

Safety Incident, Safety Partner view and update

This job aid provides Safety Partners step by step instructions on how to view and update a Safety Incident.

Step 1: Click on the **Safety Partner Actions & Reports** worklet on your homepage. This will auto populate 4 tables and a *Lookup* section.



Click on the blue hyperlinks to bring up detailed reports. This feature works on any reports. Use the *Lookup* reports to find specific safety incidents.

Safety Partner Actions & Reports

Report
Safety Incident

Report Safety Incident

Update
Safety Incident

Update Safety Incident

Location
Maintain

Maintain Safety Incident Locations

Delete
Safety Incident (No Data Will Remain)

Delete Safety Incident

Lookup | Reports | Specific | Job Aids | External Links | Agency Charts | OR-OSHA 300 Log

Start Date: 01/01/2020 End Date: 12/31/2020

Location & Status (FIRST 100)	New	Pending Investigation	Completed Investigation	Total
Portland DAS	1	0	0	1
Portland OSBN	1	0	0	1
Salem DAS Ferry Street	3	0	0	3
Salem DAS Maintenance Shop	3	0	0	3
Salem DAS Motor Pool	2	0	0	2
Salem DAS Print Plant	7	0	0	7
Salem DHS Archives				

Lookup:

- Safety Incidents by Incident Number
- Involved Parties by Name

Safety Incidents by Status


Safety Incident Status	Count
New	19
Total	19

7 items

Workday Incident Number	Safety Incident Link	Incident Date	Involved Parties	Safety Incident Type	Safety Incident Location	Last Updated By
INC- [redacted]	Q	03/22/2020		Injury	* On-Site	[redacted]
INC- [redacted]	Q	03/19/2020		Injury	* On-Site	[redacted]
INC- [redacted]	Q	02/04/2020		Injury - Non Medical		[redacted]
INC- [redacted]	Q	02/04/2020		Other	* On-Site	[redacted]

Step 2: You can lookup safety incidents by searching **Safety Incidents by Incident Number** or **Involved Parties by Name**.

- Lookup *Safety Incidents by Number* or *Involved Parties*
 - Leaving the field blank will return all data. Entering partial names or numbers will return all incidents that match those criteria.
 - Use the Start and End Date fields to narrow your search.

 **Lookup:**

Safety Incidents by Incident Number >

Involved Parties by Name >

Safety Incidents by Incident Number

Instructions Leave Workday Incident Number | Contains prompt blank for all data.

Workday Incident Number | Contains


Start Date 


End Date 

Involved Parties by Name

Instructions Leave Legal Name | Contains prompt blank for all data.

Legal Name | Contains

Start Date 

End Date 

Click **OK**.

Step 3: Click on the column headers to filter for the event you want to look at (1), and then click on the magnifying glass to view the incident. *Hint:* you can right click on the magnifying glass and select *See in New Tab*. This will allow you to have 2 tabs open for easy navigation back and forth between the lookup table and the incident you are viewing.

Involved Party 1	User Profile Link	Safety Incident Link	Workday Incident Number
[Redacted]	[Magnifying Glass]	[Magnifying Glass] 2	INC-[Redacted]

Step 4: Click on **Actions** (1), hover over **Safety Incident** (2), and select **View** or **Update** (3). We will select *Update* to continue this example.

View Safety Incident

INC-[Redacted] | New | 02/27/2019 | Salem / Print Plant - DAS Actions 1

Status New

Reporting Details

Location Salem / Print Plant - DAS

Actions

- Safety Incident
2 >
- Favorite >

Safety Incid

- View
- Update
3- Delete (Do Not Use)

Step 5: *Update Safety Incident* displays. Click **OK**.

Update Safety Incident

Safety Incident *
× INC-[Redacted] | New | 02/27/2019 | ... :☰
 Salem / Print Plant - DAS

Safety Incident Details

Type Injury

Incident Location Salem / Print Plant - DAS - On-Site

Summary [Redacted]

Step 6: Update the **Status** and **Reporting Details**.

Status * Draft 1

Reporting Details

Location * 2 ⋮

Reported By 3 ⋮

Initially Reported To 4 ⋮

Supervisor on Duty 5 ⋮

Status: (1)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: view	Manager: update and view
Description	Intended to give the Manager and Safety Partner the status of the Safety Incident allowing for focused workload.	
Reporting	Multiple reports, foundational for Safety Partner lookup reports.	

Location: (2)

Field Type	Menu, all Workday locations. Use agency acronym to reduce search.	
Access	Employee: input and view	Manager: input, update and view
Description	Indicates the employee's normal reporting location. Safety Partner receives their access to this Safety Incident from this field.	
Reporting	Used in almost all reports and is foundational for OR-OSHA 300 log reporting.	

