



iRISK Instructions

Incident Reporting – Internet-based First Report of Injury Step 1

September 27, 2012

Incident Reporting – Internet-based Form

Overview

Incidents/injuries are reported to and managed in iRISK.

Definitions

Incident – any event that has resulted in or could have resulted in personal injury or physical damage or loss.

Reporter – Individual completing the Incident Report/First Report of Injury.

Requirements

Reporters must have a valid State of Mn employee ID# and SEMA4 Self Service Password to be able to report an incident/injury.

NOTE: Reporters must use Internet Explorer version 7.0 or later version to report an incident/injury.

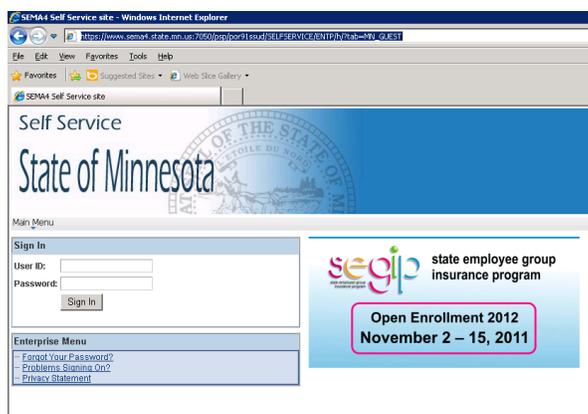
Procedure

Incidents are inputted into iRISK by using the MN Incident Report form accessed through State of Mn Employee Self Service.

1. Accessing the State of Mn Incident Report Form

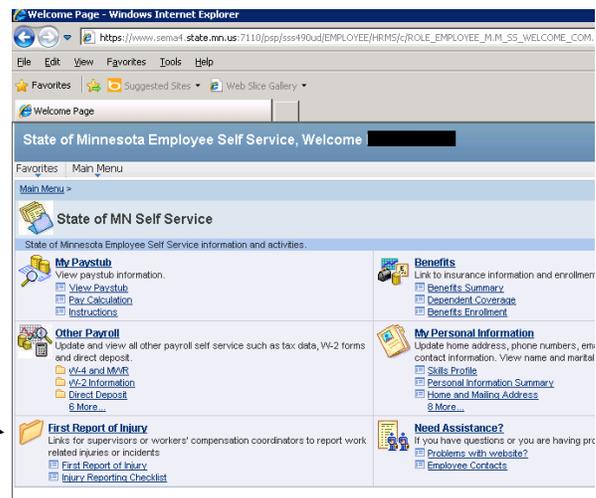
1.1. Open Internet Explorer 7.0 or later version and select your Self Service bookmark or enter the following website address:

