




The eROI is an electronic Report of Incident process manager. This system provides a single location to record all incidents that happen to your staff, volunteers and contractors working at your facilities. This system is designed to collect incidents that are near misses, incidents that result in injuries and all incidents that are escalated to Workman's Compensation claims.

### Step 1 - Report an Incident

- A) First the user logs into the system. Users can be preimported into the system from an Excel Spreadsheet, integrated from your Active Directory system or added ad-hock. Username/Passwords can be managed by either the eROI system, Active Directory or users can use e-mail authentication or eliminate passwords altogether.

#### Electronic Report of Incident (eROI)



Please login with your eROI Account Username & Password. If you do not already have an account, click the New Account link below to setup your account and then you may proceed to reporting your incident.

**Login**

Account: Demo Memorial Hospital

Username:  \*


Your eROI username is typically your e-mail address.

E-mail Login: ☒ Authenticate My Login via E-mail  
If you don't know your password, Checking this box will send an e-mail with your login credentials to allow you to access the system.

First Login? [Click Here to Setup a New Account](#)

- B) After logging-in if the user is brand new they are prompted to submit a New Incident Report

#### Electronic Report of Incident (eROI)



Howdy! This is the electronic Report of Incident (eROI) app. This is for reporting all staff near misses, incidents, exposures and injuries incurred while performing your job.

[Submit a New Incident Report](#)



If the user has previous submissions they are presented with a list of their previous incidents.

## Electronic Report of Incident (eROI)



Howdy! This is the electronic Report of Incident (eROI) app. This is for reporting all staff near misses, incidents, exposures and injuries incurred while performing your job. **Incidents with blinking icons** require action on your part. [Click here to view the Icon Key](#)

## My Incidents

1-4

ID	Date	Nat	Name	Description	status	Shp Med	Pri	Inc
00532	05/17/16	A9	Mitchell, Brandon	on may 16, 2016 a co-worker and i helped take a...	In Proc			
00530	12/07/15	H1	Mitchell, Brandon	experiencing neck and shoulder pain while working...	In Proc			
00730	10/29/15	A1	Mitchell, Brandon	the incident happened last friday the 26th of...	In Proc			
00613	10/15/15	G1	Mitchell, Brandon	pt confused and trying to get oob. combative and...	Closed			

[Submit a New Incident Report](#)

This will allow the user to resume a previous incident report if it was not completed, review the status of any ongoing or closed incidents and submit a new incident.

### C) Submit a New Incident Report

There are three parts to the Incident Report:

1. Demographics
2. Incident Details
3. Report Details

### Demographics

The Demographics page requires the user to complete their personal information (which is needed if the incident is escalated to a claim). This information is saved and can be reused in future reports so the user would only need to complete the demographics once.

The Department and Title information would be prepopulated if it is imported with the user database or the user could select from a predetermined list of Department and Titles or the information can be added ad-hock.

## Submit New Incident



You must verbally report this Incident to the nearest Supervisor or Director. After completing this form print a copy and have the supervisor/director sign the form before leaving your unit/department and proceed to receive treatment as directed.

### Incident Report - Step 1 of 3

Name:	Brandon Mitchell
Payroll Status:	<input checked="" type="radio"/> Full Time * <input type="radio"/> Part Time <input type="radio"/> Per Diem
Home Address:	123 Main Street *
City:	Anytown *
State:	CA *
Zip:	92661 *
Phone:	9495551212 * <small>Enter your best contact phone number: (e.g 760-555-1212)</small>
Date of Birth:	10/06/1988 *
Date of Hire:	08/10/2016 *
Department:	[7420] Inpatient surgery * <small>Select the Cost Center and Name of your current department.</small>
Title:	[2569] CS Tech * <small>Select the Job Code and Title of your current occupation.</small>
<a href="#">Enter the Dept/Title Manually</a>	

Save & Go to Next Step

## Incident Details

The Incident Details page is the Who, When What, Where of the incident report.

Witnesses would be prepopulated for the user to choose if you import a user database or use the Active Directory connection. The user could also add a witness list ad-hock. If added ad-hock the Name, E-mail and Phone number of the Witness is requested.

## Incident #00748 - Mitchell, Brandon



Please be aware, any person who makes or causes to be made any knowingly false or fraudulent statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

### Incident Details - Step 2 of 3

Incident Date: 11/01/2016 Time: 10:00

Time Shift Began: 08:00

Click the diamond icon to select 'now'. You can change the hours, minutes, and AM/PM by selecting them with your mouse and clicking the icon or entering the number(s) with the keyboard.

Location: West Building room 201

Please specify the exact area where the incident occurred.

Witnesses: marti

- Martin, Sandra
- Martinez, Donna
- Martinez, Mary
- Martin, Tiffany
- Martin, Mark
- Martinez, George

member that was a witness that is not listed in the drop down above, please click Add a Witness below and enter their contact information.

[click here to Add a Witness](#)

Incident Description: I was walking from the parking lot. When I got to my work station I noticed I had gum on my shoe. When I leaned over to scrape the gum off my shoe I lost my balance and fell over and hit my head on the edge of my desk. I was out for a while and when I came to I

Explain in your own words what event occurred that resulted in this incident. **For privacy reasons please do not use any first/last names in this description.** List the actual names in the witness list above and refer to them here by their job title or as "co-worker 1", "co-worker 2" etc.

Body Part(s) Involved: ☒ Head

☐ Head ☐ Face ☐ Eye Right

☐ Eye Left ☒ Nose ☐ Neck

☐ Torso

☐ Hand

☐ Lower

☐ Feet

Click on the region(s) of your body that were affected and check the appropriate box(es) of all the Body Parts involved in this incident.

Save & Go to Next Step



### Reporting Details

The final section records when the incident was reported and to whom the incident was reported. The supervisor and director can be prepopulated if you import a user database or if you use the Active Directory connection and the reports-to information is included.

This form also asks additional questions you would like to request of the person submitting the incident. These questions can be customized to fit your specific reporting needs.

In addition to the report-to information this form records if the incident was considered by the staff member to be a BFE-Sharps and whether the staff member felt this was a near-miss or an incident that resulted in an injury requiring medical attention.

Finally your customized verification statement and an electronic signature is collected.

### Incident #00748 - Mitchell, Brandon



Complete this final form and click the button below to submit your incident report. The next screen will allow you to print this report for your records. After printing, sign the report and have your supervisor sign the form before leaving your unit/department and proceed to receive treatment as directed.

#### Incident Details - Step 3 of 3

Reported Date: 11/01/2016 Time: 10:00  
Enter the Date and Time you reported the Incident to your Supervisor or Director

Reported To Name: Jackson, Matthew \*

Reported To E-mail: mjackson@demomemorial.org \*

Enter the Last, FirstName of the person (Supervisor or Director) to whom you reported the incident. Begin typing their Last name and a drop down list will appear. Select (click) their name from the drop down list to populate their e-mail address.