Reported By: (3)

Field Type	Menu, all Workday employees.	
Access	Employee: view after approved	Manager: input, update and view
Description	Document the person that reported the Safety Incident if it was not the employee.	
Reporting	Not used in standard reports.	

Initially Reported To: (4)

Field Type	Menu, all Workday employees.	
Access	Employee: input and view	Manager: input, update and view
Description	Document the person that this Safety Incident was initially reported to.	
Reporting	Not used in standard reports.	

Supervisor on Duty: (5)

Field Type	Menu, all Workday employees.	
Access	Employee: input and view	Manager: input, update and view
Description	Document the supervisor on duty at the time of the Safety Incident. This is a static field. It will not change if an employee's supervisor changes.	
Reporting	Not used in standard reports. Most reports will indicate who the employee's current supervisor is not who was on duty.	

Step 7: View **Entry / Last Modified** information.

Entry/Last Modified

Entered by Injured Worker 38 1

Last Modified by Injured Worker 38 2

Last Modified On 3 2/18/2019 11:27 AM

Entered by: (1)

Field Type	Auto Populated	
Access	Employee: view after approved	Manager: view after approved
Description	Auto populates the name of the employee that initially initiated this Safety Incident.	
Reporting	Not used in standard reports.	

Last Modified by: (2)

Field Type	Auto Populated	
Access	Employee: view after approved	Manager: view after approved
Description	Auto populates the name of the last employee that modified this Safety Incident.	
Reporting	Not used in standard reports.	

Last Modified On: (3)

Field Type	Auto Populated	
Access	Employee: view after approved	Manager: view after approved
Description	Auto populates the date and time of the last modification of this Safety Incident.	
Reporting	Not used in standard reports.	

Step 8: View/Update the Incident Details

Incident Date and Time: (1)

Field Type	Date / Time	
Access	Employee: input and view	Manager: input, update and view
Description	Document the date and time of the Safety Incident.	
Reporting	Not used in standard reports.	

Notification Date and Time: (2)

Field Type	Date / Time	
Access	Employee: input and view	Manager: input, update and view
Description	Document the date and time that someone notified management of the incident.	
Reporting	Not used in standard reports.	

Type: (3)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: input and view	Manager: input, update and view
Description	Document the type of safety incident such as First Aid or Vehicle Incident.	
Reporting	Used in almost all reports and is key for trending.	

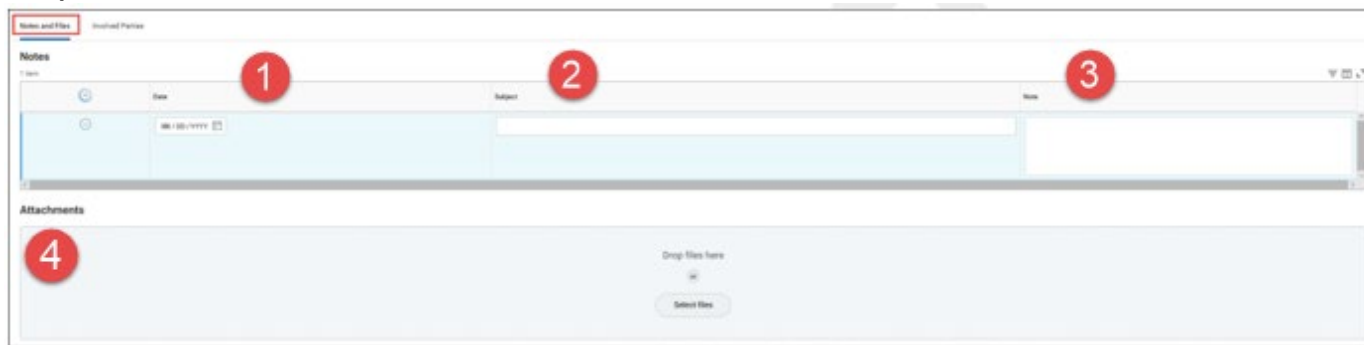
Incident Location: (4)

Field Type	Menu, all "Safety Incident Locations" within a Location. You can maintain the list of Incident Locations through the Maintain Safety Incident Location action.	
Access	Employee: input and view	Manager: input, update and view
Description	Document the specific location within the Location field above.	
Reporting	Controls which OR-OSHA 300 log is populated. This field is used in almost all reports and is key for trending.	

