

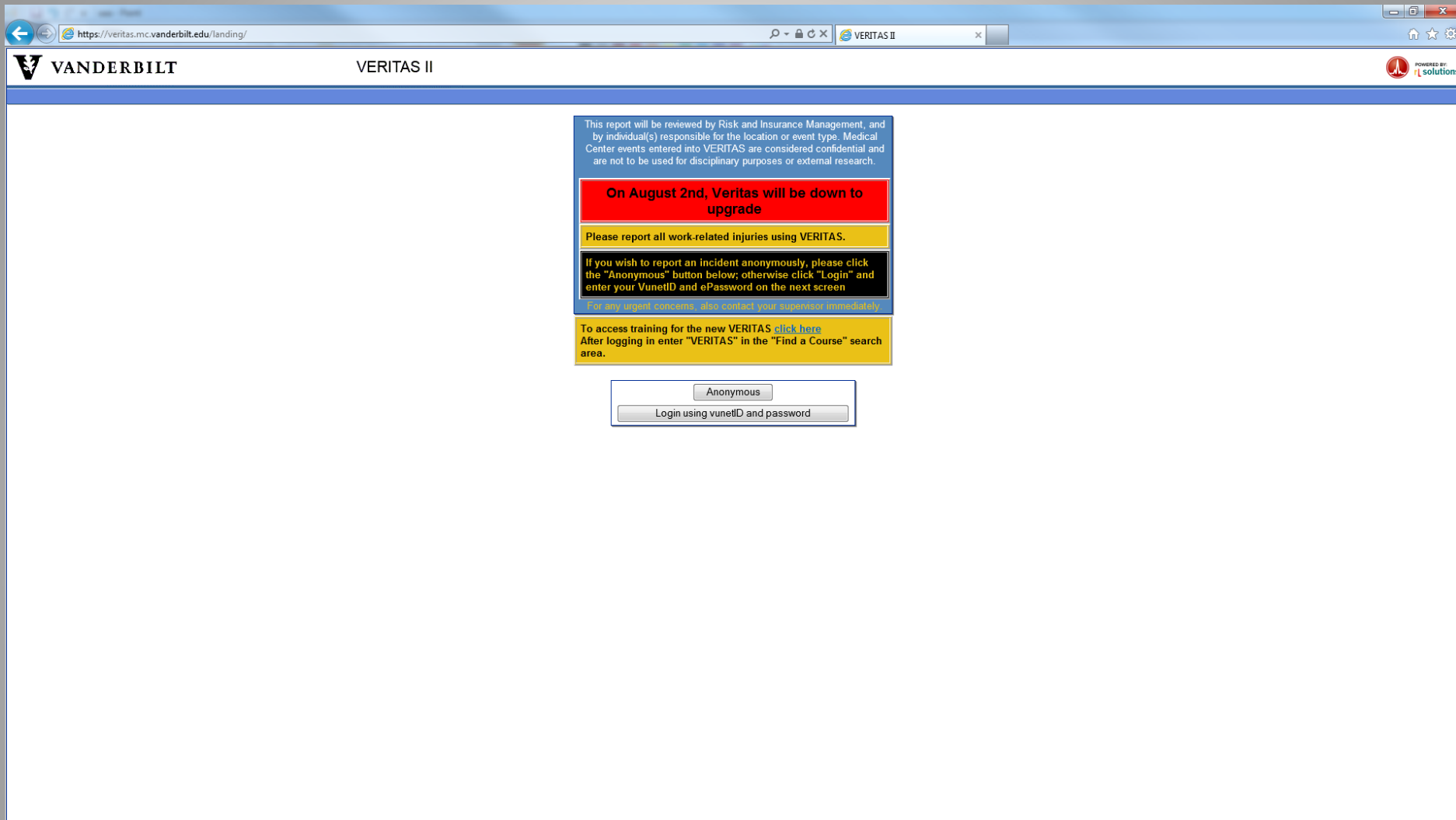
VERITAS Event Reporting System

Entering a VERITAS event

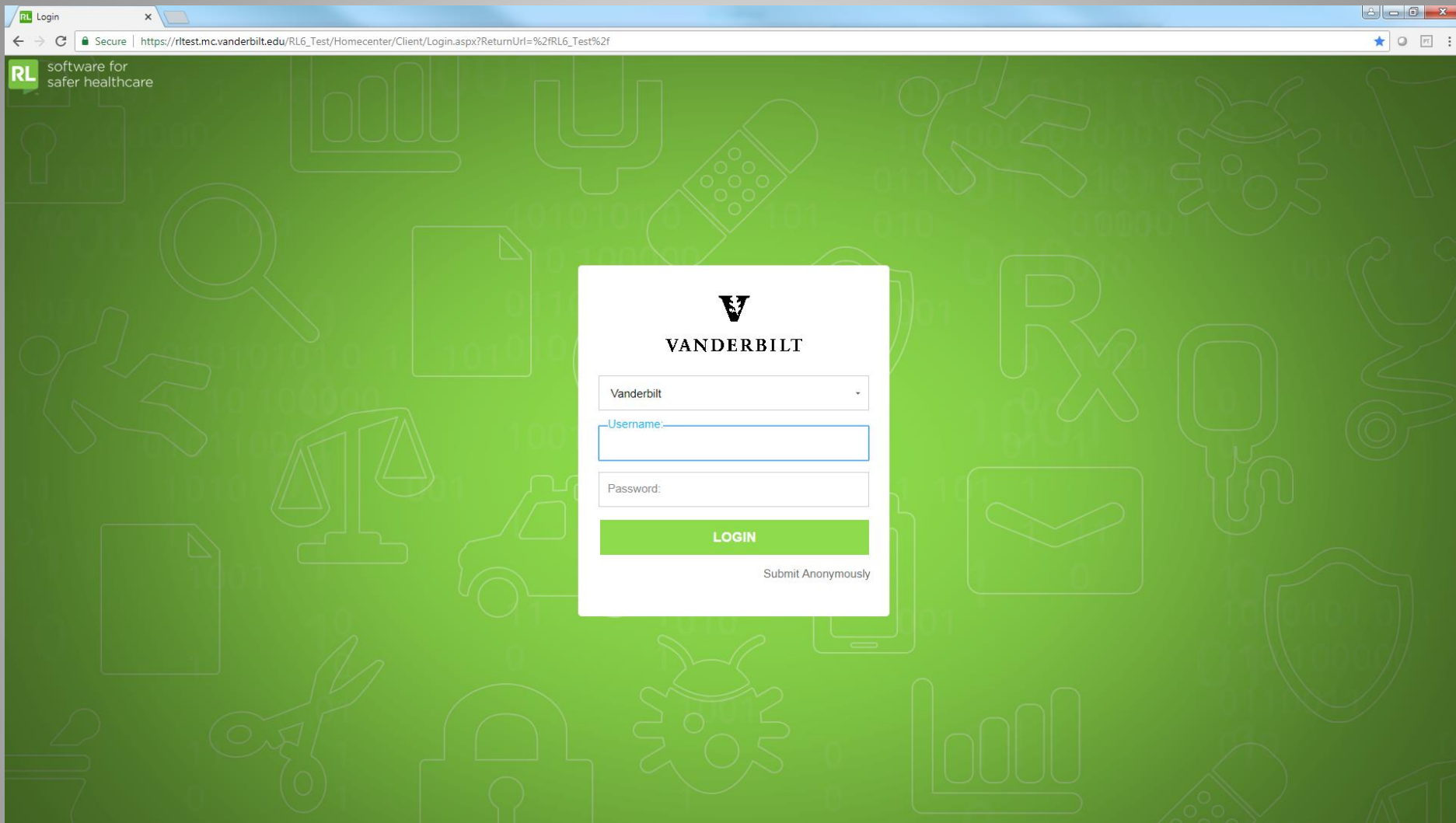
****You must now use Google Chrome instead
of Internet Explorer****

**This is the preferred web browser to use with
VERITAS.**

Veritas URL: <https://veritas.mc.vanderbilt.edu>



- To login to VERITAS you must click on “Login using your vumetID and password” icon
- If you are not on a Vanderbilt network, you will need to VPN through the Vanderbilt firewall.



- To login to VERITAS you must use your VUNETID and E-password
- Anonymous reporting is allowed

RL File Info Center - My Incomplete Files

software for safer healthcare

File Info Center
VIEW: MY INCOMPLETE FILES

Search

1 - 1 of 1 50 per page

PERSONAL VIEWS	<input type="checkbox"/>	Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
My Incomplete files	<input type="checkbox"/>	566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	

- To begin a new VERITAS entry click on the paper icon called “New File”



First Report of Work Injury



Complaint



Environment



Fall



Infection Control



Injury / Illness (Visitor/Student)



Nutrition / Dietary



Other



Property Damage



Safety / Security / Restraint



VUSM STUDENT ONLY
Incident



VUSN INCIDENTS



VEHICLE DAMAGE

- Click on the type of event you wish to enter



File State: Incomplete
Owner: Terry Prewitt

Entered Date: 07-26-2018

General Event Information

General Incident Type	* WORK-RELATED INJURY OR ILLNESS
Classification of Person Affected	* EMPLOYEE
Is This Event EStar Related	*
Is this a workplace violence event?	*

Person Affected

Last Name	*
First Name	*
Employee ID#	*
DOB	*
Zip Code of Home Residence	*
Valid Vanderbilt Email Address	*

- Begin by including specific event information
- Scroll down for additional information fields
- **Fields with an asterisk (*) are required**

General Submission Form

Table of Contents

General Event Information

Person Affected

Event Details

Specific Event Details

...

