

IndustrySafe Incidents Public Web Form Guide

This guide describes the process for filling out Incidents Public Web Forms using the IndustrySafe Safety Management Software.

1 Navigate to the Incident Public Web Form

1.1 Using your preferred browser, go to the address provided by your administrator.

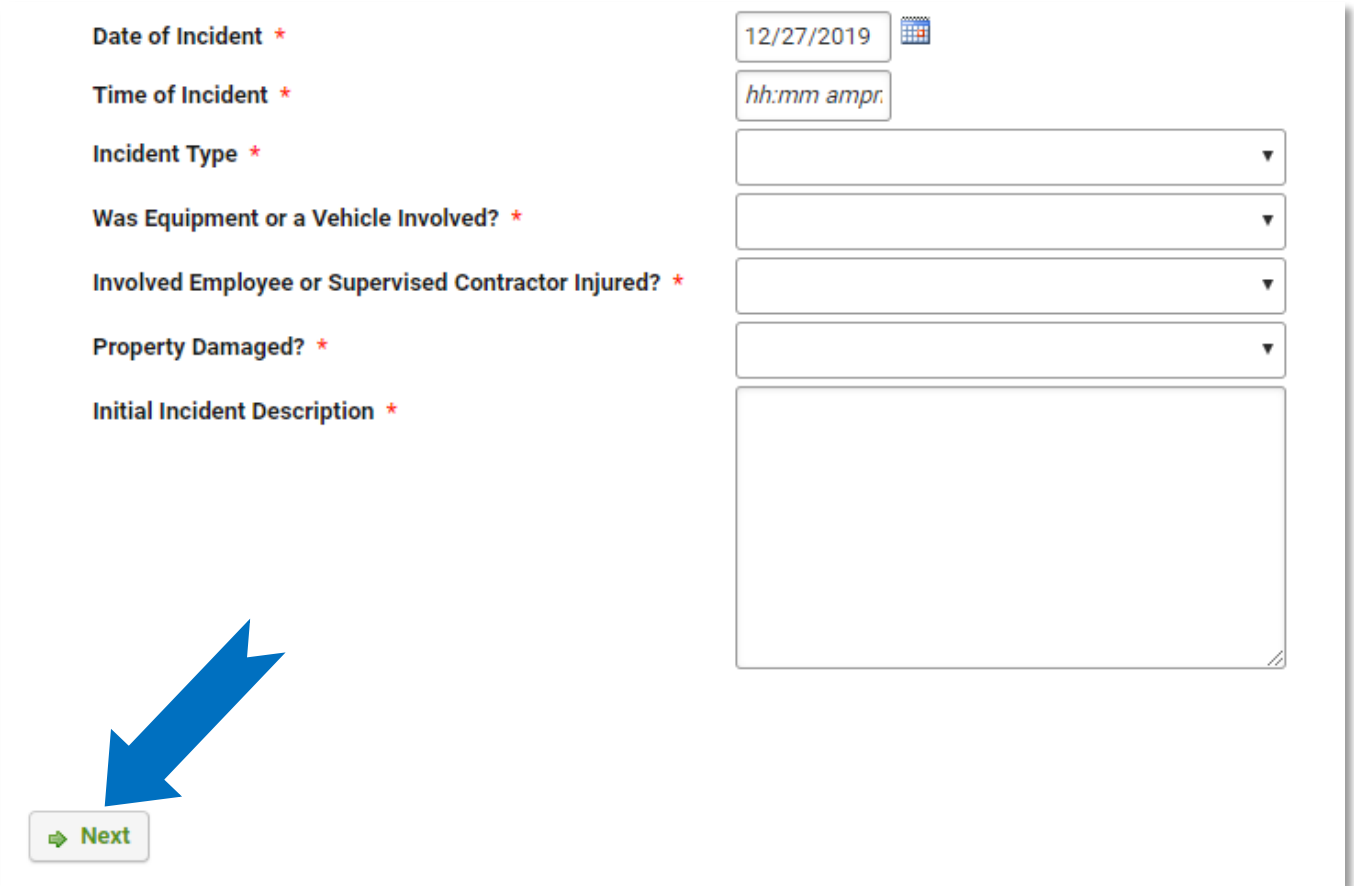
2 Fill out the Incident Public Web Reporting Form