Summary: (5)

Field Type	Text	
Access	Employee: view after approved	Manager: view after approved
Description	Document the Safety Partner’s summary of the incident. This is intended to be information about the incident that does not have any personal identifying or HIPPA information. Groups such as your Management Team and Safety Committee should be able to view this information.	
Reporting	Used in almost all reports.	

Step 9: View/Update the Notes and Files.



Date: (1)

Field Type	Date	
Access	Employee: none	Manager: input, update and view
Description	Date the note was inputted or updated.	
Reporting	Not used in standard reports.	

Subject: (2)

Field Type	Text	
Access	Employee: none	Manager: input, update and view
Description	Subject of the note, suggest the name of the person making the note regarding the Safety Incident.	
Reporting	Not used in standard reports.	

Note: (3)

Field Type	Text	
Access	Employee: none	Manager: input, update and view
Description	Document Manager and Safety Partner’s notes about the Safety Incident.	
Reporting	Not used in standard reports.	

Attachments: (4)

Access	Employee: view after approved	Manager: input, update and view
Description	Stores documents and pictured of the Safety Incident.	
Reporting	Not used in standard reports.	

Step 10: Click on the **Involved Parties** tab and then the plus (+) icon for additional view and updates.



Step 11: View/Update **Name and Contact Information**.



Worker: (1)

Field Type	Menu, all Workday employees.	
Access	Employee: input (themselves) and view	Manager: input, update and view
Description	This is an extremely important field. If the involved party is an employee within Workday, search and select them within the worker field. This will populate the First Name, Last Name, Phone Number and Position fields. This will also give the Manager(s) of this employee access to this Safety Incident.	
Reporting	Used in almost all reports.	

First Name: (2)

Field Type	Text, reports are typically in last name first, first name last format (Flintstone, Fred). Because of this most reports will not show anything after a space within this field. Example: "Visitor – Fred" will only return "Visitor".	
Access	Employee: input and view	Manager: input, update and view
Description	This is an extremely important field. If the involved party is NOT an employee within Workday, populate their First Name.	
Reporting	Used in almost all reports.	

Last Name: (3)

Field Type	Text. Typically, in last name first, first name last format (Flintstone, Fred). Because of this most reports will not show anything after a space within this field. Example: "Flintstone was a visitor" will only return "Flintstone".	
Access	Employee: input and view	Manager: input, update and view
Description	This is an extremely important field. If the involved party is NOT an employee within Workday, populate their Last Name.	
Reporting	Used in almost all reports.	

Phone Number: (4)

Field Type	Text	
Access	Employee: input and view	Manager: input, update and view
Description	If the involved party is NOT an employee within Workday, populate their Phone Number.	
Reporting	Not used in standard reports.	

Position: (5)

Field Type	Auto Populate	
Access	Employee: view	Manager: view
Description	Will auto populate if Worker field is utilized.	
Reporting	Not used in standard reports.	

Worker Description of Incident: (6)

Field Type	Text	
Access	Employee: input and view	Manager: input, update and view
Description	Document the employee's' recollection of the incident.	
Reporting	Not used in standard reports.	

Step 12: Click on the open prompt (>) in front of each section to open it for editing. View/Update **Nature of Injury/Illness**.

The screenshot shows a web form titled 'Nature of Injury/Illness'. It contains several sections:

- Time Arrived at Work:** A date and time picker (1).
- Nature of Injury / Illness:** A dropdown menu (2).
- Body Part Code / Side:** A dropdown menu (3).
- Source of Injury:** A dropdown menu (4).
- What object or substance directly harmed the worker?:** A text input field (5).
- Work Related:** A checkbox (6).
- Privacy Case:** A checkbox (7).
- Sent Home:** A checkbox (8).
- Severity:** A dropdown menu (9).
- Treatment Description:** A rich text editor with a toolbar (10).
- Affected Party Died:** A checkbox (11).
- Date of Death:** A date picker (12).
- Treatment Disposition:** A table with columns for Treatment Type (13), Date (14), Health Facility (15), and Health Worker (16).

Time Arrived at Work: (1)

Field Type	Date / Time	
Access	Employee: input and view	Manager: input, update and view
Description	Document the date and time that the involved party arrived at work.	
Reporting	Not used in standard reports.	

Nature of Injury / Illness: (2)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: input and view	Manager: input, update and view
Description	Group incident with other like incidents. Allows for trending for focused safety policy implementation.	
Reporting	Used in summarization and trending reports.	

Body Part Code / Side: (3)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: input and view	Manager: input, update and view
Description	Group incident with other like incidents. Allows for trending for focused safety policy implementation.	
Reporting	Used in summarization and trending reports.	

