


This guide describes the process for reporting an incident using the Vector EHS Management Software.

1 Open the Incidents Module

1.1 Click on the **Incidents** tab



Home ▾

Incidents

Claims ▾

Inspections


Hazards

Observations ▾

Corrective Actions

Training ▾

More ▾



Incident Summary

19 out of 19 records

Export

Employees

Search

+ Add New

Incident Number	Facility	Date of Incident ▾	Incident Type	Location	Department	Contractor	Injury Involved	Vehicle Involved	Employee Name	Employee Injured	OSHA Recordable	OSHA Reportable	Report Status	
FY19-00235	Test Monthly Stats	11/11/2019	Environmental Inc	API LOCATION 3	Amita	50	13	Yes	No	andrew AAACD	Yes	No	No	Initial Form Only
FY19-00234	Dallas	11/06/2019	A	1MJH	1KL	API Department A		No	No	Jace Beaudoin	No	No	No	Open
FY19-00233	Dallas	11/06/2019	Environmental Inc	83415	1KL	%@#%&'./, <>? @~@!~-=-	Company%23	Yes	No	Jace Beaudoin	Yes	Yes (Redlined)	Yes	Complete
FY19-00232	Dallas	11/06/2019	Employee Injury	33502	API LOCATION Z	922 - Field Ops		No	No	Jace Beaudoin	No	No	No	Complete
FY19-00230	Dallas	11/06/2019	Employee Injury	1 Kaho Section One	1KL	101 New Department		Yes	Yes	Jace Beaudoin	Yes	Yes	Yes	Open
FY19-00231	Dallas	11/06/2019	Employee Injury	33502	1KL	%@#%&'./, <>? @~@!~-=-	Company%23	Yes	Yes	Jace Beaudoin	Yes	No	No	Open
FY19-00229	Cobb-GA	11/04/2019	Employee Injury	24703	API Location	373	lll	No	Yes	MAXIMINA ANDRES	No	No	No	Open
FY19-00228	Test & Fac	10/30/2019	Employee Injury	82101	API Location A	922 - Field Ops		Yes	Yes	Jace Beaudoin	Yes	Yes	Yes	Open
FY19-00227	Adams-OH	10/24/2019	Employee Injury	BECHTEL	API Location	Technology Development	Ernst Young	Yes	No	Gabe Tompkins	Yes	Yes	No	Open
FY19-00225	CJs Facility	10/23/2019	Employee Injury	1 Kaho Section	API LOCATION Amita	A Test, Department		Yes	Yes	CJ Lambert_m	Yes	No	No	Open
FY19-00226	CJs Facility	10/23/2019	Employee Injury					Yes	No	CJ Lambert_m	No	No	No	Initial Form Only
FY19-00223	CJs Facility	10/23/2019	Employee Injury					Yes	No		Yes	Yes	No	Initial Form Only

- 1.2 Click the green **Add New** button to the right-hand side to access a new Incident recording form

Home
Incidents
Claims
Inspections
Hazards
Observations
Industrial Hygiene
More

19 out of 19 records

Export

Employees

Search

+ Add New

Incident Number	Facility	Date of Incident	Incident Type	Section	Location	Department	Contractor	Injury Involved	Vehicle Involved	Employee Name	Employee Injured	OSHA Recordable	HA table
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2 Complete the Incident Form

3.1 Select the Involved Employee

Click on the Involved Employee Name field and start typing the first or last name to search for the involved employee. When you find the name, click on it to fill in the person's name, employee ID, and job title (as well as worker type and location information if applicable).

The screenshot shows the 'Initial Incident Form' in the Vector EHS Management system. The navigation bar at the top includes 'Home', 'Incidents', 'Claims', 'Inspections', 'Hazards', 'Industrial Hygiene', and 'More'. The 'Incidents' tab is selected. Below the navigation bar, there are buttons for 'Continue', 'Close', and 'Print'. The 'Basic Information' section is active, showing a list of fields for incident reporting. The 'Involved Employee Name' field is currently active, displaying a search for 'sh' and a dropdown list of employees. The dropdown list includes the following entries:

Involved Employee Name	Involved Employee ID *	Involved Employee Title	Section *	Location *	Department *	Division *	Facility *	Internal Report Number	Worker Type *	Was This Incident Work Related? *	Was an Aircraft Involved? *
Shamar Bruce -- emp00373											
Shania Burns -- emp00638											
Shamar Dickerson -- emp00173											
Shania Flowers -- emp00838											
Shamar Gentry -- emp00773											
Shania Hernandez -- emp00238											
Shamar Meyers -- emp00973											
Shamar Russell -- emp00573											
Maxim Shaffer -- emp00722											
Khalil Shah -- emp00748											

- 2.2 Complete the remaining fields on the form and click the **Continue** button.
Leave the **Incident Investigation Form** checkbox selected.