Supervisor's Name: Jackson, Matthew \*

Supervisor's E-mail: mjackson@demomemorial.org \*

Enter the Last, FirstName of your Supervisor. Begin typing their Last name and a drop down list will appear. Select (click) their name from the drop down list to populate their e-mail address.

Director's Name: Davis, Barbara \*

Director's E-mail: bdavis@demomemorial.org \*

Enter the Last, FirstName of your department Director. Begin typing their Last name and a drop down list will appear. Select (click) their name from the drop down list to populate their e-mail address.

Qu 1. In your opinion, how could this incident have been prevented? \*

If I was more careful I probably would not have fallen over.

Qu 2. What can be done to prevent incidents like this in the future? \*

Keep people from discarding their gum in the parking lots.

BFE/Sharps: Did the Incident involve Body Fluid Exposure or Sharps?

- ☐ Body Fluid Exposure \*
- ☐ Sharps
- ☒ No

Medical Attention: ☐ This incident DID NOT result in injury but highlights a possible unsafe work condition or practice.

- ☒ This incident resulted in personal injury and I choose to seek medical attention.

If you have decided that you want medical attention, please check the button indicating your decision.

By submitting this report you certify that all statements in this report are true, and you agree and understand that any misstatement or omission of a material fact herein may constitute a cause for delay or denial of Workers Compensation benefits and/or dismissal of any claim. Furthermore, you agree and understand that any medical attention provided on behalf of %EROICLIENT.NAME% is provided for evaluation purposes and does not in itself constitute acceptance of any health issues identified to be occupationally caused by or to have arisen out of your employment.

Signature: Brandon Mitchell \*

Please type your full name. This will act as an electronic signature.

Submit Report to Leadership



Please print and sign this report, have your Supervisor review and sign the report the and proceed to Employee Health or the ED as directed by your Supervisor.

## Success!

Your report has been processed and assigned a case number of **Incident #00748**. Copies of this report have been forwarded to your Supervisor, Director, the Injury Prevention Manager and Employee Health.

[Click Here to Print Your Injury/Illness Investigation Report](#)

Once the form is submitted the user submitting the report can print copies and sign and provide a copy to the supervisor and/or employee health.



## Incident Report - #00748

### Incident Report

**Mitchell, Brandon**

**11/01/2016**

Employee No: 900043

Shift Began: 08:00

Address: 123 Main Street

Hire Date: 08/10/2016

City, ST Zip: Anytown CA, 92661

Phone: 9495551212

DOB: 10/06/1988

Payroll: Full Time

Occupation: CS Tech [2569]

Supervisor: Matthew Jackson

Department: Inpatient surgery [7420]

Director: Barbara Davis

Reported To: Matthew Jackson

Report Date: 11/01/2016 at 00:00

Location: West Building room 201

Incident Date: 11/01/2016 at 10:00

Shift Began: 08:00

Incident Desc: I was walking from the parking lot. When I got to my work station I noticed I had gum on my shoe. When I leaned over to scrape the gum off my shoe I lost my balance and fell over and hit my head on the edge of my desk. I was out for a while and when I came to I was escorted to employee health.

Body Part(s): Nose

Qu. 1: In your opinion, how could this incident have been prevented?

If I was more careful I probably would not have fallen down.

Qu. 2: What can be done to prevent incidents like this in the future?

Keep people from discarding their gum in the parking lots.

Note: Employee elected to seek medical attention.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Finally the Supervisor, the Injury Prevention Team and if the incident resulted in an injury, the Employee Health team are notified of the incident submission by e-mail.


This completes the eROI submission process. Completing the form requires less than 5 minutes and provides you with immediate actionable information.

Refresh
Reply
Forward
Delete
Other
Filter

	From	Subject	Date	Size
<input type="checkbox"/>	eROI	eROI New Submission - #00748	07:26:33 AM	15 KB
<input checked="" type="checkbox"/>	eROI	eROI New Submission - #00748	07:26:33 AM	15 KB

eROI New Submission - #00748
Open in new window
Other Options

From: eROI  
Date: Today, 07:26:33 AM CDT  
To: mjackson@demomemorial.org



## Demo Memorial Hospital

A new eROI has been submitted.

**eROI - #748 - 11/01/2016**  
Incident Date: 11/01/2016 - 10:00  
Name: Mitchell, Brandon  
Occupation: CS Tech  
Department: Inpatient surgery  
Supervisor: Matthew Jackson  
Director: Barbara Davis  
Location: West Building room 201  
Incident Desc: I was walking from the parking lot. When I got to my work station I noticed I had gum on my shoe. When I leaned over to scrape the gum off my shoe I lost my balance and fell over and hit my head on the edge of my desk. I was out for a while and when I came to I was escorted to employee health.  
Waive Med: Employee choose to seek medical attention.  
Login Here: [Login to Your eROI Account](#)

Request Processed at 11/02/2016 5:26 AM cMPmED

**CONFIDENTIALITY NOTICE:**  
This communication constitutes an electronic communication within the scope of the Electronic Communication Privacy Act, 18 USCA 2510. This communication contains non-public, confidential, or legally privileged information intended for the sole use of **Matthew Jackson**. The unlawful interception, use or disclosure of such information is strictly prohibited under 18 USCA 2511 and any applicable laws. If you are not the intended recipient, or have received this communication in error, please notify the sender immediately by reply e-mail or by telephone and delete all copies of this communication, including attachments, without reading them or saving them to disk.

## Step 2 - Supervisor Report

When the supervisor receives their e-mail they are prompted to login to complete the incident report.

### Electronic Report of Incident (eROI)



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### My Incidents

1-7

ID	Date	Nat	Name	Description	status	ShpMed	Sup	Inc
00748	11/01/16		Mitchell, Brandon	i was walking from the parking lot. when i got to...	Submitt	+	+	+
00712	06/30/16	B2	Davis, Denise	i have been having trouble with my right hand for...	Closed	+	+	+
00663	04/24/16	E13	Cox, Samantha	i was recieving the specimen (tube) and went to...	In Proc	+	+	+
00540	04/19/16	O1	Flores, Alan	i got my second shot of varicella injection 04/15...	In Proc	+	+	+
00546	12/04/15	C1	Martinez, Mary	slipped on floor in histology hall area.	In Proc		+	+
00544	11/11/15	V4	Nelson, Carol	patient began to fall slight fainting episode,...	Investi	+	+	+
00516	09/14/15	A6	White, Lori	the patient passed out as she started to sit down...	In Proc		+	+

[Submit a New Incident Report](#)

The supervisors home screen lists all the the incidents the where the supervisor has been named and features red blinking to-do icons to alert the Supervisor of their uncompleted tasks. (In the screen shot above both Brandon and Samantha's reports require completion. Samantha's incident has the BFE/Sharps icon. It is likely still pending completion because our supervisor still needs to enter the Lab Draw date.)