Source of Injury: (4)

Field Type	Dropdown List, see Safety Field List Appendix.	
Access	Employee: input and view	Manager: input, update and view
Description	Group incident with other like incidents. Allows for trending for focused safety policy implementation.	
Reporting	Used in summarization and trending reports.	

What object or substance directly harmed the worker? (5)

Field Type	Text	
Access	Employee: view after approved	Manager: view after approved
Description	OR-OSHA 300 log reporting, equivalent to (F) Describe Injury or Illness. Example: injury / body part / source of injury or illness e.g. Second degree burns on right forearm from acetylene torch.	
Reporting	OR-OSHA 300 log reporting.	

Work Related: (6)

Field Type	Checkbox	
Access	Employee: view after approved	Manager: input, update and view
Description	Document if incident is work related.	
Reporting	Not used in standard reports.	

Privacy Case: (7)

Field Type	Checkbox	
Access	Employee: input and view	Manager: input, update and view
Description	Document if incident is a privacy case. If checked by employee, this incident will not be sent to the Manager's inbox for approval. The OR-OSHA 300 Log will not show employee's name; it will show -- Privacy Case --.	
Reporting	Not used in standard reports.	

Sent Home: (8)

Field Type	Checkbox	
Access	Employee: view after approved	Manager: input, update and view
Description	Document if involved party was sent home.	
Reporting	Not used in standard reports.	

Severity: (9)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: view after approved	Manager: view after approved
Description	Document severity based on agency standards.	
Reporting	Not used in standard reports.	

Treatment Description: (10)

Field Type	Text	
Access	Employee: input and view	Manager: input, update and view
Description	Typically used to document First Aid treatment received.	
Reporting	Not used in standard reports.	

Affected Party Died: (11)

Field Type	Checkbox	
Access	Employee: none	Manager: view after approved
Description	Document if the employee or involved party died.	
Reporting	Not used in standard reports.	

Date of Death: (12)

Field Type	Date	
Access	Employee: none	Manager: view after approved
Description	Document the date of death if appropriate.	
Reporting	Not used in standard reports.	

Treatment Disposition: (13, 14, 15, 16)

Field Type	Three menus and one Date, see Safety Field List Appendix.	
Access	Employee: input and view	Manager: input, update and view
Description	Document the treatment type, date of treatment, where the treatment was received and by what type of health worker.	
Reporting	Not used in standard reports.	

Step 13: View/Update Report Details.

Government Reportable: (1)

Field Type	Checkbox	
Access	Employee: none	Manager: view after approved
Description	If checked the involved party will be added to the locations OR-OSHA 300 log.	
Reporting	Used in almost all reports including the OR-OSHA 300 log.	

Related Reporting Agency's Grouping ID: (2)

Field Type	Auto Populate	
Access	Employee: none	Manager: view
Description	If Government Reportable is checked, this field will auto populate and OR-OSHA 300 log will be updated.	
Reporting	Used for OR-OSHA 300 log.	

Case Number: (3)

Field Type	Text	
Access	Employee: none	Manager: view after approved
Description	OR-OSHA 300 log reporting, equivalent to (A) Case Number. Suggest using the Workday INC-number.	
Reporting	Used for OR-OSHA 300 log.	

Injury / Type of Illness: (4)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: none	Manager: view after approved
Description	OR-OSHA 300 log reporting, equivalent to classify the case (M1) – (M6).	
Reporting	Used for OR-OSHA 300 log.	

In what specific work area did it occur: (5)

Field Type	Text	
Access	Employee: none	Manager: input, update and view
Description	OR-OSHA 300 log reporting, equivalent to (E) Where the Event Occurred.	
Reporting	Used for OR-OSHA 300 log.	

Worker Comp / Legal Claim #: (6)

Field Type	Text	
Access	Employee: none	Manager: view after approved
Description	Indicate the SAIF claim number. If populated, reports will indicate that it is considered a SAIF claim.	
Reporting	Used in almost all reports.	

Claim Administrator: (7)

Field Type	Text	
Access	Employee: none	Manager: view after approved
Description	Indicate the SAIF claim administrator assigned to the claim.	
Reporting	Not used in standard reports.	

What was worker doing right before the Incident occurred? (8)

Field Type	Text	
Access	Employee: none	Manager: input, update and view
Description	Document the Manager or Safety Partner’s investigation of the employee’s activities before the incident occurred. Typically background information.	
Reporting	Not used in standard reports.	