Basic Information

Involvement Employee Name

Shamar Bruce

Involvement Employee ID *

emp00373

Involvement Employee Title

Manager

Section *

Section Eight

Location *

Location Eight

Department *

Department2

Division *

Division D-2

Facility *

Facility F-072

Internal Report Number

Worker Type *

Part-Time Employee

Was This Incident Work Related? *

Yes

Select Additional Incident Forms

☒ Incident Investigation

☐ Employee Form

☐ Safety Form

☐ Security Form

☐ Environmental Form

GPS Location

Set Location

Contractor

Additional Features

Corrective Actions

Add Corrective Action

Attachments

Attach File

Continue

Close

Print

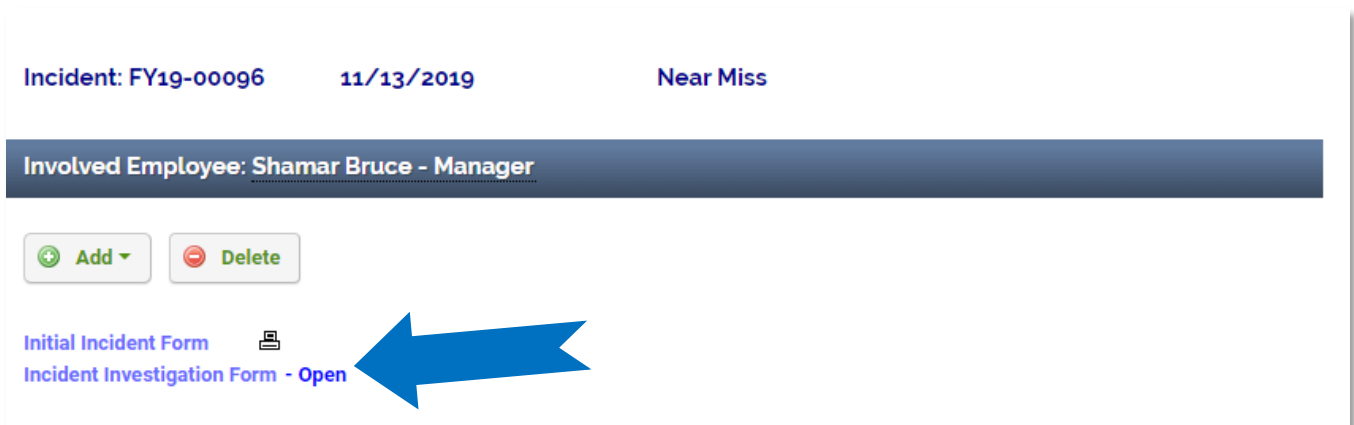
Note: If you answer Yes to the following questions, you will be asked follow-up questions on the subsequent Incident Investigation form:

- Was a Vehicle Involved?
- Was an employee or directly supervise contractor injured?
- Was a Non-Employee injured?
- Was Property Damage Involved?

After you click the **Continue** button, an automatic email alert will be sent to the appropriate IndustrySafe users with the information entered on this form.

3 Complete the Incident Investigation Form

3.1 Click on the **Incident Investigation** link on the Incident Information page.




The screenshot shows the Incident Information page for incident FY19-00096, dated 11/13/2019, categorized as a Near Miss. The involved employee is Shamar Bruce - Manager. Below this information, there are 'Add' and 'Delete' buttons. At the bottom, there are two links: 'Initial Incident Form' and 'Incident Investigation Form - Open'. A large blue arrow points to the 'Incident Investigation Form - Open' link.

Note: Once you have completed the New Incident Form, the data from this form will appear in read-only fields within the Basic Information section of the Incident Investigation form.

If you would like to make edits to these fields, please select the New Incident Form from the Choose Incident Form page shown above, make any necessary changes within this form, and click the **Save** button.