2.1 Complete the **Basic Information** section.

The screenshot displays the 'Incident Web Reporting Form' interface. At the top left, there is a 'Next' button with a right-pointing arrow. Below this is a dark blue header bar for the 'Basic Information' section, which includes a back arrow and a 'Top' link with a downward arrow. The form fields are as follows:

- Involved Employee Name:** Text input field with placeholder text 'Start typing name here'.
- Involved Employee ID *:** Text input field.
- Job Title:** Text input field.
- Business Group *:** Dropdown menu.
- Region *:** Dropdown menu.
- Division *:** Dropdown menu.
- Facility *:** Text input field with placeholder text 'Start typing here'.
- GPS Location:** A button labeled 'Set Location' with a location pin icon.
- Date of Incident *:** Date picker showing '12/27/2019' with a calendar icon.
- Time of Incident *:** Time input field with placeholder text 'hh:mm ampr.'.
- Incident Type *:** Dropdown menu.
- Was Equipment or a Vehicle Involved? *:** Dropdown menu.
- Involved Employee or Supervised Contractor Injured? *:** Dropdown menu.
- Property Damaged? *:** Dropdown menu.

2.2 After you complete the form, click the **Next** button.



The screenshot shows a web form with the following fields:

- Date of Incident *: 12/27/2019 (with a calendar icon)
- Time of Incident *: hh:mm ampr.
- Incident Type *: (dropdown menu)
- Was Equipment or a Vehicle Involved? *: (dropdown menu)
- Involved Employee or Supervised Contractor Injured? *: (dropdown menu)
- Property Damaged? *: (dropdown menu)
- Initial Incident Description *: (text area)

A large blue arrow points from the bottom left towards the 'Next' button, which is a green button with a right-pointing arrow and the text 'Next'.

Note: If you answer “Yes” to the following questions, you will be asked follow-up questions on the subsequent Incident Investigation form, if the form is enabled by your system administrator:

1. Was a Vehicle Involved?
2. Was an Employee or directly supervised contractor injured?
3. Was a Non-Employee Injured?
4. Was there Property Damage?

2.3 After completing the New Incident Form, you will be taken to a landing page where you may choose to edit or print your New Incident Form, add attachments, or complete any available additional incident forms that may have been enabled by your system administrator.

If these additional forms, the Incident Investigation and Environmental Incident forms, have been made available to you, you may access them by

clicking **Add Incident Investigation Form** and **Add Environmental Incident Form**.

✔ Incident Public Web Form - Initial Incident Form Successfully created.

This report has been assigned the following number: **FY20-00369**. Please use the options below to complete additional incident forms and attach supporting documents.

[Edit Incident Public Web Form - Initial Incident Form](#)

 Print

[+ Add Incident Public Web Form - Incident Investigation](#)

[+ Add Incident Public Web Form - Environmental Incident](#)

 Attach File

Once you have completed the appropriate forms and attached supporting documents, use the button below to complete the submission of this incident.

