

WC HR Liaison's Incident Review

Origami Risk URL: License required for login. Account Name is tamus and Username is your email.

https://live.origamirisk.com/origami/account/Login?account=tamus

Step 1: Select or Filter Incidents – Use the wild card for text searches (e.g., '% will) and/or use the saved Incidents Views on the right.

Step 2: Select the Incident # to open the record – To edit the form, select the Edit Incident button in the top right.

Step 3: Ensure the accuracy and completeness of all the data – Select the Save Changes button at the top right to save your changes.

Step 4: Generate and attach a First Report of Injury – Select the More button at the top right. Then select the Online State Forms option. Select the First Report Category and then form 2737.

Online State Forms Mail Merge Templates					Filter By		
				_	State	Texas	\$
ID	Category	Form	Description		Category	First Report	\$
2737	First Report	DWC Form-001	EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS		Name		
2738	First Report	DWC Form-1S	EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (for state employees)		Search C	lear	
6279	First Report	Form 7239	Incident / Illness Report				
4750	First Report		INCIDENT ANALYSIS FORM				
6280	First Report	Formulario 7239-S	Informe de enfermedad o incidente				
2739	First Report	DWC Form-6	SUPPLEMENTAL REPORT OF INJURY				

Step 5: Save and verify the form and then attach to the Incident record under Files.

Step 6: Submit Incident to WCI – Select 'Yes' once all data has been reviewed and the First Report of Injury has been attached to the Files section of the Incident record.



System Action: An Email will be sent to the Employee including a copy of this First Report of Injury and the Rights and Responsibilities Statement.