Describe the facts about the accident in detail: (9)

Field Type	Text
Access	Employee: none Manager: input, update and view
Description	Document the Manager or Safety Partner's investigation of the facts of the incident. Suggest using M.E.E.E. investigation method.
Reporting	Not used in standard reports.

What preventative measures need to be taken? (10)

Field Type	Text
Access	Employee: none Manager: input, update and view
Description	Document the Manager or Safety Partner's method to reduce the risk of the type of incident which occurred.
Reporting	Not used in standard reports.

Step 14: View/Update **Time Lost**.

Auto Populated Fields:

- *Safety Incident Time Lost (1)*
- *Position Time Type*
- *Location*
- *Scheduled Weekly Hours*
- *Default Hours*
- *Pay Rate Type*
- *Scheduled Hours*
- *FTE*
- *Job Exempt*
- *Days away (4)*
- *Days Restricted (5)*
- *Days transferred (6)*

Full Day Lost: (2)

Field Type	Checkbox	
Access	Employee: input, no view	Manager: input, update and view
Description	Checkbox to indicate if claim has time loss, does not affect OR-OSHA 300 log.	
Reporting	Not used in standard reports.	

Job Restrictions: (3)

Field Type	Checkbox	
Access	Employee: input, no view	Manager: input, update and view
Description	Checkbox to indicate if claim has job restrictions, does not affect OR-OSHA 300 log.	
Reporting	Not used in standard reports.	

Type of Time Away: (7)

Field Type	Menu, see Safety Field List Appendix.	
Access	Employee: input, no view	Manager: input, update and view
Description	Documents Time Loss (Away), or Modified Duty (Restricted and Transferred).	
Reporting	Used for OR-OSHA 300 log and many other reports.	

Start Date: (8)

Field Type	Date	
Access	Employee: input, no view	Manager: input, update and view
Description	Starts counting Time Loss (Away), or Modified Duty (Restricted and Transferred). Starts counting days of modified duty or time loss. Counts days by OR-OSHA standards of calendar days. The start date will be counted within the calculation.	
Reporting	Used for OR-OSHA 300 log and many other reports.	

Proposed End Date: (9)

Field Type	Date	
Access	Employee: input, no view	Manager: input, update and view
Description	Stops the counting of Time Loss (Away), or Modified Duty (Restricted and Transferred). Counts day by OR-OSHA standards of calendar days, does not stop at 180 days. If Actual End Date is populated, the Proposed End Date will be disregarded. If Proposed End Date is in the future, Workday will only count calendar days until the current date. The Proposed End Date will be counted within the calculation.	
Reporting	Used for OR-OSHA 300 log and may other reports.	

Actual End Date: (10)

Field Type	Date	
Access	Employee: input, no view	Manager: input, update and view
Description	Stops the counting of Time Loss (Away), or Modified Duty (Restricted and Transferred). Counts day by OR-OSHA standards of calendar days, does not stop at 180 days. The Actual End Date will be counted within the calculation.	
Reporting	Used for OR-OSHA 300 log and may other reports.	

Step 15: View/Update Notes.

The screenshot shows a 'Notes' section with a table containing one item. The table has three columns: 'Date', 'Subject', and 'Note'. The 'Date' column has a date input field with a calendar icon and a placeholder 'MM / DD / YYYY'. The 'Subject' and 'Note' columns have empty text input areas. There are '+' and '-' icons on the left side of the table, and a '1 item' indicator at the top left.

Date: (1).

Field Type	Date	
Access	Employee: none	Manager: none
Description	Date the note was entered or updated.	
Reporting	Not used in standard reports.	

Subject: (2)

Field Type	Text	
Access	Employee: none	Manager: none
Description	Subject of the note.	
Reporting	Not used in standard reports.	

Note: (3)

Field Type	Text	
Access	Employee: none	Manager: none
Description	Document Safety Partner's notes about the Safety Incident.	
Reporting	Not used in standard reports.	

Step 16: Add Attachments.

▼ Attachments

Drop files here

or

Select files

Attachments:

Access	Employee: attach, no view	Manager: none
Description	Stores Safety Partner’s documents and pictures pertaining to the Involved Party.	
Reporting	Not used in standard reports.	