https://portal.s4web.state.mn.us/psp/por91ssap/SELFERVICE/ENTP/h/?tab=MN_GUEST

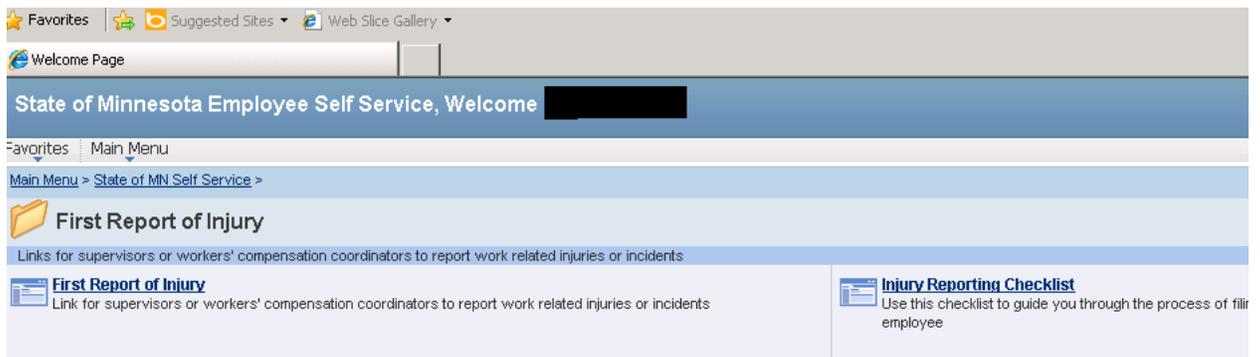


1.2. Enter your current valid **User ID** and **Password** and click on **Sign In**.

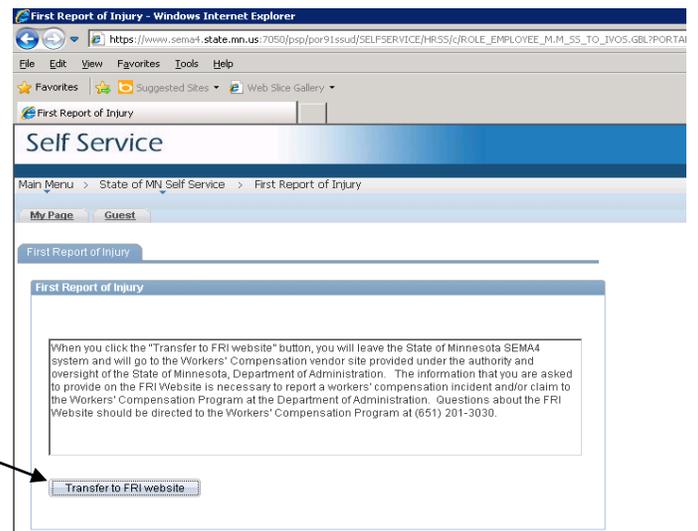
1.3. If your User ID and Password are valid, the Self Service Main Menu will be displayed. Find and click on the folder titled **First Report of Injury**.



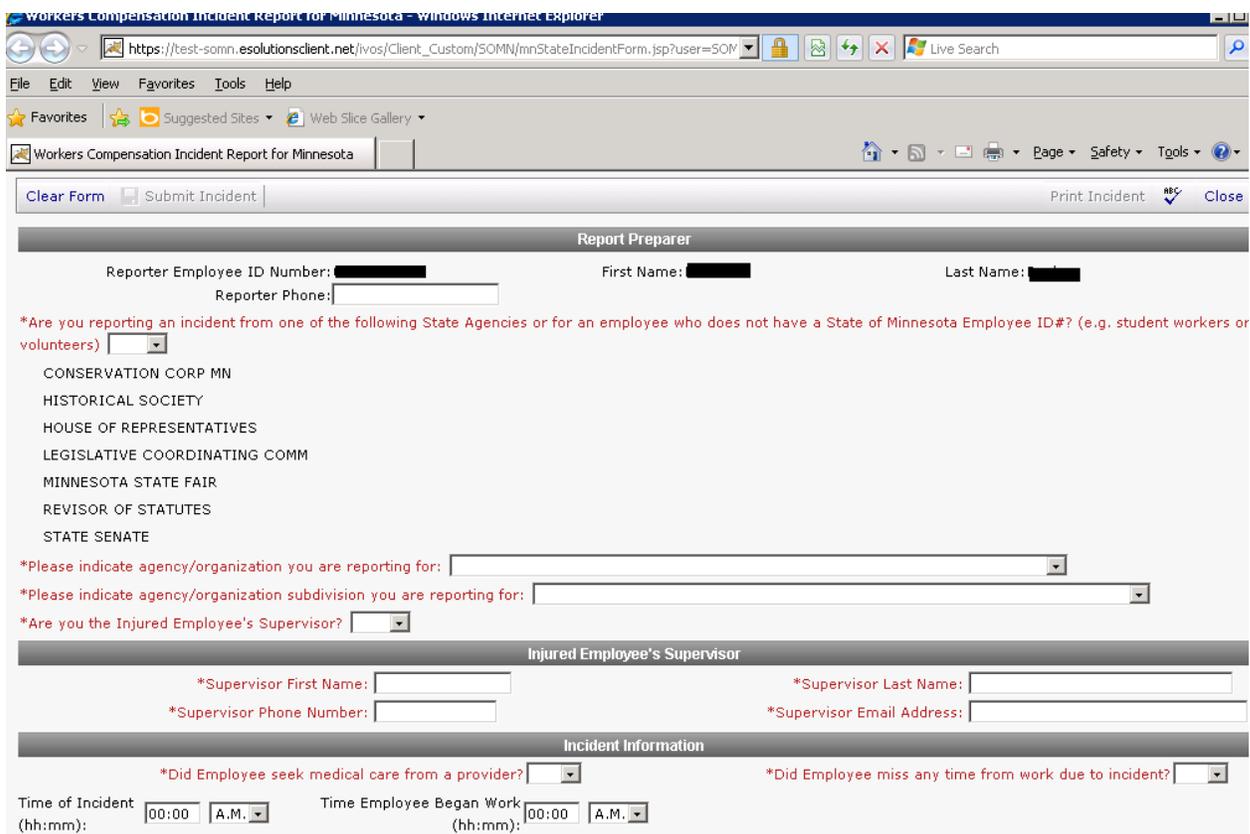
1.4. The Folder will provide links to the internet-based incident reporting form (FRI) and to the Injury Reporting Checklist. Click on the First Report of Injury link



1.5. The link will take the reporter to an intermediate web page indicating that they will be leaving Self Service and MMB and proceeding to a page that is administered by Admin, Risk Management Division, Workers' Compensation Program. Click on **Transfer to FRI website**.