 Submit

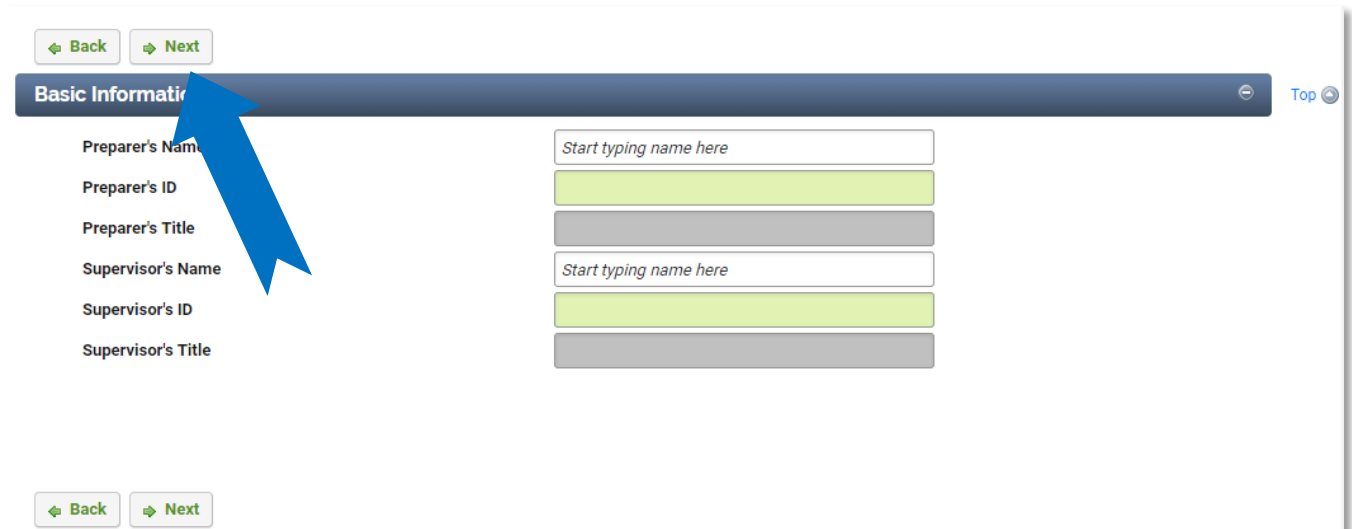


For more information about how to complete the Incident Investigation form, continue on to section 2.3 of this guide.

If you do not need to complete additional incident forms and are satisfied with the information that you have provided, click the **Submit** button to enter your incident report into IndustrySafe.

Note: After submitting your incident, you will not be able to print, make edits or complete any available additional incident forms for this incident via the Incident Public Web Form.

- 2.4 After clicking the **Add Incident Public Web Form- Incident Investigation**, the form will open and you may complete the **Basic Information** Section of the Incident Investigation Form.



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Basic Information Top

Preparer's Name	<input type="text" value="Start typing name here"/>
Preparer's ID	<input type="text"/>
Preparer's Title	<input type="text"/>
Supervisor's Name	<input type="text" value="Start typing name here"/>
Supervisor's ID	<input type="text"/>
Supervisor's Title	<input type="text"/>

← Back Next →

Next, complete the **Incident Details** Section, and then click the **Next** button.

The screenshot shows a web form titled "Incident Details". At the top, there are "Back" and "Next" buttons. The form fields are as follows:

- Reported to: Name:
- Reported to: Employee ID *:
- Reported to: Title:
- Date Reported *:
- Can Time Be Determined? *:
- OSHA 301
- Shift:
- Description of Location *:
- Description of Incident *:
- Weather:
- Lighting:
- Description of Environmental Conditions:

At the bottom of the form, there are "Back" and "Next" buttons. A large blue arrow points from the "Description of Incident" field down to the "Next" button.

2.5 If a vehicle was involved, complete the **Vehicle Involved** section, and then click the **Next** Button.

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Vehicle Involvement

Vehicle Action

Unit Number *

Vehicle Type *

Vehicle Make

Vehicle Model

Vehicle Year

Driver Employee ID *

Name of Driver

driver using cell phone? *

2.6 If there were any witnesses, complete the **Witness Information** section, then click the **Next** button.

Note: If there was more than one witness, click the **Add Witness** button to add additional witness information sections and complete each section.

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Witness Information

Witness 1

Phone Number

Name

Was Witness Interviewed?

Witness Statement*

[← Back](#) [Next →](#)

- 2.7 If the incident involved a non-employee injury, click the **Add Injured Party** button and complete this section, and then click the **Next** button.

Note: If there was more than one injured party, click the **Add Injured Party** button to add additional non-employee injury sections and complete each section.



- 2.8 If the incident involved an employee injury, complete the **Employee Injury** section, then click the **Next** button.

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

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Employee Injury

Date of injury or onset of illness * <small>OSHA 300</small>	12/30/2019
Did injury occur on a business day? * <small>OSHA 301</small>	<input type="text"/>
Was Medical Treatment Received? * <small>OSHA 301</small>	<input type="text"/>
Initial Treatment * <small>First Report of Injury</small>	<input type="text"/>
Classification of Injury/Illness * <small>OSHA 300</small>	Injury <input type="text"/>
Area of Body Affected	<input type="text"/>
Body Part Affected	<input type="text"/>
Side of Body Affected	<input type="text"/>
Primary Nature of Injury ⓘ	<input type="text"/>
Secondary Nature of Injury	<input type="text"/>
Cause of Injury Category * ⓘ	<input type="text"/>
Specific Cause of Injury ⓘ	<input type="text"/>
Source of Injury Category * ⓘ	<input type="text"/>
Specific Source of Injury ⓘ	<input type="text"/>
Is injury expected to be disabling? *	<input type="text"/>
Was employee exposed to a hazardous material? *	<input type="text"/>

2.9 If the employee received medical treatment, complete the **Medical Treatment** section, and then click the **Next** button.