File Status

Elapsed time: 00:45

3 of 37 total fields completed.

2 of 26 mandatory fields completed.

General Event Information

General Incident Type * WORK-RELATED INJURY OR ILLNESS

Classification of Person Affected * EMPLOYEE

Is This Event EStar Related *

Is this a workplace violence event? *

Person Affected

Last Name *

First Name *

Employee ID# * 

DOB *

Zip Code of Home Residence *

Valid Vanderbilt Email Address *

Work Phone Number *

Attending Physician

- Enter in information about the person affected

General Submission Form

Table of Contents

General Event Information

Person Affected

Event Details

Specific Event Details

File Status

Elapsed time: 02:41

3 of 37 total fields completed.

2 of 26 mandatory fields completed.

Attending Physician

Event Details

Incident Date

Incident Time (military time)

Organization

Site Where Incident Occurred

Department Where Incident Occurred

Location

Closest Building Location

Location of Accident (ex. sidewalk on 21st Ave.)

Entered Date

Entered Time

- Enter the Event Details for when and where the event occurred
- **ALWAYS** select Vanderbilt University as the organization!! (You can then use the Site, Department, and Location boxes to select/narrow down where the event occurred—including VUMC or off campus.)

▲

Specific Event Details

Who was notified following the incident?

Not Specified
[Add/Modify](#)

Supervisor Name

*

What type of injury have you sustained?

*

Body Part Affected

*

Body Part Affected 2

Body Part Affected 3

Body Part Affected 4

Body Part Affected 5

What was the cause of the accident?

*

Where are you seeking medical attention?

*

Significant concern that requires an intensive review

Brief Factual Description

*

Be like Joe Friday and only state the facts of the event

- Enter the Specific Event Details for this event including the Brief Factual Description

General Submission Form: X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

Your session was renewed successfully. This message will go away in a few seconds.

RL software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***
- File Status**

Elapsed time: 21:23

19 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type ✱ from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity ✱ Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Not Specified		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Under “Who was Involved/Witnessed/Notified,” Click on Add to list each person involved
- Ignore if there are no other individuals involved

General Submission Form: X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

software for safer healthcare

Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 23:43

19 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type * from hsd

Who Was Involved/Witnessed This Event ?

Role in Event * Witness

Classification of Party

Party Involved Name Dafy Duck

Phone # () - -

Witness Relationship

Cancel OK

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

Add Modify Delete

Party Involved Name	Classification of Party	Department
Not Specified		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Enter the involved individual's role and information and click OK

RL General Submission Form

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General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***

File Status

Elapsed time: 24:41

20 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type ★ from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity ★ Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Daffy Duck		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Involved individual's information will be updated
- Click Add again to list additional individuals

RL General Submission Form X

Secure | https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?form=RSK_GENERAL_SUBMIT&icon=1000008&file=0

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Dashboards Bookmarks Logged in as RL Entry

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details
- ***
- File Status

Elapsed time: 24:41

20 of 28 total fields completed.

13 of 13 mandatory fields completed.

Specific Event Details

Specific Incident Type ★ from bed

Fall Was Alleged

Safety Precautions at Time of Incident Not Specified [Add/Modify](#)

Type of Restraint (if applicable)

Who was notified following the incident? Not Specified [Add/Modify](#)

Contributing Factors Not Specified [Add/Modify](#)

Reported Incident Severity ★ Severity Level 1-No Known Harm

Brief Factual Description

Be like Joe Friday and only state the facts of the event

Who Was Involved/Witnessed/Notified

Who Was Involved/Witnessed This Event

[Add](#) [Modify](#) [Delete](#)

Party Involved Name	Classification of Party	Department
Daffy Duck		

Last Saved: 07-23-2018 10:04

Delete Exit More Actions Submit

- Click on Submit when complete

RL File Info Center - My Incomplete Files

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File Info Center
VIEW: MY INCOMPLETE FILES

Search

1 - 1 of 1 50 per page

PERSONAL VIEWS	Incident ID	File Name	First Name	Last Name	Updated Date	File State	Risk Status
My Incomplete files	566455	COMPLAINT Event (566455)	SNOW	WHITE	07-23-2018 09:16:26	Incomplete	

Thank you for taking the time to communicate this issue, RL. Your submission helps us improve our organization's overall safety. For reference, your file number is **566456**.

OK

- A message confirming your VERITAS was submitted successfully should appear. You will also receive an email confirmation.