Clicking the report icon at the end of this line will show the Supervisor the completed Incident Report.

Clicking the red blinking to-do icon on either the home listing or on the Incident report will take the Supervisor to the form they need to complete.

### Incident Report - #00748



This is the Incident Report it shows all of the report sections related to this incident. Use the print icon at the top to output a printer friendly version of this report.

Incident	Supervisor
<b>Incident Report</b> <b>Mitchell, Brandon</b> <span style="float: right;">11/01/2016 Submitted</span>	
Employee No: 900043 Address: 123 Main Street City, ST Zip: Anytown CA, 92661 DOB: 10/06/1988 Occupation: CS Tech [2569] Department: Inpatient surgery [7420]	Shift Began: 08:00 Hire Date: 08/10/2016 Phone: 9495551212 Payroll: Full Time Supervisor: Matthew Jackson Director: Barbara Davis
Reported To: Matthew Jackson	Report Date: 11/01/2016 at 00:00
Location: West Building room 201	Incident Date: 11/01/2016 at 10:00 Shift Began: 08:00
Incident Desc: I was walking from the parking lot. When I got to my work station I noticed I had gum on my shoe. When I leaned over to scrape the gum off my shoe I lost my balance and fell over and hit my head on the edge of my desk. I was out for a while and when I came to I was escorted to employee health.	
Body Part(s): Nose Qu. 1: In your opinion, how could this incident have been prevented? If I was more careful I probably would not have fallen down. Qu. 2: What can be done to prevent incidents like this in the future? Keep people from discarding their gum in the parking lots. Note: Employee elected to seek medical attention.	
<b>Supervisor Report</b> <b>Matthew Jackson</b> <span style="float: right;">PENDING</span>	



The Supervisor report allows the named Supervisor to re-assign the report if they were improperly named and to update the Department/Title information if it was improperly reported by the employee. (This is fairly common when a volunteer or contractor is reporting an incident.)

Next the Part/Nature/Cause codes are used to identify the part of body, nature of injury, and cause of loss when reporting workers' compensation injuries. These categories give you the basis for reporting your incidents.

Note: If the Supervisor chooses incorrectly the Injury Prevention Team can correct these in their report. If the Injury Prevention Team member has already completed their report, these would be prepopulated for the supervisor.

The Supervisor is asked to complete their Investigation with a detailed description of the incident and to indicate if they directed the staff member to seek medical attention.

Finally the Supervisor report requests an electronic signature and can be marked as complete.

## Supervisor Report

### EROI #00748 - Mitchell, Brandon

11/01/2016 - I was walking from the parking lot. when i got to my work station i noticed i had gum on my shoe. when i leaned over to scrape the gum off my shoe i lost my balance and fell over and hit my head on the edge of my desk. i was out for a while and when i came to i was escorted to employee health. **Note: Employee elected to seek medical attention.**



Identify and assign the Nature of Incident and Contributing Factor of this incident and Record your incident investigation notes and indicate how you directed the employee for post incident care. Once the form is complete, to close this Supervisor Report, type your name as an electronic signature, check complete and click submit.

### Supervisor Report

Supervisor's Name: Matthew Jackson [Reassign](#)

Department: [7420] Inpatient surgery \*

Select the Cost Center and Name of your current department.

Title: [2569] CS Tech \*

Select the Job Code and Title of your current occupation.

[Enter the Dept/Title Manually](#)

If the Supervisor or Cost Center is not correct for the employee involved in the incident you can reassign this incident using the fields above.

Body Part(s) Involved: Nose [Edit](#)

- ☐ Patient Related \*
- ☐ Equipment Related
- ☐ Employee Related
- ☒ Facilities or Grounds Related
  - ☒ Slip, Trip, Fall
    - ☐ C1 Slip, Trip, Fall - Same Level
    - ☐ C2 Fall- Different Level/Elevation
    - ☐ C3 Fall- Chair
    - ☐ C4 Slip, Trip, Fall - Stairs
    - ☐ C5 Slip, Fall - Wet Surface
    - ☐ C6 Slipped or Tripped - Did not Fall
    - ☐ C8 Slip or Trip and Fall- Object
- ☐ Animal Insect
- ☐ Electrical Current
- ☐ Explosion
- ☐ Fire/Flame
- ☐ Other Related

Incident Cause: Carelessness \*

Workers' compensation entities include the Part/Nature/Cause codes as part of their reporting standard. The Part/Nature/Cause codes are used to identify the part of body, nature of injury, and cause of loss when reporting workers' compensation injuries.

Investigation: Brandon out cold laying on the floor by his desk. One came to get me and when I arrived Brandon was coming to. Brandon had a noticeable bump on his head and I asked George to accompany him to Employee Health.

Please provide detailed description of incident based on your preliminary investigation that is relevant to direct cause.

Sent Employee To: ☒ Employee Health \*

☐ Emergency Department

☐ Waived Medical Care

Signature: Matthew Jackson \*

Please type your full name as an electronic signature.

Complete: ☒ Mark Supervisor Section as Completed

Check this box to mark this section as completed. This will discontinue reminders to complete this task.

Submit





### Step 3 - Injury Prevention Analysis

The Injury Prevention Analysis Report is where the Injury Prevention Manager categorizes the incident and determines what activity (if any) will occur going forward.

The top of the form is a review of submitted data. If needed, corrections can be made here to the Supervisor, Director, Department and Title submitted in the Incident Report.

#### Part/Nature/Cause

In addition if the Supervisor assigned the wrong Nature or Cause they can be edited here. Each of the options/codes can be customized to fit your facility's needs.

#### Analysis Section

The Analysis section is a series of customizable Yes/No questions. This allows the Injury Prevention manager to analyze **Why** this incident occurred. One or more of the questions can be answered adding weight to the answers.

Each of the questions can be customized to fit your facility's needs.

### Injury Prevention Report

**EROI #00484 - Jenkins, Judith**  
05/12/2016 - donna and i were pulling up the patient and i felt in a few minutes my lower back begun to hurt. **Note: Employee elected to seek medical attention.**

**Type of Incident**  
A3 - Patient Handling- Repositioning while in Bed

Please complete the questions in each of the appropriate Injury Prevention areas and add your comments for the Injury Prevention Report. Once the Injury Prevention questionnaire is complete you will be able to mark this section as completed.

#### Injury Prevention Report

Supervisor's Name: Donald Harris [Reassign](#)

Director's Name: Barbara Davis [Reassign](#)

Department: [6172] Medical/Surgical (East C) \*  
Select the Cost Center and Name of your current department.

Title: [2502] Nursing Assistant \*  
Select the Job Code and Title of your current occupation.  
[Enter the Dept/Title Manually](#)

If the Director or Supervisor or Cost Center is not correct for the employee involved in the incident you can reassign this incident using the fields above.