3.2 Complete the **Incident Details** section

Incident Details Top


Reported to: Name	<input type="text" value="Start typing name here"/>
Reported to: Employee ID *	<input type="text"/>
Reported to: Title	<input type="text"/>
Division *	<input type="text" value="Division D-2"/>
Facility *	<input type="text" value="Facility F-072"/>
Section	<input type="text" value="Section Eight"/>
Location	<input type="text" value="Location Eight"/>
Department	<input type="text" value="Department2"/>
Contractor	<input type="text"/>
Date Reported *	<input type="text" value="11/13/2019"/> 
Can Time Be Determined? * <small>OSHA 301</small>	<input type="text" value="Yes"/>
Shift	<input type="text"/>
Description of Location *	<input type="text"/>
Description of Incident *	<div>Shamar was driving and drove into a small pole. No one was hurt and the vehicle has a dent in the front drivers side.</div>

3.3 If a vehicle was involved, complete the **Vehicle Involved** section.

Vehicle Involved Top

Unit Number *	<input type="text" value="Start typing here"/>
Vehicle Type *	<input type="text"/>
Vehicle Make	<input type="text"/>
Vehicle Model	<input type="text"/>
Vehicle Year	<input type="text"/>
Vehicle Identification Number	<input type="text"/>
Vehicle Action	<input type="text"/>
Driver Employee ID *	<input type="text" value="emp00373"/>
Name of Driver	<input type="text" value="Shamar Bruce"/>
Violation Number *	<input type="text"/>
Violation Description	<input type="text"/>
Points for This Violation *	<input type="text"/>
Select a Violation *	<input type="text"/>


Other Vehicle Involved Top

 **Add Other Vehicle**

- 3.4 If there were any witnesses, click on the **Add Witness** button and depending on how many witnesses you have depends on how many times to click witnesses. Complete the section that appears for each witness.

Witness Information Top

Witness 1

 Remove Witness 1

Phone Number

Name

Gender


Date of Birth


Address

Email Address

Was Witness Interviewed?

Witness Statement*



 Add Witness

3.5 If the incident involved an employee injury, complete the **Employee Injury** section.

Employee Injury

Top

Date of injury or onset of illness *
OSHA 300
11/13/2019

Did injury occur on premises? *
OSHA 301

Was Medical Treatment Received? *
OSHA 301

Initial Treatment *
First Report of Injury

Classification of Injury/Illness *
OSHA 300
Injury

Area of Body Affected *

Body Part Affected *

Side of Body Affected *

Nature of Injury * ⓘ

Cause of Injury Category * ⓘ

Specific Cause of Injury * ⓘ

Source of Injury Category * ⓘ

Specific Source of Injury * ⓘ

Consequences of Injury/Illness *
OSHA 301
Selecting a value other than None of the Above or First Aid will flag this incident as OSHA Recordable. ⓘ

☐ Death
☐ Missed a day of work or next shift
☐ Restriction of work or transfer to another job
☐ Medical treatment beyond first aid
☐ Loss of consciousness
☐ Occupational illness
☐ First Aid
☒ None of the Above

Was injury or illnesses a needle stick or other sharp implement injury, hearing loss, or tuberculosis? *
OSHA 301
Selecting Yes will flag this incident as OSHA Recordable. ⓘ

Date Incident Flagged as OSHA Reportable ⓘ

Date Incident Flagged as OSHA Recordable

Is injury expected to be disabling? *

The system will automatically determine if an incident is OSHA recordable based on your selections for the Consequences of Injury/Illnesses. Check all consequences that apply to this incident. Selecting anything other than "None of the Above" or "First Aid" will flag the incident as OSHA Recordable

After you select a value for Area of Body Affected, the list of body parts in that area will be displayed. The same is true for the Primary and Detailed Cause of Injury fields.

3.6 If Yes is selected for "Was Medical Treatment Received?" in the **Employee Injury** section, the **Medical Treatment** section will be displayed.

