

# IndustrySafe 5.15 - New Log Report Fields

This guide lists the new fields that were added to IndustrySafe's log reports as part of IndustrySafe's 5.15 Release.

Observation Log	Hazard Log
Area of Observation	City
Closed by Employee ID	Closed by Employee ID
Closed by Name	Closed by Name
Closed by Job Title	Closed by Title
Contact Employee ID	Date Form Created
Contact Job Title	Date Form Last Updated
Contact Status	Date Report Closed
Contact Supervisor Employee ID	Estimated Cost of Hazard
Contact Supervisor Name	How Identified
Contact Supervisor Job Title	Investigator Supervisor Name
Date Report Closed	Investigator Employee ID
Feedback/Discussion	Investigator Job Title
Internal Observation Number	Investigator Status
Length of Observation	Investigator Supervisor Employee ID
Primary Observer Employee ID	Originating System ID
Primary Observer Job Title	Originating Type
Primary Observer Status	Originator
Primary Observer Supervisor Name	Reported by Employee ID
Primary Observer Supervisor Employee ID	Reported by Status
Primary Observer Supervisor Job Title	Reported by Supervisor Employee ID
Safe Act	Reported by Supervisor Job Title
Safe Condition	Reported by Supervisor Name
Severity Potential	Reported by Title
Time Report Closed	State
Topic	Time Report Closed
UnSafe Act	

IndustrySafe – New Log Report Fields

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Incident Log	Inspection Log
Closed by Employee ID	Audit Period
Closed by Name	City
Closed by Title	Client ID
Contributing Factor	Closed
Current Position Start Date	Closed by Employee ID
Date of Hire	Closed by Name
Date Report Closed	Closed by Title
Description of Location	Date Form Created
Employee Form	Date Form Last Updated
Employee Status	Date Report Closed
Environmental Form	Detailed Location
Estimated Property Damage	General Comments
Form Last Updated By	GPS Location
Form Last Updated By Title	Inspection Subpart
Form Last Updated Date	Inspection Topic
Form Last Updated ID	Interviews
Immediate Cause	Investigator Supervisor Name
Incident Investigation	Investigator/Auditor Employee ID
Incident Investigation Form	Investigator/Auditor Job Title
Internal Report Number	Investigator/Auditor Status
Latitude	Investigator Supervisor Employee ID
Longitude	Investigator Supervisor Job Title
Originating System ID	Length of Audit
OSHA Reportable	Manager Employee ID
Other Incident Linked to this Originating Record	Manager Job Title
Preparer's Title	Manager Status
Primary Cause	Method of Verification
Safety Form	Phone Number
Secondary Cause	Reference Criteria
Security Form	Results
Submitted By Title	State
Supervisor's Title	Time
Time Report Closed	Time Report Closed
Was an Aircraft Involved	

Vehicle Incident Log	
Action or Discipline Date	Number of Passengers
CDL Number	Other Incident Linked to this Originating Record
Closed By Employee ID	Other Vehicle
Closed By Name	Points for this Violation
Closed By Title	Primary Cause
Collision Description	Probability
Collision Type	Risk Assessment
Contributing Factor	Safety Form
Current Position Start Date	Secondary Cause
Date of Hire	Security Form
Date Report Closed	Severity
Description of Location	Submitted By ID
Driver's Current Position Start Date	Submitted By
Driver's Date of Hire	Submitted By Title
Employee Form	Submitted Date
Employee Status	Supervisor's ID
Environmental Form	Supervisor's Name
Estimated Property Damage	Supervisor's Title
Form Last Updated By	System Originating ID
Form Last Updated By ID	Time of Incident
Form Last Updated By Title	Time Report Closed
Form Last Updated Date	Vehicle Action
Immediate Cause	Vehicle Make
Incident Investigation Form	Vehicle Model
Initial Incident Description	Vehicle Weight Class
Internal Report Number	Vehicle Year
Involved Employee ID	Violation Description
Involved Employee Name	Violation Number
Involved Employee Title	Was a Non-Employee injured?
Latitude	Was a Vehicle Involved?
License Plate Number	Was an Aircraft Involved?
License Plate State	Was an employee or directly supervised contractor injured?
Longitude	Was Property Damaged Involved?
Motor Vehicle Record	Was This Incident Work Related?
Names of Passengers	

