Public School Works Accident Reporting Process

If you are **NOT** the injured employee

*Note: If you are the injured employee, see separate procedure documentation.

- 1. Open Google Chrome. Internet Explorer will not display the form correctly.
- 2. Go to the district website: littletonpublicschools.net
- 3. Click on the For Staff icon
- 4. In the Important Links section, click on Public School Works



5. Click on the Staff Accident Management icon



6. Click on Submit Accident Report



- 7. Employee Selection page has two options:
 - ✓ Click here if you are **NOT** the injured employee (if you are the injured employee, see other set of instructions)

Meet Now 🕻 Staff	Hepline	EZmaint	ITassist	Admin	Login
VORKS Littleton Public Schools			ee Safe	Student i	Natch
🌐 Portal - 📩 Accident Manage	ement				
Steps	Employee Selection				
O Injured Employee	<u>Click here</u> if you are the injured employee:				
O Date,Supervisor,Loc'	Click here if you know your login credentials				
O Injury	Click here if you do not know your login credentials				
O Blood Exposure	Click here if you are NOT the injured employee:				
O First Aid					
O Witness,Signoff					
O Preview, Submit					
Additional					
Instructions					
Confidentiality					
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- 8. A box appears that allows you to enter the employee's last name (If you can't find the employee in the list, skip this part)
 - ✓ Enter any part of the employee's name
 - i. Click on the name when it appears in the box
 - ii. Click on Next
 - iii. Complete the Accident Report

Meet Now 🕻 Staf	f Helpline	EZmaint ITassist Admin Login
VVORKS	Littleton Public Schools	Employee Safe Student Watch
🌐 Portal - <u>⊀</u> Accident Mana	gement	
Steps	Injured Employee	
Injured Employee	1. Employer:	Littleton Public Schools
O Date, Supervisor, Loc'	2. First name:	-
O Injury	3. Last name:	
 Blood Exposure 	 Permanent home street address: (include apartment number) 	
○ First Aid	5. City:	
O Witness, Signoff	6. State:	τ.
O Preview, Submit	7. Zip Code :	
Additional	8. Date of birth:	(mm/dd/yy)
Confidentiality	9. Social Security No.:	
	10. Sex:	•
	11. Primary phone no.:	(e.g., cell, home, etc.)

OR

If you can't find the employee's name, click on Click here if you cannot find the employee's name in the list

WORKS	Littleton Public Schools	Employee Safe	Student Watch
🏢 Portal - 📩 Accident Mana	agement		
Steps	Employee Selection		
O Injured Employee	Click here if you are the injured employee:		
O Date, Supervisor, Loc'	Click here if you know your login credentials		
O Injury	Click here if you do not know your login credentials		
O Blood Exposure	Select your name from the employee list.		
O First Aid	Enter any part of employee's name:		
O Witness,Signoff			
O Preview, Submit	Abalos, Wendy		
Additional	Abel, James Abell, Emily		
Instructions	Abernethy, Nichole		
Confidentiality	Abie, Kathleen		
	Abrams, Samantha		
	Ackerman, Kendra		
	Adams, David 👻		
	Next>		
	Click here if you cannot find the employee in the list.		
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✓ Complete the Accident Report. Your progress is shown on the left-hand side

Meet Now 🕻 Sta	iff Helpline	EZmaint ITassis Admin Login
VORKS	Littleton Public Schools	Employee Safe Student Watch
🏢 Portal - <u>K</u> Accident Mani	agement	
Steps	Injured Employee	
Injured Employee	1. Employer:	Littleton Public Schools
O Date, Supervisor, Loc'	2. First name:	MI:
O Injury	3. Last name:	
 Blood Exposure 	 Permanent home street address: (include apartment number) 	
○ First Aid	5. City:	
○ Witness, Signoff	6. State:	۲
O Preview, Submit	7. Zip Code :	
Additional	8. Date of birth:	(mm/dd/yy)
Confidentiality	9. Social Security No.:	
	10. Sex:	τ
	11. Primary phone no.:	(e.g., cell, home, etc.)
	12. Secondary phone no.:	(e.g., work, etc.)
	13. Job / Trade:	T
	14. Primary work site / building:	V
	15. Immediate supervisor:	▼ (If not listed or unsure, leave blank)
		Previous Next