

How to Report a Work-Related Accident, Injury, Illness or Exposure

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1. Go to Self-Service (PeopleSoft) at <http://leo.cc.emory.edu> and log in with your username and password.

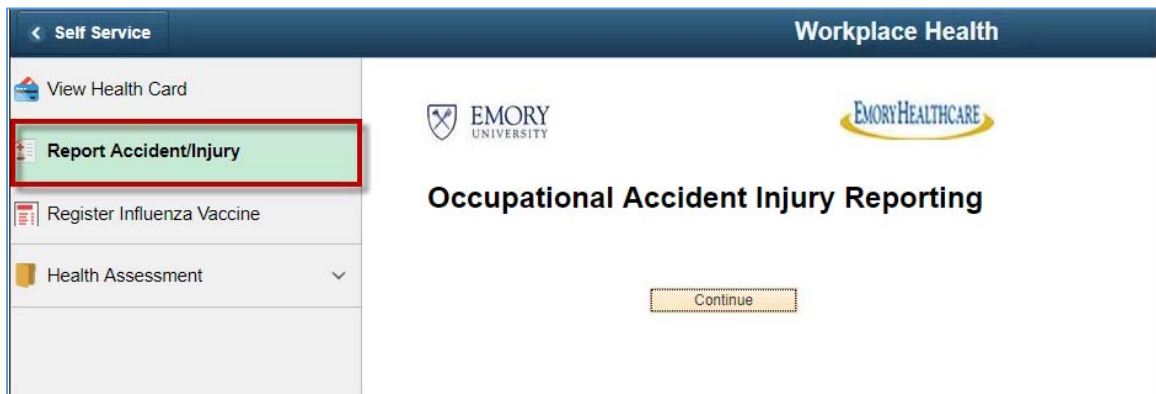
The screenshot shows the login interface for the Emory University Human Resources System. At the top, there is a dark blue header with the Emory University and Emory Healthcare logos on the left, and the text "Human Resources System" on the right. Below the header, the login form is centered. It includes a "Network ID" label above a text input field, a "Password" label above another text input field, and a blue "Login" button. To the right of the input fields, there is a grey box containing links for "University Employees: Forget Password?", "Healthcare Employees: Forget Password?", and "Other issues logging in?". Below this box, there is a paragraph of text providing contact information for the Emory University Service Desk and Emory Healthcare Service Desk, along with a URL for IT support requests. At the bottom of the form, there is a grey box with a disclaimer about unauthorized use of the system. The footer of the page contains links for "EMORY UNIVERSITY HOME" and "EMORY HEALTHCARE HOME", and a copyright notice for 2017.

2. From the Self Service page, click the tile for Workplace Health.



3. Select the link for Report/Accident Injury.

4. Select "Continue."



5. Click 'OK'

Self Service Workplace Health

View Health Card

Report Accident/Injury

Register Influenza Vaccine

Health Assessment

Accident/Injury Entry

What would you like to report?

Empl ID Empl Record

Date of Birth Gender

Name

Address

City State Postal Code

Home Phone Cell Phone

General Message - ESS Accident/Injury (20000,1456)

If you experience difficulties with the system, please contact Occupational Injury Mgmt at (404)888-8587 or (404)888-2352 for assistance. Please correct any demographic data using Employee Self Service or contact Human Resources.

OK

Department:

Shift:

Job Code:

Date Employed

Please list allergies, including (medication, food, animal, latex, environmental, dust, chemical and/or other)

*What were you doing just before the incident occurred?

*Did the incident occur in a laboratory/research setting? No Yes

6. Use the dropdown menu to select the type of accident/injury you would like to report.

- The form will be auto populated with your name, contact information, and job and supervisor information.

7. Enter an alternate phone number and pager ID#, if applicable.

8. Enter the date you reported the incident to your supervisor.

Self Service Workplace Health

View Health Card

Report Accident/Injury

Register Influenza Vaccine

Health Assessment

Accident/Injury Entry

What would you like to report?

Empl ID Empl Record

Date of Birth Gender

Name

Address

City State GA Postal Code

Home Phone Cell Phone

Work Phone

Pager ID#

Date Reported to Supervisor

Alternate Phone #

Supervisor Name

Supervisor Phone

Department:

Shift:

Job Code:

Date Employed

Please list allergies, including (medication, food, animal, latex, environmental, dust, chemical and/or other)

9. Enter any allergies you have.
10. Enter what you were doing just before incident occurred.
11. Enter the incident date, incident time and time began work.
12. Enter a detailed description of the injury/illness.
13. Enter the primary body part affected and side of body.
14. Enter the type of exposure using the dropdown menu.
15. Click 'SUBMIT'

Please list allergies, including (medication, food, animal, latex, environmental, dust, chemical and/or other)

*What were you doing just before the incident occurred?

*Did the incident occur in a laboratory research setting? No Yes

*Incident Date *Incident Time *Time Began Work

*Completely describe the injury/illness and explain in detail what you were doing when the incident occurred. Be sure to select the magnifying glass to look up the body part, nature of injury, source of injury, and accident type immediately following your written account.

*Primary Body Part Affected *Side of Body

*Type of Exposure

Was there a witness? Yes No

Witness Name Phone

Witness Name Phone

Witness Name Phone

16. This message will confirm Incident Report has been submitted to Occupational Injury Management.

The screenshot shows a self-service portal interface. At the top, there is a dark blue header with a left-pointing arrow and the text "Self Service". Below the header is a vertical menu with four items: "View Health Card" (with a health card icon), "Report Accident/Injury" (with a first aid icon and highlighted in green), "Register Influenza Vaccine" (with a calendar icon), and "Health Assessment" (with a clipboard icon and a dropdown arrow). To the right of the menu, a confirmation message is displayed in bold black text: "Your report has been filed with Occupational Injury Mgmt. We will follow up with you within 24 business hours to inquire about your work related injury/illness. A copy of this report has been sent to the safety department as well as to your supervisor. If you have any questions, please contact us at 404/686-8587 or 404/686-2352."