1.6. A new browser window will open displaying the Workers' Compensation Incident Report for Minnesota completed with the reporters ID# and First and Last Name.



1.7. The Incident Report form window can be moved on the screen or resized by the Reporter to the Reporters preferred location and size.

1.7.1. To move window left click and hold on the top of the Incident Report form window and drag to the desired location.

1.7.2. To resize the Incident Report form click, hold, and drag on the lower right hand corner of the window until the desired size is achieved.

2. Entering information into the Incident Report Form

2.1. Movement through the form is accomplished by either clicking in desired fields or by tabbing from field to field

2.2. The form includes a spell check feature for any field that is free form text.

2.2.1.1. Insert cursor in the field to spell check.

2.2.1.2. Click Spell Check icon at the top right corner of the form.

2.2.1.3. A iRISK Spell Checker window will display.

2.2.1.4. Follow directions in spell checker.

3. Completing the Report Preparer Section

- 3.1. The form will pre-populate with the Reporter's ID Number, First Name, and Last Name (from Self Service log in)
- 3.2. Reporter enters their 10 digit phone number.
Note: Enter numbers only – the form will automatically format number. Entering numbers to quickly will cause an error in formatting of the phone number.
- 3.3. Reporter selects Yes or No in the drop down box for the question **“Are you reporting an incident from one of the following State Agencies or for an employee who does not have a State of Minnesota employee ID (interns, student workers, or volunteers)”**
 - 3.3.1. A “No” response represents the reporting process for state employees with a State of MN SEMA4 Employee ID Number. To complete the reporting process the reporter must have:
 - 3.3.1.1. The involved employee's state employee ID Number.
 - 3.3.1.2. The correct spelling of the employee's last name.
 - 3.3.1.3. And be able to select the correct employment record for the employee.
 - 3.3.2. A “Yes” response represents the reporting process for any one that does not have a State of MN State Employee ID Number (e.g. volunteers, student workers, quasi-state agencies) **(required)**. To complete the reporting process the reporter must have:
 - 3.3.2.1. Employee employment and personnel information including
 - 3.3.2.1.1. Full name
 - 3.3.2.1.2. Social security number
 - 3.3.2.1.3. Birth date
 - 3.3.2.1.4. Hire date
 - 3.3.2.1.5. Home address and phone numbers
 - 3.3.2.1.6. Position information including work schedule and pay rate
- 3.4. Select response from the drop down box to the question “Please indicate agency/organization you are reporting for:” **(required)**
- 3.5. Select response from the drop down box to the question “Please indicate agency/organization subdivision you are reporting for:” **(required)**
- 3.6. Select response from the drop down box to the question “Are you the Injured Employee's Supervisor?” **(required)**
 - 3.6.1. If “yes” is selected the form will automatically populate the reporters first and last name and phone number into the Injured Employee's Supervisor section.

4. Completing the Injured Employee's Supervisor section.

- 4.1. Enter Supervisors First Name **(required)**
- 4.2. Enter Supervisors Last Name **(required)**
- 4.3. Enter Supervisors Phone Number **(required)**

4.4. Enter Supervisors Email Address (required)– Verify that the email address is correct.

5. **Completing the Injured Employee section**

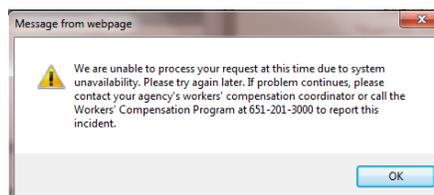
5.1. Reporting incident for a **SEMA4 employee**.

- 5.1.1. Enter the Incident Date (required)
- 5.1.2. Enter the Employee ID Number (their State of MN SEMA4 Employee ID Number) (required)
- 5.1.3. Enter the employee's Last Name (required)
- 5.1.4. Click on Employee Lookup button. **Note: Employee Lookup button only activates once the incident date, employee id number, and last name field are completed.**
- 5.1.5. Incident Report form will return an Employee Search Results window displaying employment records for the indicated employee.

Name: Last, First Middle	Job Description	Work Location Desc	Agency
Christenson, Todd A	Admin Planning Dir St	Admin Risk Management	Administration Dept

5.1.5.1. The Employee Search Results failure can be caused by the following:

5.1.5.1.1. The system that searches for employee records is temporarily unavailable. A message will be displayed indicating the system is not available.