Body Part(s) Involved: Back Lower [Edit](#)

Nature of Incident: A3 Patient Handling- Repositioning while in Bed [Edit](#)

Incident Cause: Body Mechanics \*

Workers' compensation entities include the Part/Nature/Cause codes as part of their reporting standard. The Part/Nature/Cause codes are used to identify the part of body, nature of injury, and cause of loss when reporting workers' compensation injuries.

Equipment: PENDING [More](#)

Staff: PENDING [More](#)

Method: [less](#)

**Qu 1.** Was this a planned and/or routine procedure?  
☐ Yes ☐ No

**Qu 2.** Process was not done according to policy and safe practice?  
☒ Yes ☐ No

**Qu 3.** Did the employee know the proper procedure?  
☐ Yes ☐ No

**Qu 4.** First time procedure was performed by employee?  
☐ Yes ☐ No

**Qu 5.** Was poor technique used?  
☐ Yes ☐ No

**Qu 6.** Inserved or trained in procedure within last 6 months?  
☐ Yes ☐ No

**Qu 7.** Could process be changed to minimize risk to employee safety?  
☐ Yes ☐ No

Environment: PENDING [More](#)

Patient: PENDING [More](#)

Ask/Answer these questions to determine Why this incident occurred. Answers will allow you to analyze the incident/injury.





### Redacted Description

Here the incident description is duplicated to allow the content to be edited for blind reports.

### Comments

Incident Comments are seen by the employee and can be added to direct the employee with safety or prevention advice. Injury Prevention Comments are your private notes and are only seen by the Injury Prevention Team. Defaults can be setup for quick selection of common comments.

### Prevention Tasks

This tool allows you to reach out to a department manager, director or VP and ask them to assign someone to complete a suggested prevention task. This could be establishing a new policy, performing some group or individual training or requesting something hazardous to be fixed. If prevention tasks are requested an e-mail is sent to the leadership member.

### Request Investigation

This optional section will start an investigation if you feel this incident warrants further review. Here you can direct your investigative team to perform witness interviews, site inspection and collect photographs of the incident scene. If an investigation is requested an e-mail is sent to the investigation team.

### Open Claim

Finally if an incident is escalated to a claim you can mark it as such here and optionally alert your Workman's Compensation insurance carrier/TPA of the claim request.

Redacted Description: My [co-worker] and I were pulling up the patient and I felt in a few minutes my lower back began to hurt.

REQUIRES REVIEW The redacted version of the Incident Description will be shown in all reports. The original description submitted by will be maintained for the permanent record.

Incident Comments:

Comments posted here will be displayed on the Incident Report and will be visible to the employee and all authorized users. You will be able to return here and add/edit these comments at any time.

☐ Recommendation: Give attention to task at hand, especially when using equipment.

☐ Clear Default Comment/Instruction

☒ Add/Edit Additional Default Comments

Injury Prevention Comments:

Employee was alone with patient and reacted accordingly. Better patient assessment post exam or standard to assist patients would avoid accidents and provide increased concern and care of patient well being.

Comments/Instructions posted here will be displayed on the Injury Prevention Form and will only be visible to authorized Injury Prevention users. You will be able to return here and add/edit these comments at any time.

Prevention Tasks: ☒ Yes ☐ No

Recommend Prevention Tasks to be assigned by the Director to prevent similar incidents in the future.

Prevention Task Comments:

Survey department for potential use of patient handling equipment; as stand by.

Comments/Instructions posted here will be displayed on the Director Form and will only be visible to the Director. Instructions should be proactive suggestions of action items the Director can assign to prevent similar incidents from occurring in the future. You will be able to return here and add/edit these comments at any time.

Req Investigation: ☐ Yes ☒ No

Request the Investigation team to perform an incident investigation, and/or witness interviews.

Open Claim: ☒ No Claim ☐ Open Claim ☐ Close Claim

Select Open to mark this as a Workers' compensation claim and complete the claim questionnaire.

Complete: ☐ Mark Injury Prevention Report as Completed

Check this box to mark this report section as completed. This will discontinue reminders to complete this task.

Submit

Once this form is complete if you have not requested any Prevention Tasks or requested an Investigation, the incident will be marked as closed. Typically this happens with near-miss incidents or minor injuries.

## Step 4 - Director Report

This optional report is designed to give the Injury Prevention manager the ability to get buy-in on injury prevention from the entire organization. Whether this is a department manager, a director or even a VP, the IP Manager asks the leadership member to assign a Prevention Task (or tasks) which are designed to prevent similar occurrences from happening in the future. Since the leadership has assigned the task the organizational chain of command and responsibility is maintained.

1. The Injury Prevention Manager suggests a task to be assigned.
2. The leadership member assigns a task to an employee and the employee is notified by e-mail.
3. Once the task is complete the Assignee uses the link in the e-mail to report the task is complete.

## Injury Prevention Action Item/Task Form

This form is completed by the leadership member. They select to whom they would like to assign the task and it sends an e-mail to the Assignee with a coded login link.

## Director Report

EROI #00702 - Howard, Debra

09/30/2015 - microwave in lunch room burning i ran to open sliding door which are heavy and hard to open i pull with my left arm. blub on left enter bicep and dull pain.  
**Note: Employee elected to seek medical attention.**

Type of Incident

B3 - Material Handling - Pushing /Pulling



When all the action items listed below are completed this report will be automatically marked as closed. You can use the e-mail icon on each task to remind the assignee to complete the task.

### Director Report

Director's Name: Thomas Moore

[Reassign](#)

If the Director is not correct for the employee involved in the incident you can reassign this incident using the fields above.

Department: [0002] Clinic Billing Services

Title: [2262] Claims Specialist Verano Rd

Injury Prevention Comments: Check slider operation and if operating properly please discuss/show staff proper usage in next staff meeting.

### Action Items:

No.	Assigned To	Complete
1.	George Martinez	PENDING

Assignment: Check slider operation and if operating properly please discuss/show staff proper usage in next staff meeting.

[Assign New Action Item](#)

Future Incident Prevention Action Items - Please assign Action Items that will be taken to prevent a similar occurrences in the future.

Submit

## Action Item Assignment

EROI #00660 - Perez, Helen

06/29/2016 - we were cleaning the discharge i was doing the bed and [my co-worker] said careful it's wet. i was walking towards the door and i slipped back wards and hit the back of my head and my right side shoulder and elbow.

Type of Incident

C5 - Slip, Fall - Wet Surface



OSHA recommends us to record the actions that you have taken to prevent similar incidents from happening to your staff in the future. Please use this form to assign and record one or more action items that are designed prevent similar occurrences.

### Action Item Assignment

Task Assignee:

hel  
Hernandez, Jeffrey  
Henderson, Lauren  
Henderson, Bryan

Task Assignee E-mail:

Begin typing their Last name and a drop down list will appear. Select (click) their name from the drop down list to populate their e-mail address.

Task Description:

Verify all floors have safety tents in the supply closet and distribute the slip prevention flyer to each charge nurse for posting on the floor announcement board.