Field List Appendix

Status:

New	Indicates to the Safety Partner that they need to review this Safety Incident. Once reviewed move into Pending Investigation status. -New-
Pending Investigation	Indicates to the Safety Partner that they have reviewed the Safety Incident and that more information or maintenance is required. -Open-
Completed Investigation	Indicates to the Safety Partner that the Safety Incident will no longer require more information or maintenance. -Closed-

Type:

Equipment Damage	Damage to equipment, without an employee first aid or injury incident.
First Aid	Employee received first aid for an injury. Does not seek medical treatment and does not meet the requirements of an OR-OSHA recordable injury/illness.
Hazardous Condition	Hazardous or dangerous condition. Not a near miss, first aid or injury.
Injury	Employee has or will seek medical treatment from a health care professional. Typically resulting in a SAIF Claim and/or OR-OSHA recordable injury/illness.
Injury – Non Medical	Employee is injured but does not receive first aid and does not seek medical treatment. May or may not meet the requirements of an OR-OSHA recordable injury/illness.
Near Miss	An unplanned event that did not result in first aid, injury, illness or damage but has the potential to do so.
Off the Job Injury – Modified Duty	Specifically for the Dept. of Corrections. Tracks modified duty days of employees who were injured off the job, but are on modified duty.

Other	All other employee related incidents.
Vehicle Incident	Damage to a vehicle, without an employee first aid or injury incident.
Vehicle Incident – Citizen Complaint	Employee received a citizen complaint while driving a state vehicle.
Vehicle Incident – First Aid	Damage to a vehicle that also results in a first aid incident. See definition of First Aid.
Vehicle Incident – Injury	Damage to a vehicle that also results in an employee injury. See definition of Injury.

Nature of Injury / Illness:

Abrasion	A wound caused by rubbing or scraping the skin. A “skinned knee” and a “floor burn” are common examples.	Injury
Amputation	Cut off extremity, digit, or other part of the body.	Injury
Blister	A fluid-filled, thin-walled structure under the skin.	Injury
Blood Borne Pathogen - Exposure	Exposure to blood or other potentially infectious material.	Illness
Bruise or Contusion	Injury to tissues with skin discoloration without breakage of the skin.	Injury
Burn	Burn to the skin nonspecific.	Injury
Burn - Chemical	Burn to the skin from a chemical.	Injury
Burn - Heat	Burn to the skin from a source of heat such as a fire.	Injury
Burn - Sunburn	Burn to the skin from overexposure to the sun.	Injury
Cold Related - Illness	Illness from being too cold such as hypothermia.	Illness
Cold Related - Injury	Injury from overexposure to cold such as frostbite.	Injury
Concussion or Head Injury	Impact to your head or a whiplash-type event that causes your head and brain to shake quickly back and forth.	Injury
Cut or Laceration	A cut, torn tissue or jagged wound.	Injury
Dental Issue	Damage to the teeth or mouth.	Injury
Electric Shock	Injury from an electrical shock.	Injury
Fainting or Syncope	A sudden loss of consciousness.	Other
Foreign Body	Anything found in a part of the body that is not normally part of the tissue, such as a piece of metal in the eye or ear.	Injury
Fracture or Broken Bone	When the continuity of the bone is broken.	Injury
Hearing Difficulty	Reduction of hearing for a short period of time.	Injury
Hearing Loss	Permanent reduction of hearing. Typically a standard threshold shift in one or both ears.	Injury
Heat Related - Illness	Illness from overexposure to heat. Heat cramps, heat exhaustion and heat stroke.	Illness

Illness	Illness nonspecific, a disease or period of sickness affecting the body or mind.	Illness
Illness - Cumulative	Illness from being exposed to something for a long period of time. See Illness definition.	Illness
Illness - Non Cumulative	Illness from being exposed to something with an immediate effect. See Illness definition.	Illness
Irritation	Inflammatory reaction of the tissues to an exposure. A rash or redness of the skin.	Other
Multiple Major Injuries	Multiple nonspecific major injuries. Trauma that involves multiple broken bones, lacerations and/or internal injuries.	Injury
Nausea and/or Vomiting	Vomiting or the feeling that you may vomit.	Illness
No Injury or Illness	No injury or illness.	Other
Other	Other injury or illness not specified within this list.	Other
Pain or Discomfort	Pain or discomfort of a body part. Pain in an extremity or joint, broken bone, dislocated joint or any other pain.	Injury
Poisoning	Illness for ingesting or absorption of a liquid, vapor or chemical.	Illness
Puncture	A hole made with a pointed object.	Injury
Sprain	An injury to a joint without dislocation or fracture.	Injury
Strain	Stretching or tearing of muscle fibers.	Injury
Stress	An actual or perceived environment that exceeds a worker's adaptive capacities and negatively effects their well-being.	Other
Swelling	Enlargement of a body part with or without pain or discomfort.	Injury
Tear	The ripping of fibrous tissues such as ligaments, muscles or tendons from being overstretched.	Injury

Body Part Code / Side:

Abdomen	Torso	Foot - Right	Foot
Abdomen - Lower Left	Torso	Genitalia	Pelvis
Abdomen - Lower Right	Torso	Hand	Hand
Abdomen - Upper Left	Torso	Hand - Both	Hand
Abdomen - Upper Right	Torso	Hand - Left	Hand
Ankle	Leg	Hand - Right	Hand
Ankle - Both	Leg	Head	Head
Ankle - Left	Leg	Head - Back	Head
Ankle - Right	Leg	Head - Forehead	Head
Arm	Arm	Head - Left	Head

Arm - Both	Arm	Head - Right	Head
Arm - Left	Arm	Head - Top	Head
Arm - Left, Lower	Arm	Hip	Pelvis
Arm - Left, Upper	Arm	Hip - Both	Pelvis
Arm - Right	Arm	Hip - Left	Pelvis
Arm - Right, Lower	Arm	Hip - Right	Pelvis
Arm - Right, Upper	Arm	Illness	Illness
Back	Torso	Knee	Leg
Back - Lower	Torso	Knee - Both	Leg
Back - Middle	Torso	Knee - Left	Leg
Back - Upper	Torso	Knee - Right	Leg
Buttock	Pelvis	Leg	Leg
Buttock - Both	Pelvis	Leg - Both	Leg
Buttock - Left	Pelvis	Leg - Left	Leg
Buttock - Right	Pelvis	Leg - Left, Lower	Leg
Chest	Torso	Leg - Left, Upper	Leg
Chest - Left	Torso	Leg - Right	Leg
Chest - Right	Torso	Leg - Right, Lower	Leg
Ear	Head	Leg - Right, Upper	Leg
Ear - Both	Head	Majority of Body	Torso
Ear - Left	Head	Mouth	Head
Ear - Right	Head	Neck	Head
Elbow	Arm	Neck - Back	Head
Elbow - Both	Arm	Neck - Front	Head
Elbow - Left	Arm	Neck - Left	Head
Elbow - Right	Arm	Neck - Right	Head
Eye	Head	Nose	Head
Eye - Both	Head	Pelvis	Pelvis
Eye - Left	Head	Shoulder	Torso
Eye - Right	Head	Shoulder - Both	Torso
Face	Head	Shoulder - Left	Torso
Face - Left	Head	Shoulder - Right	Torso
Face - Lower	Head	Teeth	Head
Face - Right	Head	Toe - Left Foot, Big	Foot
Face - Upper	Head	Toe - Left Foot, Fourth	Foot

Finger - Left, Index	Hand	Toe - Left Foot, Index	Foot
Finger - Left, Middle	Hand	Toe - Left Foot, Little	Foot
Finger - Left, Multiple	Hand	Toe - Left Foot, Middle	Foot
Finger - Left, Pinky	Hand	Toe - Left Foot, Multiple	Foot
Finger - Left, Ring	Hand	Toe - Right Foot, Big	Foot
Finger - Left, Thumb	Hand	Toe - Right Foot, Fourth	Foot
Finger - Right, Index	Hand	Toe - Right Foot, Index	Foot
Finger - Right, Middle	Hand	Toe - Right Foot, Little	Foot
Finger - Right, Multiple	Hand	Toe - Right Foot, Middle	Foot
Finger - Right, Pinky	Hand	Toe - Right Foot, Multiple	Foot
Finger - Right, Ring	Hand	Tongue	Head
Finger - Right, Thumb	Hand	Wrist	Arm
Foot	Foot	Wrist - Both	Arm
Foot - Both	Foot	Wrist - Left	Arm
Foot - Left	Foot	Wrist - Right	Arm

Source of Injury:

Equipment	Use of a piece of equipment caused injury or illness.
Equipment - Caught In	Body part was caught in a piece of equipment.
Equipment - Hand Tool	Use of a hand tool caused an injury or illness.
Equipment - Heavy Equipment	Use of a piece of heavy equipment such as a back hoe caused injury or illness.
Equipment - Malfunction	A piece of equipment malfunctioned causing an injury or illness.
Equipment - Power Tool	Use of a power tool caused an injury or illness.
Exposure To	Exposure to something cause an injury or illness.
Exposure To - Blood Borne Pathogen	Exposure to a blood borne pathogen not involving a needle.
Exposure To - Blood Borne Pathogen by Needle stick	Exposure to a blood borne pathogen involving a needle.
Exposure To - Chemical	Exposure to a chemical caused an injury or illness.
Exposure To - Cold	Exposure to cold caused an injury or illness.
Exposure To - Heat	Exposure to heat caused an injury or illness.
Exposure To - Noise	Exposure to a noise caused an injury or illness.
Inhalation	Inhalation caused an injury or illness.
Inhalation - Dust	Inhalation of dust caused an injury or illness.
Inhalation - Pollen	Inhalation of pollen caused an injury or illness.