Employee Injury

[Top](#)

Date of injury or onset of illness *

OSHA 300

11/13/2019



Did injury occur on premises? *

OSHA 301

Yes

Was Medical Treatment Received? *

OSHA 301

Yes

Medical Treatment

[Top](#)

Date of Treatment *

11/13/2019



Was treatment given away from the worksite? *

OSHA 301

Was employee treated in an emergency room? *

OSHA 301

Was employee hospitalized overnight as an in-patient? *

OSHA 301

Did the employee suffer an amputation, or lose an eye within 24 hours of the incident? *

OSHA 301

Name of Physician or Other Health Care Professional *

OSHA 301

Treatment Facility

Select a value to auto-fill the related fields. Leave blank if facility is not listed and enter details below.

Name of Treatment Facility *

OSHA 301

Street Address *

OSHA 301

City *

OSHA 301

State *

OSHA 301

Zip Code *

OSHA 301

Phone *

OSHA 301

3.7 If the incident involved an employee injury, complete the **Recordkeeping and Reporting** section.

Recordkeeping and Reporting Top



Where did the incident occur? * OSHA 300	<input type="text"/>
What was the employee doing just before incident occurred? * OSHA 301	<input type="text"/>
How did the injury occur? * OSHA 301	<input type="text"/>
What was the injury or illness? * OSHA 301	<input type="text"/>
What object or substance directly harmed the employee? * OSHA 301	<input type="text"/>
Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill * OSHA 300	<input type="text"/>
Is this a Privacy Case? * OSHA 300 ⓘ	<input type="text"/>
Should this injury be redlined on the OSHA 300 log? OSHA 300 ⓘ	<input type="text"/>

These fields are used to populate the OSHA 301 report and OSHA 300 log for OSHA recordable incidents.

Note that information entered previously on the form is used to pre-populate these fields for you. In addition, a value is entered in the field for "What object or substance directly harmed the employee?", the following field will be auto-populated.

Not all users have permission to complete the fields in this section, if that is the case the fields read-only and shaded in grey or the section will be hidden.

3.8 If the incident involved an employee injury complete the **Employee Work Behavior** section.

Employee Work Behavior  [Top](#) 



Time Employee Began Work * <small>OSHA 301</small>	<input type="text" value="hh:mm ampr"/>
Time Employee Ended Work	<input type="text" value="hh:mm ampr"/>
Was an allegedly defective tool or equipment involved? *	<input type="text"/>
Were safety rules and safe work practices being followed? *	<input type="text"/>
Did the employee's act or omission contribute to this alleged injury? *	<input type="text"/>
Number of Hours Worked per Day	<input type="text"/>
Were safe guards or safety equipment provided? * <small>First Report of Injury</small>	<input type="text"/>
Was personal protective equipment required for this job? *	<input type="text"/>

3.9 If the incident involved property damage, complete the **Property Damage** section.

Property Damage  [Top](#) 

Estimated Property Damage *	<input type="text" value="\$ 0"/>
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3.10 Identify any **Responders**

Responders  [Top](#) 

Did Fire / Emergency Medical Services respond to the incident?	<input type="text"/>
Did Police / Security respond to the incident?	<input type="text"/>

3.11 Complete the **Incident Analysis** Section.

Incident Analysis Top

Add Primary Cause

Root Cause

Was a drug or alcohol test performed?

Did the involved employee work the previous shift?

Additional Remarks

Report Status

Open

Retraining Required? *

Employee Training History (last two years)

(Online)-1761, (Online)-1681, Accident Investigation (Online)-1102, Accidental Release Measures & Spill Cleanup Procedures - Spanish Language (Video)-1565, Arc Flash - Spanish Language (Online)-1331

3.12 **Save** the form.

