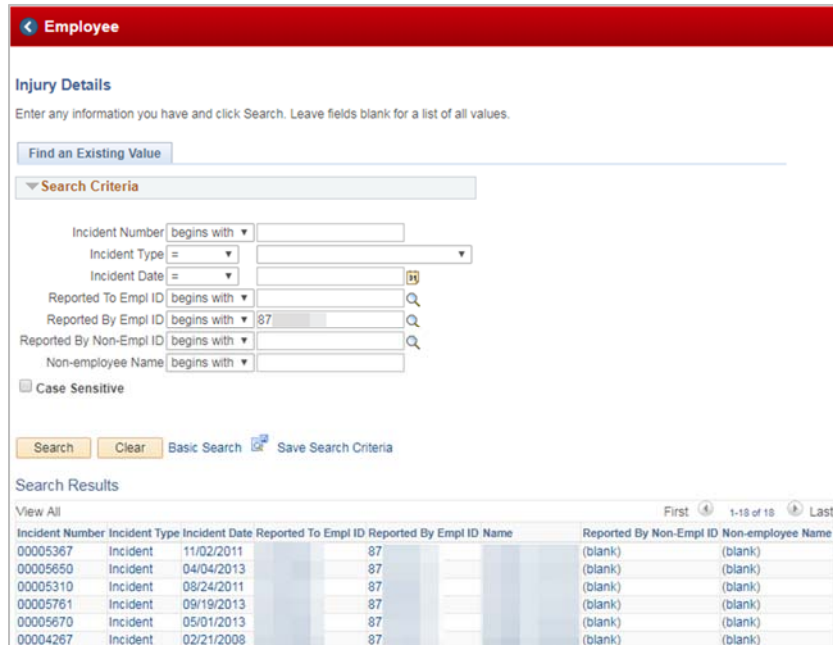
Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

- For this example, the **Empl ID** of the employee who is reporting the incident is entered in the **Reported By Empl ID** field.

A list of incidents will appear in the **Search Results** field.



Employee

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

Find an Existing Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with 87

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

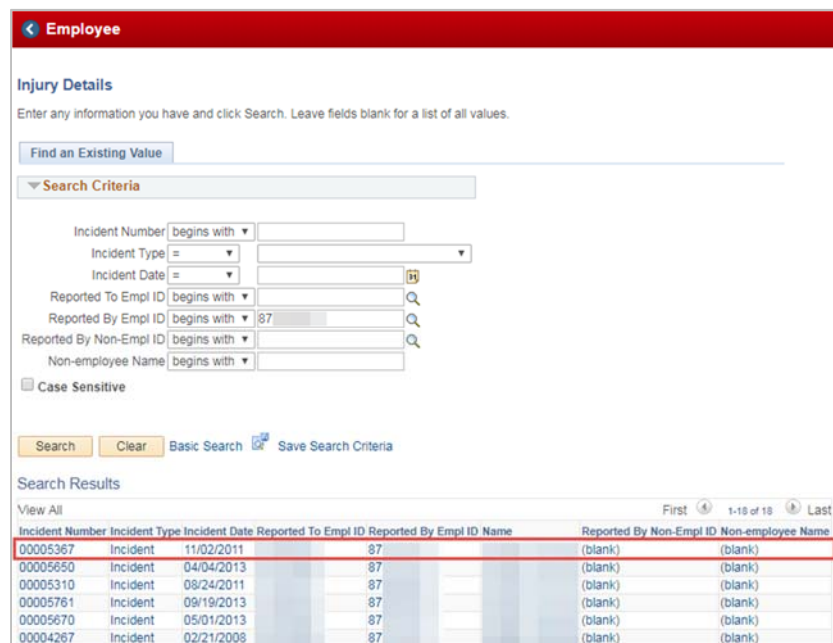
Search Clear Basic Search Save Search Criteria

Search Results

View All First 1-18 of 18 Last

Incident Number	Incident Type	Incident Date	Reported To Empl ID	Reported By Empl ID	Name	Reported By Non-Empl ID	Non-employee Name
00005367	Incident	11/02/2011		87		(blank)	(blank)
00005650	Incident	04/04/2013		87		(blank)	(blank)
00005310	Incident	08/24/2011		87		(blank)	(blank)
00005761	Incident	09/19/2013		87		(blank)	(blank)
00005670	Incident	05/01/2013		87		(blank)	(blank)
00004267	Incident	02/21/2008		87		(blank)	(blank)

- Click on the row of the report to edit.



Employee

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

Find an Existing Value

Search Criteria

Incident Number begins with

Incident Type =

Incident Date =

Reported To Empl ID begins with

Reported By Empl ID begins with 87

Reported By Non-Empl ID begins with

Non-employee Name begins with

Case Sensitive

Search Clear Basic Search Save Search Criteria

Search Results

View All First 1-18 of 18 Last

Incident Number	Incident Type	Incident Date	Reported To Empl ID	Reported By Empl ID	Name	Reported By Non-Empl ID	Non-employee Name
00005367	Incident	11/02/2011		87		(blank)	(blank)
00005650	Incident	04/04/2013		87		(blank)	(blank)
00005310	Incident	08/24/2011		87		(blank)	(blank)
00005761	Incident	09/19/2013		87		(blank)	(blank)
00005670	Incident	05/01/2013		87		(blank)	(blank)
00004267	Incident	02/21/2008		87		(blank)	(blank)



- The **Injury Details** page for the incident will open. Update this page with any edits or changes as needed.

Once completed, click the **Save** button to save your changes.