Explain the Action Item that you would like the Assignee above to complete. This should be designed to help prevent a similar occurrences in the future.

Send E-mail:

☒ Send a Action Item Assignment Notification  
Check this to send an e-mail to the assignee with details of the Action Item you would like completed.

Submit



When the task is complete the Assignee can login from the e-mail and make notes and mark the task as complete.

The system is built to auto-remind the Director and the Assignee of the Task Assignment until the task(s) are marked as complete. Once each task is complete the Directors report is automatically marked as closed.

### Action Item Assignment

EROI #00702 - Howard, Debra

09/30/2015 - microwave in lunch room burning i ran to open sliding door which are heavy and hard to open i pull with my left arm. blub on left enter bicep and dull pain.  
**Note: Employee elected to seek medical attention.**

#### Type of Incident

B3 - Material Handling - Pushing /Pulling



OSHA recommends us to record the actions that we have taken to prevent similar incidents from happening in the future. Please use this form to record the completion of the action item assigned to you.

#### Action Item Assignment

Task Assignee: George Martinez

Task Description: Check slider operation and if operating properly please discuss/show staff proper usage in next staff meeting.

Task Comments:

Explain the Action Item you have completed and how it will help prevent a similar occurrences in the future.

Submit

## Step 5 - Investigation Report

The Investigation Report prompts the investigator to collect the Who, What, Where, When, Why of the accident. This form can be completed on a tablet or on paper and transcribed into the system.

Each of the questions can be customized to fit your facility's needs.

### Incident Investigation Report

EROI #00482 - Evans, Alexander

04/17/2016 - door closed before walking in slammed against right knee **Note: Employee elected to seek medical attention.**

Type of Incident

LS - Struck by - NOC



Please complete the Investigation Questionnaire and complete the Witness Interviews and upload any photos of the incident location. Once these are complete, you will be able to mark this section as completed.

#### Incident Investigation Report

Injury Prevention Comments: Please determine if at the time of the incident the employee was injured.

Qu 1. **Who** was involved?

Only the victim was involved but there was a witness Larry Baker who was standing nearby.

In addition to the victim, identify any witnesses. Determine the role of each person as relates to the event and the incident.

Qu 2. **What** happened, step-by-step.

And as the door was swinging, he then picked up the box. After the door opened all the way it then began closing. Mr. Evans reports he was not fast enough to pickup the box and get out of the way of the swinging door.

Carefully interview each witness, separately so as to not unduly influence ones response.

Qu 3. **When** did the incident happen?

This incident occurred in evening, with normal lighting conditions.

What was the exact time-of day? If outside identify the weather conditions, if inside lighting, etc.

Qu 4. **Where** did the incident occur? Provide exact details as to location.

This occurred on the loading dock at the back entrance of hospital.

Were there any hazardous conditions present? Were there elements of the environment that might have contributed to the accident or delayed emergency response?

Qu 5. **Why** did this incident happen? Identify the causal elements that connect to the incident.

The door has a closer. I tested the closer and noticed its swing was slightly faster than normal. I made a note and requested Facilities to adjust the door closer. I noted the door has no hold-open function as it is supposed to be kept closed and locked.

Was there a lack of safety training? Where individuals acting in a manner that was beyond their level of training or experience? Were they wearing prescribed safety apparel? Were there other factors/persons that might have contributed to the incident?

Qu 6. **How** might this incident have been prevented?

Employee should have properly secured the door before attempting to carry the load through the passage.

Were all involved parties following policies and procedures? How was the emergency response initiated? Did it operate quickly and smoothly, according to Plan?



If witnesses are named, the Investigator can send the witnesses e-mails where they can click the login link in the e-mail and complete the interview online OR the interview can be conducted and recorded by the investigator.

**Witness Questionnaire:**  
Status: **PENDING (1)**

Larry Baker [Complete the Interview](#)  
[Send Witness Interview E-mail](#)

**Incident Photos:**  
Status: No Images Uploaded  
A total of 0 of a maximum of 12 invPhotos have been uploaded. [Upload additional Incident Photo](#)

**Comments:**

There is a large overhead next to this man-door which would normally be opened to load boxes. A hold open closer could be installed with a door alarm to allow safe loading but also alert staff if the door is left propped open.  
Please provide any additional details found during the incident investigation.

Submit


Note this screen shows the witness interview completed... (see the next section for the witness interview).

If there are incident scene photos the investigator can upload them here.

Once the Witness Interviews are complete the Investigation report can be closed.

**Witness Questionnaire:**  
Status: **COMPLETE** [More](#)

**Incident Photos:**  

  
[Delete](#)

  
A total of 1 of a maximum of 12 invPhotos have been uploaded. [Upload additional Incident Photo](#)

**Comments:**

There is a large overhead next to this man-door which would normally be opened to load boxes. A hold open closer could be installed with a door alarm to allow safe loading but also alert staff if the door is left propped open.  
Please provide any additional details found during the incident investigation.

**Complete:** ☐ Mark Investigation Report as Completed  
Check this box to mark this report section as completed. This will discontinue reminders to complete this task.

Submit



## Witness Interview Form

The witness report can be completed by the investigator or self-completed by the witness. (The investigator can trigger an e-mail to be sent to the witness with a coded login link that will bring them to the Interview form.

Each of the questions can be customized to fit your facility's needs.

## Witness Interview

EROI #00482 - Evans, Alexander

04/17/2016 - door closed before walking in slammed against right knee **Note: Employee elected to seek medical attention.**

### Type of Incident

L5 - Struck by - NOC



Please answer each of the following questions to assist us in identifying the events that lead to this incident. Fields with the red asterisk (\*) are required.

### Witness Interview

Injury Prevention Comments: Please determine if at the time of the incident the employee was injured.

Name: **Larry Baker**

E-mail: [lbaker@demomemorial.org](mailto:lbaker@demomemorial.org)

Qu 1. When did you see the incident happen?

I did not see the incident but it was around 8 p.m.

Qu 2. What attracted your attention to the incident?

I was standing at the water fountain and I heard Alex yell ouch.

Qu 3. Was there a vehicle or equipment involved? If yes, when you first saw the incident, where was the equipment? Where was the individual involved in the accident?

There was door... Alex was bring a box inside.

Qu 4. Was there a vehicle or equipment involved? If yes, what was the direction of travel of the equipment involved in the accident? Where was the final resting place of the equipment?

The door was closed.

Qu 5. Were any other witnesses around? Do you know the names of other witnesses?

No other witnesses.

Qu 6. Do you wear glasses or other corrective lenses? Do you wear a hearing aid? What type? Were you wearing your glasses or hearing aid?

I wear glasses and had them on. No hearing aids.

Qu 7. Was proper personal protective equipment in use in connection with the task being performed? Exactly what personal protective wear was being used? Did the victim's underlying clothing in any way contribute to the incident/accident or fail to protect them from injury?