The screenshot shows the 'Medical Treatment' section of a web form. At the top, there are 'Back' and 'Next' buttons. Below them is a dark blue header with the text 'Medical Treatment'. The form contains several fields with red asterisks indicating required information:

- Date of Treatment**: A date field with '12/30/2019' entered and a calendar icon.
- Was treatment given away from the worksite? ***: A dropdown menu with 'OSHA 301' below it.
- Was employee treated in an emergency room? ***: A dropdown menu with 'OSHA 301' below it.
- Was employee hospitalized overnight as an in-patient? ***: A dropdown menu with 'OSHA 301' below it.
- Did the employee suffer an amputation, or lose an eye within 24 hours of the incident? ***: A dropdown menu with 'OSHA 301' below it.
- Name of Physician or Other Health Care Professional ***: A text input field with 'OSHA 301' below it.
- Treatment Facility**: A dropdown menu with a note: 'Select a value to auto-fill the related fields. Leave blank if facility is not listed and enter details below.'
- Name of Treatment Facility ***: A text input field with 'OSHA 301' below it.
- Street Address ***: A text input field with 'OSHA 301' below it.
- City ***: A text input field with 'OSHA 301' below it.
- State ***: A dropdown menu with 'OSHA 301' below it.
- Zip Code ***: A text input field with 'OSHA 301' below it.
- Phone ***: A text input field with 'OSHA 301' below it.

A blue arrow points from the 'Next' button to the 'Date of Treatment' field.

2.10 If the incident involved an employee injury, complete the **Employee Work Behavior** section, then click the **Next** button.

Employee Work Behavior

Time Employee Began Work * OSHA 301

Time Employee Ended Work

Was an allegedly defective tool or equipment involved?

Were safety rules and safe work practices being followed?

Did the employee's act or omission contribute to this alleged injury?

Were safe guards or safety equipment provided? * First Report of Injury

Was personal protective equipment required for this job? *

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2.11 If the incident involved property damage, complete the **Property Damage** section, then click the **Next** button.

IndustrySafe

Property Damage

Estimated Property Damage *

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2.12 Identify any Emergency Responders and enter a report number if available, then click the **Next** button.

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Responders

Did Fire / Emergency Medical Services respond to the incident? Yes ▼

Fire / Medical Report #

Did Police / Security respond to the incident? Yes ▼

Police / Security Report #

◀ Back Next ▶



2.13 Complete the **Incident Analysis** section, then click the **Next** button.

◀ Back Next ▶

Incident Analysis

Root Cause


Was a drug or alcohol test performed?

Did the involved employee work the previous shift?

Additional Remarks

Retraining Required? *

◀ Back Next ▶



2.14 Once you complete the Incident Investigation Form, you will return to the landing page for your incident, where you may edit your New Incident or Incident Investigation Forms, add attachments, print, or **Submit** your completed incident.

✔ Incident Public Web Form - Incident Investigation Successfully created.

This report has been assigned the following number: **FY20-00369**. Please use the options below to complete additional incident forms and attach supporting documents.

[Edit Incident Public Web Form - Initial Incident Form](#)



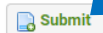
[Edit Incident Public Web Form - Incident Investigation](#)



[+ Add Incident Public Web Form - Environmental Incident](#)



Once you have completed the appropriate forms and attached supporting documents, use the button below to complete the submission of this incident.



3 General Notes about IndustrySafe

- Fields with a red * are required.
- Ensure that your browser allows pop-ups from IndustrySafe. This is required for certain features such as printing reports and attaching supporting documents.
- If you do not save or refresh the screen for 30 minutes you will be logged out due to inactivity. A popup will alert you before this happens.
- Additional help may be obtained by clicking the Help link at the navigation pane at the top of the screen.