Additional Features Top

Claims

Add Claim

Corrective Actions

Add Corrective Action

Attachments

Attach File

Emails

Send Email

Save

Back

Close

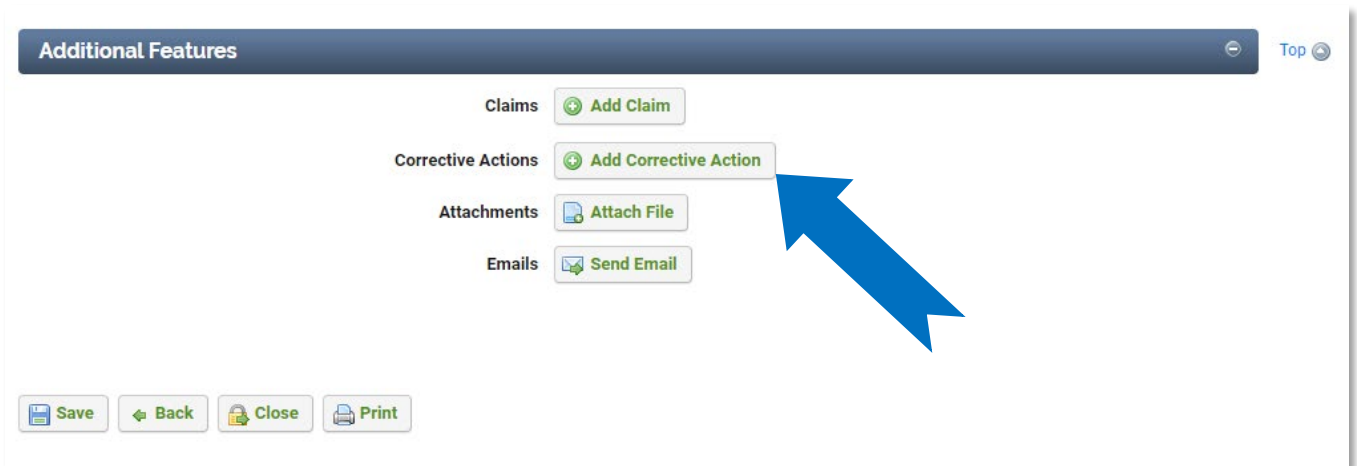
Print

4 Additional Features

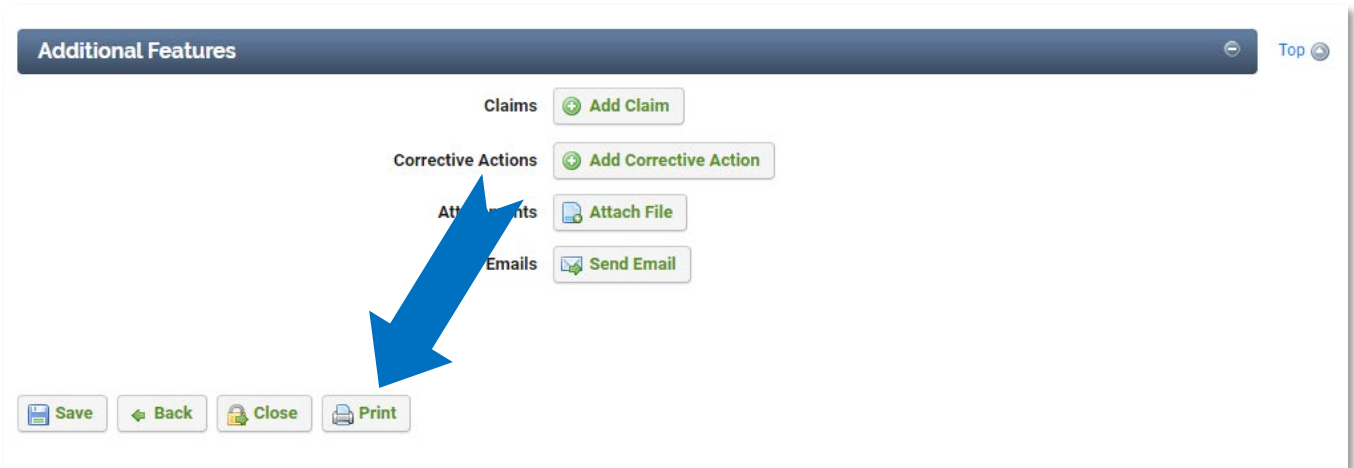
- 4.1 To attach supporting documents (Photos, etc.), click the **Attach File** button.



- 4.2 To add corrective actions, click the **Add Corrective Action** button.



4.3 To view a print-out of the incident, click the **Print** button.



5 General Notes about Vector EHS Management

- Fields with a red * are required.
- Ensure that your browser allows pop-ups from Vector EHS Management. This is required for certain features such as printing reports and attaching supporting documents.
- You may save the form at any time to ensure that you do not lose your work (even if you have not completed all required fields).
- If you do not save or refresh the screen for 30 minutes you will be logged out due to inactivity. Upon automatic logout, any form that you may have open on the screen will be saved. A pop-up will alert you before this happens.
- Additional help may be obtained by clicking the Help icon within the navigation pane at the top of the screen.