N/A

Qu 8. Are there Standard Operating Procedures (SOP's) that are published for the work being performed? Were being followed for all persons involved?

Not that I aware of.

Qu 9. Were persons performing the task(s) properly trained and properly supervised?

I dont know.

Qu 10. Please explain the incident as you saw it. \*

Alex was holding a box and put it down. He was holding his butt and complained the door hit him in the rear as he was coming through the door.

Submit

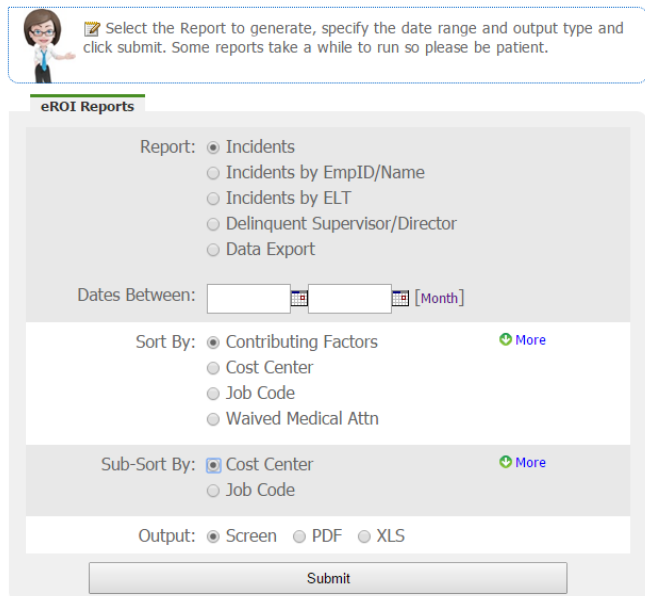


## Incident Reporting

Reports can be generated for date ranges in a variety of output formats sorted by Contributing Factors, Cost Centers, Job Code or by Leadership person.

These reports will allow you to analyze your incidents with your Injury Prevention team and to supply team Leaders with information about what incidents are happening in their area.

## eROI Reports



## eROI Report List

Incidents Sorted By All Contributing Factors Sub-Sorted By All Cost Centers


No.	Director	Supervisor	Nature	CC	JC	WaiveMd	Claim
#00738	Donald Harris	Donald Harris	N/A	7420 -	2508 -	no	
	09/20/16 - leaning back in my chair i lost balance and fell backwards hitting my head on the floor. my co-worker came over to help me up when i started feeling dizzy and passed out in her arms. i came to a few seconds later with a headache.						
#00744	Christian Kelly	Betty Jackson	N/A	8671 - Auxiliary	9999 - Volunteer	no	
	09/22/16 - i fell going up the stairs and hit my knee on the stairs and hit my head on the railing.						
#00730	Joseph Wilson	Jason Young	A1 - Patient Handling - Moving to/from Bed Lateral	7640 - Radiation Therapy	2508 - Registered Nurse	no	
	10/26/15 - the incident happened last friday the 26th of october at 1540. a new patient coming in to our unit transferred from icu. the patient is in total bedrest until 3-4 hours as reported by the nurse on icu. i tried to transfered the patient to his bed from the gurney. i pulled the patient into his bed with the help of the transporter who stayed in the opposite side of the bed. i felt a little bit of pain in my back after i pulled the patient to his bed but i dont mined it because i thought it will disappear later and continue my work. after an hour the pain was increasing so i informed the charge nurse about the pain. they told me to file an incident report. i told them maybe the pain will be gone later. around past 8 in the evening the pain increases and when i walked i fell a pinched in my back every time i make a step and numbness in my left feet thus i informed the team leader and the rn supervisor on duty. i file an incident report and went to er.						
#00580	David Davis	Anthony White	A3 - Patient Handling- Repositioning while in Bed	0002 - Radiology-CT Scanner	0930 - CT Tech	no	1609
	07/01/15 - moving 145+ kg patient from gurney to ct table using slide board felt pull in right shoulder, and twinge in left knee.						
#00627	Joseph Wilson	Kevin Walker	A3 - Patient Handling- Repositioning while in Bed	6010 - Intensive Care Unit (ICU)	2508 - Registered Nurse	yes	
	05/07/16 - while turning the patient, patient resistance led me to feel sharp pain in my lower back.						
#00719	Joseph Wilson	Kenneth Robinson	A3 - Patient Handling- Repositioning while in Bed	6031 - Cardiac Surg Unit (CSU)	2517 - RN IV	no	
	03/07/16 - felt a pop on lower back after pulling pillows from behind patient						
#00484	Barbara Davis	Donald Harris	A3 - Patient Handling- Repositioning while in Bed	6172 - Medical/Surgical (4 East)	2502 - Nursing Assistant	no	
	05/12/16 - my [co-worker] and i were pulling up the patient and i felt in a few minutes my lower back begun to hurt.						
#00602	Barbara Davis	Kenneth Robinson	A3 - Patient Handling- Repositioning while in Bed	6444 - IP Acute Rehab	2507 - LVN	no	
	11/25/15 - straightening patient in bed and twisted back						
#00560	Robert Williams	Charles Taylor	A3 - Patient Handling- Repositioning while in Bed	6444 - IP Acute Rehab	2507 - LVN	no	
	05/29/16 - i was sliding patient up in bed with the cna with the draw sheet. i felt sore afterwards, and the next day was hurting more.						



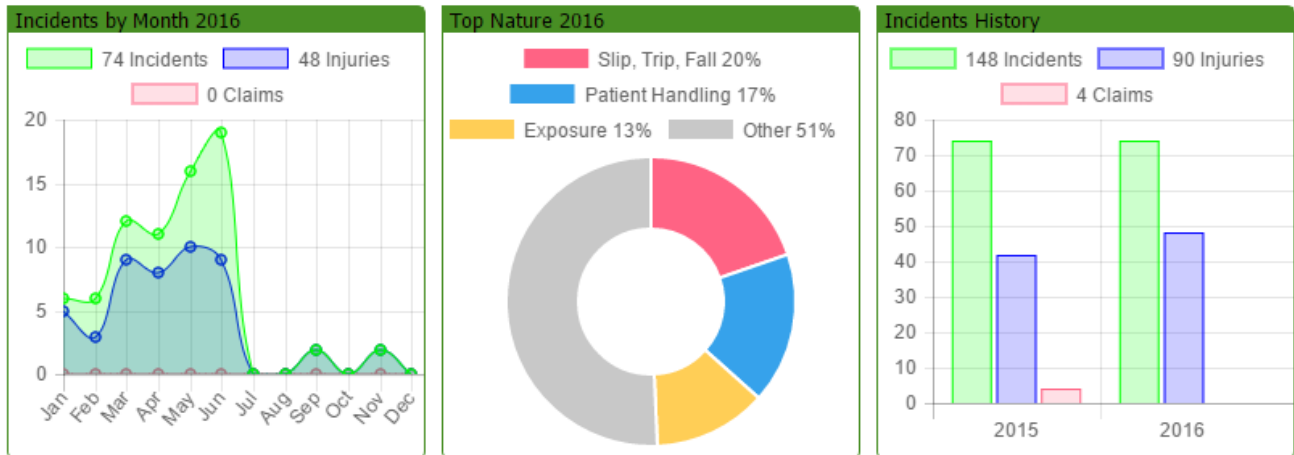
## Dashboard

The dashboard gives you an overview of your monthly and annual statistics and provides an overview of the outstanding to-do's in the system. This dashboard is accessible to you Executive Leadership users.