Inhalation - Vapors	Inhalation of vapors caused an injury or illness.
Motion	Motion caused an injury or illness.
Motion - Ergonomic	Motion in regards to ergonomics caused an injury or illness.
Motion - Lifting	A lifting motion caused an injury or illness.
Motion - Pulling	A pulling motion caused an injury or illness.
Motion - Pushing	A pushing motion caused an injury or illness.
Motion - Repetitive	A repetitive motion caused an injury or illness.
Motor Vehicle Incident	A motor vehicle incident caused damage, an injury or illness.
Motor Vehicle Incident - Pedestrian	A motor vehicle struck a worker or a pedestrian.
Motor Vehicle Incident - Single Vehicle	An employee was involved in a single vehicle incident causing damage, an injury or illness.
Motor Vehicle Incident - Vehicle vs Vehicle	An employee was involved in a multi vehicle incident causing damage, an injury or illness.
Nature	Nature caused an injury or illness.
Nature - Animal	An animal caused an injury or illness.
Nature - Insect	An insect caused an injury or illness.
Nature - Poisonous Plant	A poisonous plant caused an injury or illness.
Non Violent - Patient / Client Interaction	Injured while interacting with a patient or client.
Object	An object cause an injury or illness.
Object - Falling	A falling object caused an injury or illness.
Object - Flying	A flying object caused an injury or illness.
Object - Struck By	Was struck by an object causing an injury or illness.
Other	Any other cause of an injury or illness.
Slip or Trip - Did Not Fall	Slipped or tripped, but did not fall and was injured. Example: Slipped on the ice and tweaked back.
Slip or Trip / Fall - Different Level	Slipped or tripped causing fall from their current height down to a lower height. Example: Falling off of a roof or falling down the stairs.
Slip or Trip / Fall - Same Level	Slipped or tripped causing them to fall. Example: Fell in the parking lot.
Sports / Recreation	Was injured while engaging in a work related sporting event.
Training	Injured while training.
Violent Act	A violent act from someone causing an injury or illness.
Violent Act - Client	A violent act from a client that caused an injury or illness.

Violent Act - Employee	A violent act from an Oregon state employee that caused an injury or illness.
Violent Act - Inmate	A violent act from an inmate intending to cause injury to someone.
Violent Act - Patient / Client Assault	A violent act from a patient intending to cause injury to someone.
Violent Act - Patient / Client Restraint	A violent act from a patient or client who does not specifically target a victim.
Violent Act - Youth Assault	A violent act from a youth intending to cause injury to someone.
Violent Act - Youth Restraint	A violent act from a youth who does not specifically target a victim.

Severity:

Minor	Injuries that may require First Aid.
Moderate	Injuries that require medical treatment, typically little modified duty days and no time loss days.
Severe	Injuries that require medical treatment with multiple follow-up visits or surgery. Longer stents of modified duty or time loss days.

Treatment Disposition:

Treatment Type	Health Facility	Health Worker
Appointment	Audiologist Office	Acupuncturist
First Aid	Chiropractic Office	Audiologist
Medical Treatment	Dental Office	Chiropractor
Medical Treatment – Emergency	Hospital	Dentist
Medical Treatment – Urgent	Hospital Inpatient – Overnight	Emergency Medical Technician
Observation	Hospital Outpatient – Emergency	First Aid – On Site
	Medical Office	Naturopath
	On Site – First Aid Only	Nurse
	Optometrist Office	Nurse Assistant
	Other	Nurse Practitioner
	Physical Therapist Office	Optometrist
	Urgent Care	Physical Therapist
		Physician Assistant
		Physician or Medical Doctor
		Phycologist / Physiatrist
		Surgeon
		Unknown

Injury / Type of Illness:

All Other Illnesses	OR-OSHA 300 log (6) All other illnesses.
Hearing Loss	OR-OSHA 300 log (5) Hearing Loss.
Injury	OR-OSHA 300 log (1) Injury.
Poisoning	OR-OSHA 300 log (4) Poisoning.
Respiratory Condition	OR-OSHA 300 log (3) Respiratory Condition.
Skin Disorder	OR-OSHA 300 log (2) Skin Disorder.

Injury / Type of Illness:

Away	Time Loss
Restricted	Modified Duty
Transferred	Modified Duty