**Employee On-the-Job Injury Form**

A user filing a(n) Employee-On-the-Job Claim Form shall be directed to this on-line form.

*Fields denoted with an asterisk (*) mean that the field must have data entered in it.

The rest of the form follows this page.
Employee On-the-Job Injury Form cont.

(Fields denoted with an asterisk (*) mean that the field must have data entered in it.)

Hospital/Clinic information

Investigator information

Injury information

Click ‘Submit’ when all the information has been correctly entered.
This form has five sections to be filled out. The following three sections have required fields to be filled:

1. **The “Claimants Information” section**: this is to be filled in with the Claimant’s information. There are mandatory fields that MUST be filled in: failure to enter in all required fields will generate an error message when you submit the form. Fields required to be filled out in this section are:

   a. First Name

   b. Last Name

   c. Social Security No. – Enter the SSN numbers in the appropriate fields as it would be formatted on the SSN card, note that the form already indicates the formatting and the hyphens; you should only be entering numeric characters in the three SSN fields on the form.

   d. Birthdate

   TIP: Use the drop downs to enter the month, day and year - you may type in the first digit to jump closer to the selection in the dropdown (then select the entry). If you enter an invalid date, (e.g. February 31, 2002), you will get an “Invalid Date” error message when you submit the form.

   e. Home Address – this is the street address of the claimant including apartment number if applicable.

   f. City

   g. State - please select the state from the drop-down menu.

   h. Zip Code

   i. Home Phone

   TIP: You should enter the phone number in a way that is easily understood by most people. The system is forgiving so that you may enter a phone number, for example, as (808) 599-8888 x121 or as 599-8888 Ext. 121 or any combination of characters.

   j. Job Position

   k. Date of Incident
TIP: Use the dropdowns to enter the month, day and year - you may type in the first digit to jump closer to the selection in the dropdown (then select the entry). If you enter an invalid date, (e.g. February 31, 2002), you will get an “Invalid Date” error message when you submit the form.

1. Time of Incident

TIP: You enter the time in Military Format. For instance the time “1201” (you entered hours = 12 and minutes = 1) means one minute past noon. The time “0001” (you entered hours = 0 and minutes = 1) means one minute past midnight. “1159” is one minute before noon and “2359” is one minute before midnight. Just remember “0000” is midnight and “1200” is noon.

2. The “Injury” section: this is to be filled in with information about the incident. There are mandatory fields that MUST be filled in: failure to enter in all required fields will generate an error message when you submit the form. Fields required to be filled out in this section are:

   a. Describe the Incident

   TIP: Enter all the pertinent information about the incident, but in a concise and efficient manner. There should be adequate space for your description as there is a 2000 character limit to this field.

   b. Where did Incident occur?

   TIP: Enter all the pertinent information about where the incident occurred, but in a concise and efficient manner. There should be adequate space for your description as there is a 2000 character limit to this field.

   c. The “Claimant’s injury information” section: Note that this entire section is required to be filled out.

   SPECIAL NOTE: The “# of Injuries” field in this section is set at a default value of 1. However, when there are multiple injuries to describe, you would select that number of injuries in this field. The RMS system will automatically rebuild the form to allow you to enter in all the information for each injury. When this rebuilding occurs, you will notice a screen refresh followed by the display of the rebuilt form that includes fields for each injury.

3. The “Investigator’s information” section: this is to be filled in with information about the Investigator. There are mandatory fields that MUST be filled in: failure to enter in
all required fields will generate an error message when you submit the form. Fields required to be filled out in this section are:

a. First Name

b. Last Name

c. Date (optional) – this field is not required but it would be helpful to fill this in. This field should contain the Date that the investigator is filing the report:

TIP: Use the dropdowns to enter the month, day and year - you may type in the first digit to jump closer to the selection in the dropdown (then select the entry). If you enter an invalid date, (e.g. February 31, 2002) , you will get an “Invalid Date” error message when you submit the form.

d. Date Incident Reported (optional) - this field is not required but it would be helpful to fill this in. This field should contain the Date that the incident was reported:

TIP: Use the dropdowns to enter the month, day and year - you may type in the first digit to jump closer to the selection in the dropdown (then select the entry). If you enter an invalid date, (e.g. February 31, 2002) , you will get an “Invalid Date” error message when you submit the form.

A successful Claim entry shall produce a ‘Thank you’ page.