

IndustrySafe Safety Software

Class Catalog Recording Form

[Revert to Current Published](#) [Publish](#) [Undo](#) [Redo](#)

Last Saved By:
Last Published By:

[Publish History](#) [Print Preview](#)

Search for fields...

Class Catalog Recording Form:10833

[Basic Information](#) | [Close Section](#) | [Additional Features](#) | [History Section](#)

Basic Information

Business Group	APAC	Vendor	
Region	Canada	Description	
Division	NRHS	Hours - Classroom	
Facility	1234 Ridge Road, NL	Hours - Field	

Recording Form Items

- New Section
- New Field
- Basic Information
- Hierarchy Fields
 - Business Group
 - Region
 - Division
 - Facility
 - Date Entered
 - Class Name

Additional Features

Add Task ON OFF

Add Event ON OFF

5.10 Update



Agenda

- ✓ Introduction
- ✓ Form Editor
- ✓ Video on Demand
- ✓ Observation Updates
- ✓ Cal/OSHA logs
- ✓ Customer Requests and Fixes



Timeframe

- Beta sites by 02/17/2017
- All other sites by 03/15/2017



Panelists



Clare Epstein, Vice President of TRA

- ✔ Experienced in Technology, Software Design
- ✔ Review Product Strategy



Gabriel Tompkins, Senior Product Manager

- ✔ Expert in IndustrySafe Software
- ✔ Manage Product Development



Form Editor



Form Editor

- ✓ Training
- ✓ Claims
- ✓ Industrial Hygiene
- ✓ Home
- ✓ System Functions



Form Editor

Publish Elements

New Incident Form

Revert to Current Published

Publish

Undo

Redo

Last Saved By: mbk326 (03/09/2016 02:03 PM EST)

Last Published By: admin@industrysafedemo.com (03/14/2016 03:01 PM EST)

Publish History

Search for fields...

New Incident Form:10833

Basic Information | Additional Features | History Section

View All Sections

Recording Form Items

New Section

New Field

Basic Information

Originating Fields

Originating System ID

Other Incident Linked to this Originating Record

Internal Report Number

InvolvedEmployee Fields

Involved Employee Name

Involved Employee ID

Involved Employee Title

Heirarchy Fields

Additional Features

Add Corrective Act

Basic Information

Originating System ID

sample link

Other Incident Linked to this Originating Record

sample link

Involved Employee Name

Involved Employee ID

Time of Incident

Incident Type

Employee Injury

Was a Vehicle Involved?

No

Form Layout

Field and Features Panels

Form Editor – Publish Elements

Revert to Current Published

Publish

Undo

Redo

Publish History

Last Saved By: mbk326 (03/09/2016 02:03 PM EST)

Last Published By: admin@industrysafedemo.com (03/14/2016 03:01 PM EST)

- ✓ Save
- ✓ Revert to Last Published
- ✓ Publish
- ✓ Undo/Redo
- ✓ Publish History



Search for fields...

Recording Form Items

New Section

New Field

Basic Information

Preparer Fields

Preparer's Name P

Preparer's ID * P

Preparer's Title P 🔒

InvolvedEmployee Fields

Involved Employee Name ✕ 🔒

Involved Employee ID ✕ 🔒

Involved Employee Title ✕ 🔒

Supervisor Fields

Supervisor's Name P

Additional Features

OSHA Recordable
Popup ON OFF

OSHA Recordable
Message ON OFF

Add Claim ON OFF

Add Task ON OFF

Add Event ON OFF

Form Editor –Field and Features Panel



Form Editor – Form Layout

Incident Investigation Form:10833


[Basic Information](#) | [Incident Details](#) | [Vehicle Involved](#) | [Other Vehicle Involved](#) | [Witness Information](#) | [History Section](#) | [Additional Features](#) | [Non-Employee Injury](#) | [Employee Injury](#) | [Medical Treatment](#) | [Recordkeeping and Reporting](#) | [Employee Work Behavior](#) | [Property Damage](#) | [Responders](#) | [Incident Analysis](#)

[View All Sections](#)

Basic Information

Preparer's Name   

Preparer's ID *   

Preparer's Title   

Involved Employee Name  

Involved Employee ID  



Involved Employee Title  

Incident Type  

Date of Incident  

Time of Incident  

Was a Vehicle Involved?  

Was an employee or directly supervised contractor injured?  



Form Editor – Form Layout

Asset Information | Basic Information | Hazard Evaluation | Additional Features | History Section View All Sections

Basic Information ⚙️ ✕

Section Properties ✕

Section Name

Basic Information

⚙️ ✕

OK Cancel

Reported By: Name Ⓟ

Reported By: Employee ID Ⓟ

Edit Sections and Form Titles



Form Editor –Field Properties

Field Properties ✕

Field Label

Description

Tooltip

Enter tooltip text

Field Type

Textarea

Required

No ▼

Public Form

Displayed ▼

Advance Settings

[Configure](#)



New

OK Cancel



Form Editor –Field Types

Currency

Date

Dropdown

Employee Search

Hyperlink

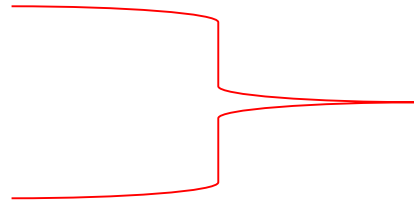
Note

Number

Text

Text Area

Time



New



Video on Demand



Video on Demand

- ✓ Instructor can play video to class from IndustrySafe
- ✓ Wide variety of over 200 classes
- ✓ Quizzes for each video available
- ✓ Extra cost item



Close

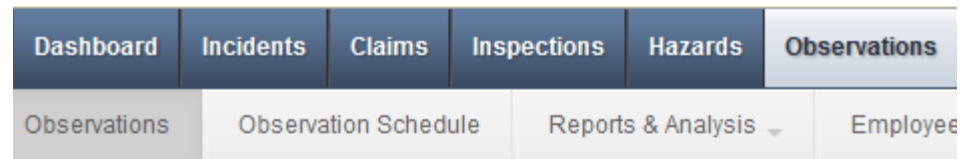


Observation Updates



Observation Updates

- ✓ Add Observation Category
- ✓ Enable Categories
- ✓ Available in key reports



Select Observation Checklist

⇒ Continue

Category

Observation Checklist *



Cal/OSHA Updates



Cal/OSHA Updates

Cal/OSHA Form 301 Injury and Illness Incident Report

Appendix C

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.
See CCR Title 8 14300.29(b)(6)-(10)



Department of Industrial Relations
Division of Occupational Safety & Health

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with *Log of Work-Related Injuries and Illnesses* and the accompanying *Annual Summary*, these forms help the employer and Cal/OSHA develop a picture of the extent and severity of work-related incidents.

Information about the employee

- 1) Full name _____
- 2) Street _____
City _____ State _____ ZIP _____
- 3) Date of birth ____/____/____

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness ____/____/____
- 12) Time employee began work _____ AM / PM
- 13) Time of event _____ AM / PM Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the

- ✓ Facility state equals California
- ✓ 300A
- ✓ 301
- ✓ 300

Customer Requests and Fixes

<http://support.industrysafe.com/industrysafe-release-notes-winter-2017-5-10/>



Resources

- ✓ Knowledge Base Articles
 - <http://support.industrysafe.com/industrysafe-release-notes-winter-2017-5-10/>
- ✓ Recorded Webinar:
 - <http://www.youtube.com/user/IndustrySafeSoftware>
- ✓ Telephone Support