## eROI Dashboard



This is a quick view of your monthly and annual statistics and an overview of the action items and to-do's in the system.



### Outstanding Action Items

60	14	38	8	0	0
Injury Prevention Reports Pending	Supervisor Reports Pending	Director Reports Pending	Investigation Pending	Witness Reports Pending	Assigned Tasks Pending

Top Frequent Flyers			Top Delinquent Supervisors		Top Delinquent Directors	
1. Mitchell, Brandon	900043	5	1. Harris, Donald	10	1. Davis, David	17
2. Cooper, Kyle	900064	4	2. White, Lori	1	2. Moore, Thomas	17
3. Brown, Linda	900107	4	3. Jackson, Betty	1	3. Wilson, Joseph	16
4. Foster, Harry	900095	3	4. Clark, Andrew	1	4. Williams, Robert	15
5. Smith, Mary	900103	3	5. Jackson, Matthew	1	5. Davis, Barbara	15
6. Evans, Rebecca	900131	3			6. Brown, William	13
7. Reed, Angela	900138	3			7. Miller, Richard	12
8. Rivera, Nicole	900144	3			8. Smith, James	11
9. Price, Evelyn	900159	3			9. Jones, Michael	11
10. Long, Alice	900169	3			10. Johnson, John	9

### Quick Search

Incident No:

Last Name:

### My Notes

Click this area to add notes or to create a to do list. This will be saved so next time you return here you will see your notes/reminder.

## Support Suite

The support suite can be used by your help desk team to assist users who are having trouble logging-in to the system.

## Demo Memorial Hospital eROI Support



The utilities below will allow you to manage your eROI system users and manage your eROI support requests.

### User Manager



#### User Manager

Manage your Users and their eROI accounts.

### Support Requests



#### Support Requests

Manage your User eROI support requests.

### View User Auth Log



#### View User Auth Log

View the User authentication log files.

### View E-mail Log



#### View E-mail Log

View the system e-mail sent to Users log files.

### FAQ Manager



#### FAQ Manager

Add/Edit custom FAQ questions on your help page.

## Login - Lockout Security

If your eROI system is accessible from outside your network, you can set your failed login attempt which will lockout the account for 24 hours. Users can recover their username or password before they are locked out. If locked-out, the user can complete the contact form which is e-mailed to your help desk team. Your tech could click the coded link in the e-mail to access your user manager.

### Electronic Report of Incident (eROI)



**Whoops! Login Failed - Incorrect Password. You've had 1 failed login attempts, after 3 attempts your account will be locked out for 24 hours.** Your IP address 76.169.254.54 has been recorded in our security logs. [Click here to Reset your Password.](#) If you are having login issues or questions you may [click here to contact the Injury Prevention team](#) at Demo Memorial Hospital or call 949-555-1212 or e-mail us at [scs@demomemorial.org](mailto:scs@demomemorial.org).

#### Login

Account: Demo Memorial Hospital

Username:

Your eROI username is typically your e-mail address.

Password:

E-mail Login: ☐ Authenticate My Login via E-mail  
If you don't know your password, Checking this box will send an e-mail with your login credentials to allow you to access the system.

Login

First Login? [Click Here to Setup a New Account](#)

### Electronic Report of Incident (eROI)



**Whoops! Your account has been locked out as a result of too many failed login attempts. You may login again after 11/04/2016 at 10:52 AM (23 hours, 59 minutes to go)** If you are having login issues or questions you may [click here to contact the Injury Prevention team](#) at Demo Memorial Hospital or call 949-555-1212 or e-mail us at [scs@demomemorial.org](mailto:scs@demomemorial.org).

#### Login

Account: Demo Memorial Hospital

Username:

Your eROI username is typically your e-mail address.

Password:

E-mail Login: ☐ Authenticate My Login via E-mail  
If you don't know your password, Checking this box will send an e-mail with your login credentials to allow you to access the system.

Login

First Login? [Click Here to Setup a New Account](#)

## User Manager

### Demo Memorial Hospital User Manager



These users have been added to your eROI system. You can edit their information and permissions here.

View By: [Alpha](#) · [Auth](#)

[1-50](#) · [51-100](#) · [101-150](#) · [151-200](#) · [201-207](#)

ALL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Name														empID	userAuth	Login/Status		ip								
1.		Adams, Jonathan													900038	Auth	09/28/16		24.30.135.231							
2.		Alexander, Vincent													900098	Support	10/24/16		76.169.254.54							
3.		Alexander, Hannah													900179	Auth	09/17/16		24.30.135.231							
4.		Allen, Timothy													900029	Analysis, Support	10/26/16		24.30.135.231							
5.		Anderson, Karen													900113	Auth	09/17/16		24.30.135.231							
6.		Anderson, Madison													900194	Auth	09/18/16		24.30.135.231							
7.		Anderson, Christopher													900013	Auth	09/19/16		24.30.135.231							
8.		Bailey, Katherine													900143	Auth	09/20/16		24.30.135.231							
9.		Bailey, Nathan													900062	Auth	09/24/16		24.30.135.231							
10.		Baker, Larry													900039	Auth	10/04/16		24.30.135.231							
11.		Barnes, Kelly													900162	Auth	09/30/16		76.169.254.54							
12.		Barnes, Billy													900001	Auth	09/30/16		76.169.254.54							
13.		Bell, Zachary													900060	Auth										

The lockout can be quickly resolved by your support team and an e-mail would be sent to with their user login information.

### Demo Memorial Hospital User Manager



You can edit this users information and permissions here. Fields with the red asterisk (\*) are required.

**Demo Memorial Hospital User Manager**

First Name:  \*

Last Name:  \*

E-mail:  \*

If this is an Admin, Super User, Analysis, WorkersComp, EmpHealth, Investigation, Leadership, Director, Supervisor, Support user enter a [demomemorial.org](#) e-mail address. If this is an Auth|Staff user you may use a personal e-mail address.

PIN: **1234**  
If this user calls for support and requests an e-mail change they should provide this PIN to verify their identity.

Employee ID:  \*  
Enter the Demo Memorial Hospital employee ID.

Phone:   
Enter the work phone number/extension or best contact number.

Department:  Select the Cost Center and Name of your current department.