5.1.5.1.2. Employees ID number or Last Name not entered correctly. The Employee Search Results window will be blank.

5.1.5.1.3. Employees cannot enter their own incident/claim. A message will be displayed indicating the error.

5.1.6. Reporter selects the correct job record by clicking on the appropriate row and clicking Submit or by double clicking on the appropriate row.

5.1.6.1. The Employee Search results window will close and the employee's first and middle name will be populated on the incident report form.

5.1.6.2. **Note: if you inadvertently selected the wrong employment record you must click on Clear Form at the top left of the Incident Report form and begin the reporting process over.**

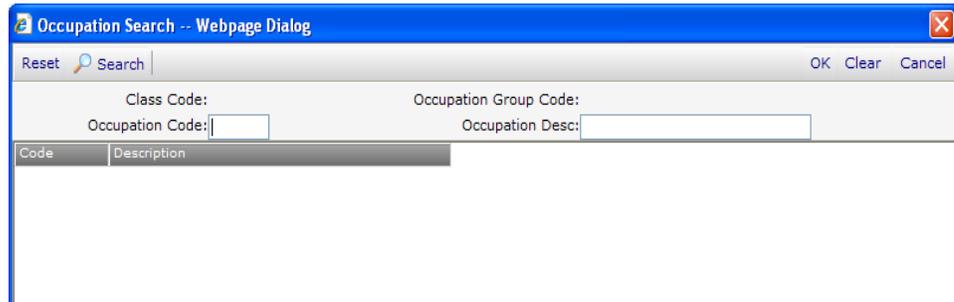
5.2. Reporting incident for an **employee who does not have a State of MN SEMA4 Employee ID Number (e.g. volunteers, student workers, quasi-state agencies).**

5.2.1. Enter the following Employee information:

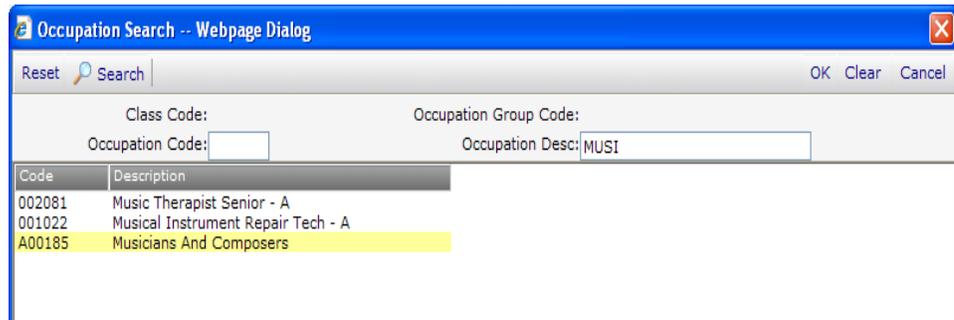
- 5.2.1.1. Incident Date (required)
- 5.2.1.2. ID Number
- 5.2.1.3. First Name (required)
- 5.2.1.4. Middle Name
- 5.2.1.5. Last Name (required)
- 5.2.1.6. Social Security Number (SSN) (required)
- 5.2.1.7. Date of Birth (required)
- 5.2.1.8. Gender (required)
- 5.2.1.9. Marital Status
- 5.2.1.10. Home Address (required)
- 5.2.1.11. Home Address 2
- 5.2.1.12. Home City (required)
- 5.2.1.13. Home State (defaults to Minnesota) (required)
- 5.2.1.14. Home Zip Code (required)
- 5.2.1.15. Home County
- 5.2.1.16. Home Country (defaults to United States)
- 5.2.1.17. Home Phone number
- 5.2.1.18. Personal Cell Phone number
- 5.2.1.19. Assigned Work Address (required)
- 5.2.1.20. Work Address 2
- 5.2.1.21. Work City (required)
- 5.2.1.22. Work State (defaults to Minnesota) (required)
- 5.2.1.23. Work Zip Code (required)
- 5.2.1.24. Work County
- 5.2.1.25. Work Country (defaults to United States)
- 5.2.1.26. Work Phone number

5.2.1.27. Select Employee Occupation (required)

5.2.1.27.1. Click on Occupation Code link



5.2.1.27.2. Enter occupation code or description and click on search



5.2.1.27.3. Click on the desired occupation and click on ok.

5.2.1.28. Hire Date

5.2.1.29. Termination date

5.2.1.30. Employment Type (required)

5.2.1.31. Employee Status (required)

5.2.1.32. Hours per day for Work week 1 and 2 (required)

5.2.1.33. Pay Rate Per Hour (required)

6. Completing the Incident Information Section

The screenshot shows the 'Incident Information' section of a web form. It contains the following fields and options:

- Time of Incident (hh:mm):** 00:00, A.M.
- Time Employee Began Work (hh:mm):** 00:00, A.M.
- *Did Employee seek medical care from a provider?** Yes
- *Did Employee miss any time from work due to incident?** Yes
- *Did incident result in fatality?** Yes
- Date of Fatality (mm/dd/yyyy):** [Empty]
- *Date Employer Notified of Incident (mm/dd/yyyy):** [Empty]
- *Did incident occur on Employer's premises?** [Dropdown]
- *Location of Incident:** [Text Box]
- *Tell us how the injury or illness occurred and what the employee was doing before the incident (give details).** [Text Box]
- *What was the injury or illness (include the part(s) of body)?** [Text Box]
- *What substances, objects, equipment, tools, or machines were involved?** [Text Box]
- *First Date of Lost Time (mm/dd/yyyy):** [Empty]
- *Date Employer Notified of Lost Time (mm/dd/yyyy):** [Empty]
- *Has injured party returned to work?** Yes
- *Return to Work Date (mm/dd/yyyy):** [Empty]
- *Emergency Room Visit?** [Dropdown]
- *Overnight In-Patient Stay?** [Dropdown]
- Treating Physician:** [Text Box]
- Address:** [Text Box]
- City:** [Text Box]
- Physician Phone:** [Text Box]
- State:** Minnesota
- Zip Code:** [Text Box]
- Hospital/Clinic (name, address):** [Text Box]
- *Does employee receive income from an employer other than the State of Minnesota?** Yes
- Weekly value of 2nd income if known: \$** 0.00

6.1. Answer the following questions

6.1.1. Did Employee Seek Medical care from a provider? (required)

6.1.1.1. Yes response will cause Incident Report form to add additional fields regarding the medical care.

6.1.2. Did Employee miss any time from work due to incident? (required)

6.1.2.1. Yes response will cause Incident Report form to add additional fields regarding the time lost from work.

6.1.3. Time of incident – iRISK converts to military time.

6.1.4. Time Employee Began Work

6.1.5. Did incident result in a fatality (required)

6.1.6. Date of Fatality (only displayed if yes response to Did incident result in a fatality question) (required)

6.1.7. Date Employer Notified of Incident (required)

6.1.8. Did incident occur on Employer's premises (required)

6.1.9. Location of Incident (required)

6.1.10. Tell us how the injury or illness occurred and what the employee was doing before the incident (give details). (see form for examples) (required)

6.1.11. What was the injury or illness (include the part(s) of body)? (see form for examples) (required)

- 6.1.12. What substances, objects, equipment, tools, or machines were involved? (see form for examples) **(required)**
- 6.1.13. First Date of Lost Time **(required)**
- 6.1.14. Date Employer Notified of Lost Time **(required)**
- 6.1.15. Has injured party returned to work? **(required)**
- 6.1.16. Return to Work Date **(required)**
- 6.1.17. Emergency Room Visit? **(required)**
- 6.1.18. Overnight In-Patient Stay **(required)**
- 6.1.19. Treating Physician (name)
- 6.1.20. Physician Phone
- 6.1.21. Address (physician)
- 6.1.22. City(physician)
- 6.1.23. State(physician)
- 6.1.24. Zip Code(physician)
- 6.1.25. Hospital/Clinic (name, address):
- 6.1.26. Does employee receive income from an employer other than the State of Minnesota? **(required)**
- 6.1.27. Weekly value of 2nd income if known:

7. Completing the Witness Section

7.1. Answer the following questions

- 7.1.1. Were there any witnesses to the incident/injury **(required)**
- 7.1.2. Witness First Name **(required)**
- 7.1.3. Witness Last Name **(required)**
- 7.1.4. Witness Phone Number

7.2. If there were more than one witness, click on the Add Another Witness button

8. Saving the Incident report.

- 8.1. Review report to insure all required questions have been answered.
- 8.2. Perform spell check on any desired entries.
- 8.3. Click on Submit Incident located in the upper left of the Incident Report form.
- 8.4. Reporter will receive confirmation that incident has been saved including the claim number.

9. Printing the Incident Report

- 9.1. Reporter can print a pdf copy of incident by clicking "Print Incident".
- 9.2. A pdf of the incident report will open.
- 9.3. Print the pdf as you would print any other pdf.

10. Submitting another incident.

- 10.1. Click on Clear Form located in the upper left of the Incident Report form to reset the form and to begin a new incident report.
- 10.2. Return to step 3 above.

11. Exiting the Incident Report form.

- 11.1. Reporter clicks on Close in the upper right corner of the Incident Report form.