Security Incident Log	
Analysis of the Incident	Longitude
Arrests	Name
Cause	Nearest Milepost
Citation Number	OSHA Recordable
City	Other Incident Linked to this Originating Record
Closed By Employee ID	Phone Number
Closed By Name	Preparer's ID
Closed By Title	Preparer's Name
County	Preparer's Title
Court Location	Probability
Current Position Start Date	Risk Assessment
Date of Birth	Safety Form
Date of Hire	Security Form
Date Report Closed	Severity
Description of Environmental Conditions	State
Description of Location	Submitted By ID
Driver's License No	Submitted By
Driver's License State	Submitted By Title
Employee Form	Submitted Date
Employee Status	Supervisor's ID
Environmental Form	Supervisor's Name
Form Last Updated By	Supervisor's Title
Form Last Updated By ID	Suspect Ethnicity
Form Last Updated By Title	Suspect Gender
Form Last Updated Date	Suspect Type
HISEP?	System Originating ID
Incident Investigation Form	Time Report Closed
Initial Incident Description	VOID?
Internal Report Number	Was a Non-Employee injured?
Involved Employee ID	Was a Vehicle Involved?
Involved Employee Name	Was an Aircraft Involved?
Involved Employee Title	Was an employee or directly supervised contractor injured?
Latitude	Was Property Damaged Involved?
Lighting	Was This Incident Work Related?
Location At	Weather
Location On	Worker Type

Environmental Incident Log	
Analysis of the Incident	Lighting
City	List Agencies Contacted?
Closed By Employee ID	Location At
Closed By Name	Location On
Closed By Title	Longitude
Contractor Fax Number	OSHA Recordable
Contractor Address	Other Incident Linked to this Originating Record
Contractor Company Name	Preparer's ID
Contractor Contact Name	Preparer's Name
Contractor Phone Number	Preparer's Title
Current Position Start Date	Probability
Date of Hire	Reported By
Date Report Closed	Risk Assessment
Description of Environmental Conditions	Safety Form
Description of Location	Security Form
Description of Spill Release impact	Severity
Employee Form	State
Employee Status	Submitted By
Environmental Form	Submitted By ID
Estimated Amount Recovered	Submitted By Title
Estimated Amount Recovered (Second material)	Submitted Date
Estimated Amount Spilled	Supervisor's ID
Estimated Amount Spilled (Second Material)	Supervisor's Name
Estimated Cost of Clean up	Supervisor's Title
Form Last Updated by	System Originating ID
Form Last Updated by ID	Time Report Closed
Form Last Updated By Title	Time Reported
Form Last Updated Date	Type of Material Spilled
If No, Why Not?	Type of Second Material Spilled
If Other, Identify	Units
If Other, Identify Second Material	Was a Non-Employee injured?
If Yes, provide a detailed description	Was a Vehicle Involved?
If yes, provide a detailed description of how the spill was cleaned up including the disposition of affected media, method utilized for disposal of affected media, need for further action, and/or verification sampling	Was an Aircraft Involved?

Environmental Incident Log	
Incident Investigation Form	Was an employee or directly supervised contractor injured?
Initial Incident Description	Was an off-site contractor utilized for clean-up activities?
Internal Report Number	Was the spill reported to the regulator incidents?
Involved Employee ID	Was Property Damage involved?
Involved Employee Name	Was This Incident Work Related?
Involved Employee Title	Weather
Latitude	Worker Type

Employee Injury Log	
Closed By Employee ID	Longitude
Closed By Name	OSHA Reportable
Closed By Title	Other Incident Linked to this Originating Record
Contributing Factor	Preparer's Title
Current Position Start Date	Primary Cause
Date of Hire	Probability
Date Report Closed	Risk Assessment
Description of Location	Safety Form
Employee Form	Secondary Cause
Employee Status	Security Form
Environmental Form	Severity
Estimated Property Damage	Submitted By Title
Form Last Updated By	Supervisor's Title
Form Last Updated By ID	System Originating ID
Form Last Updated By Title	Time Report Closed
Form Last Updated Date	Was a Non-Employee injured?
Immediate Cause	Was a Vehicle Involved?
Incident Investigation Form	Was an Aircraft Involved?
Initial Incident Description	Was an employee or directly supervised contractor injured?
Internal Report Number	Was Property Damage Involved?
Latitude	

<b>Inspection Details Log</b>	
Audit Period	Investigator Supervisor Job Title
City	Investigator Supervisor Name
Client ID	Investigator/Auditor Employee ID
Closed	Investigator/Auditor Job Title
Closed by Employee ID	Investigator/Auditor Status
Closed by Name	Length of Audit
Closed by Title	Manager Employee ID
Date Form Created	Manager Job Title
Date Form Last Updated	Manager Status
Date Report Closed	Method of Verification (Rules Followed)
Detailed Location	Phone Number
General Comments	Reference Criteria
GPS Location	Results
Inspection Subpart	State
Inspection Topic	Time
Interviews	Time Report Closed
Investigator Supervisor Employee ID	