Title:  Select the Job Code and Title of your current occupation.  
[Enter the Dept/Title Manually](#)

Reports To Name:

Reports To E-mail:

Enter the **Last, FirstName** of the person (Supervisor, Director or Leadership) to whom this user reports. Begin typing their **Last** name and a drop down list will appear. Select (click) their name from the drop down list to populate their information.

Incidents: Count: **0**  
This is the number of incidents in which this User has been involved.

Username:  \*

Login E-mail: ☒ Send a Login E-mail  
An e-mail will be sent that will allow them to auto-login.

Password Reset: ☐ Force a Password Reset  
They will be required to change their password at login.

CC E-mail: ☐ Send a Password CC E-mail  
Also send the login e-mail to [scs@demomemorial.org](#). TIP: If the user's e-mails are getting blocked by a spam filter, have the user send you an e-mail, then forward this e-mail back to the user.

UnLock Account: ☐ Unlock this Account  
This account is locked out until 11/04/2016 at 10:52 AM (23 hours, 51 minutes to go)

Status: ☒ On ☐ Off  
Choosing 'Off' will disable this User but their information will be stored for reporting purposes.

Delete: ☐ Delete this User (Cannot be undone.)  
Because this User has been involved in 0 incidents, they may be safely deleted from the database. This will completely delete this User.


[Go Back to the Demo Memorial Hospital User Manager](#)



## Support Requests

All support requests can be viewed and quickly resolved electronically by your support team.

### Demo Memorial Hospital eROI Support Requests




 The list below shows your eROI support requests. Open requests require a response. Completed requests can be seen in the closed tab.

Open		Closed		
	Date	Name	Last Login	Request
1.	 10/26/2016 22:01	Adams, Jonathan	09/28/16 08:14 AM	I cant remember my password. Can you help?
2.	 10/26/2016 09:59	Flintstone, Fred		I would like to request a new eROI account.


### Demo Memorial Hospital eROI Support Request



 Use this form to respond to this support request. If this request is from a registered user, you may also use the checkboxes to e-mail login credentials.

#### Demo Memorial Hospital eROI Support Request

Username: **fflintstone@demomemorial.org**

 [Edit this Account](#)

Name: Flintstone, Fred

empID: eroi800005

E-mail: fflintstone@demomemorial.org

Phone: 9495551212

Question: I would like to request a new eROI account.

Answer:

Please enter your response.

Password: **B8CgTOIu**

☐ Send Temp Password E-mail

This user has never logged-in. An e-mail will be sent that will allow them to login and set their password.

CC E-mail: ☐ Send a Password CC E-mail

Also send the login e-mail to **scs@demomemorial.org**. TIP: If the user is not getting the e-mails, check this box and have the user send you an e-mail. Then you can forward the CC e-mail back to the user.

Delete: ☐ Delete this Request (Cannot be undone.)  
This will completely delete this record.

Submit

[Back to the eROI Support](#)

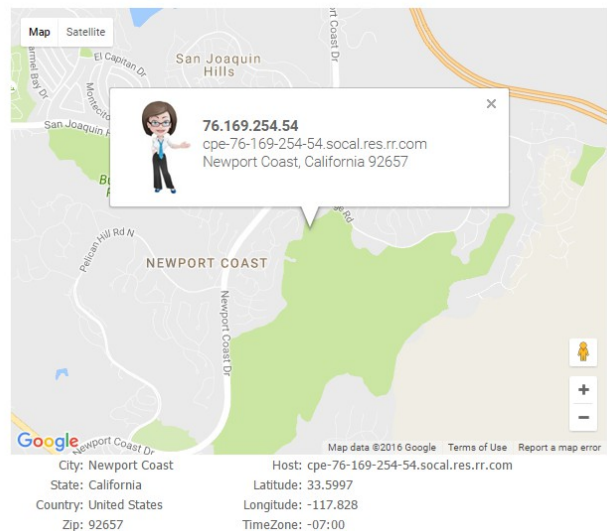
## Auth and E-Mail Logs

To monitor system activity you can also review your Authentication (access) and E-mail logs.

### Demo Memorial Hospital

1-50 · 51-100

Auth	E-mail					
	Date	Name	E-mail	Action	IP	Msg
1.	11/03/2016 10:52	Barnes, Kelly	kbarnes@demomemorial.org	Login Failure Bad Password...	76.169.254.54	<a href="#">View</a>
2.	11/03/2016 10:52	Barnes, Kelly	kbarnes@demomemorial.org	Login Failure Bad Password...	76.169.254.54	<a href="#">View</a>
3.	11/03/2016 10:51	Barnes, Kelly	kbarnes@demomemorial.org	Login Failure Bad Password...	76.169.254.54	<a href="#">View</a>
4.	11/03/2016 05:42	Bennett, Joan	jbennett@demomemorial.org	Login Success via Username/Password	24.30.135.231	<a href="#">View</a>
5.	11/03/2016 05:42	Bennett, Joan	jbennett@demomemorial.org	Login Success		<a href="#">View</a>
6.	11/02/2016 05:13	Sharpe, Stephen	scs@demomemorial.org	Login Success via Username/Password	24.30.135.231	
7.	11/01/2016 17:21	Sharpe, Stephen	scs@demomemorial.org	Login Success via Username/Password	24.30.135.231	
8.	11/01/2016 10:55	Guest	unknown	Login Failed via invalid Incident...	24.30.135.231	<a href="#">View</a>
9.	11/01/2016 10:55	Guest	unknown	Login Failed via invalid Incident...	24.30.135.231	<a href="#">View</a>





## FAQ Manager

### Demo Memorial Hospital eROI FAQ Manager



Below is a list of Frequently Asked Questions about the eROI system.

Question	Answer
1.  <b>What is the eROI system?</b>	The eROI system stands for electronic Report of Incident. This system is designed to assist us in collecting data about all employee related incidents including Near Misses (an incident happened but no injury occurred), Injuries (an incident resulted in an injury requiring medical attention) and Claims (an incident resulted in a Workman's Compensation claim). This data helps our Injury Prevention team identify improvement opportunities and helps us make our facility a safer environment for our staff and volunteers.
2.  <b>This is my first time, how do I complete an incident report?</b>	Click the "Setup a New Account" link at the bottom of the login form to setup an account. You will be sent an e-mail with login credentials. Once you login you can use the "Enter New eROI [+]" tab on the left menu to complete your incident report.

[Add a New FAQ Question](#)

[View Inactive FAQ Questions](#)

[Back to the eROI Support](#)

### eROI FAQ



Below is a list of Frequently Asked Questions about the eROI system. If you have further questions please feel free to contact our support team.

Questions	
1.  <b>What is the eROI system?</b>	<a href="#">More</a>
2.  <b>This is my first time, how do I complete an incident report?</b>	<a href="#">More</a>

[Contact Demo Memorial Hospital eROI Support](#)