

IndustrySafe Incidents Public Web Form Guide

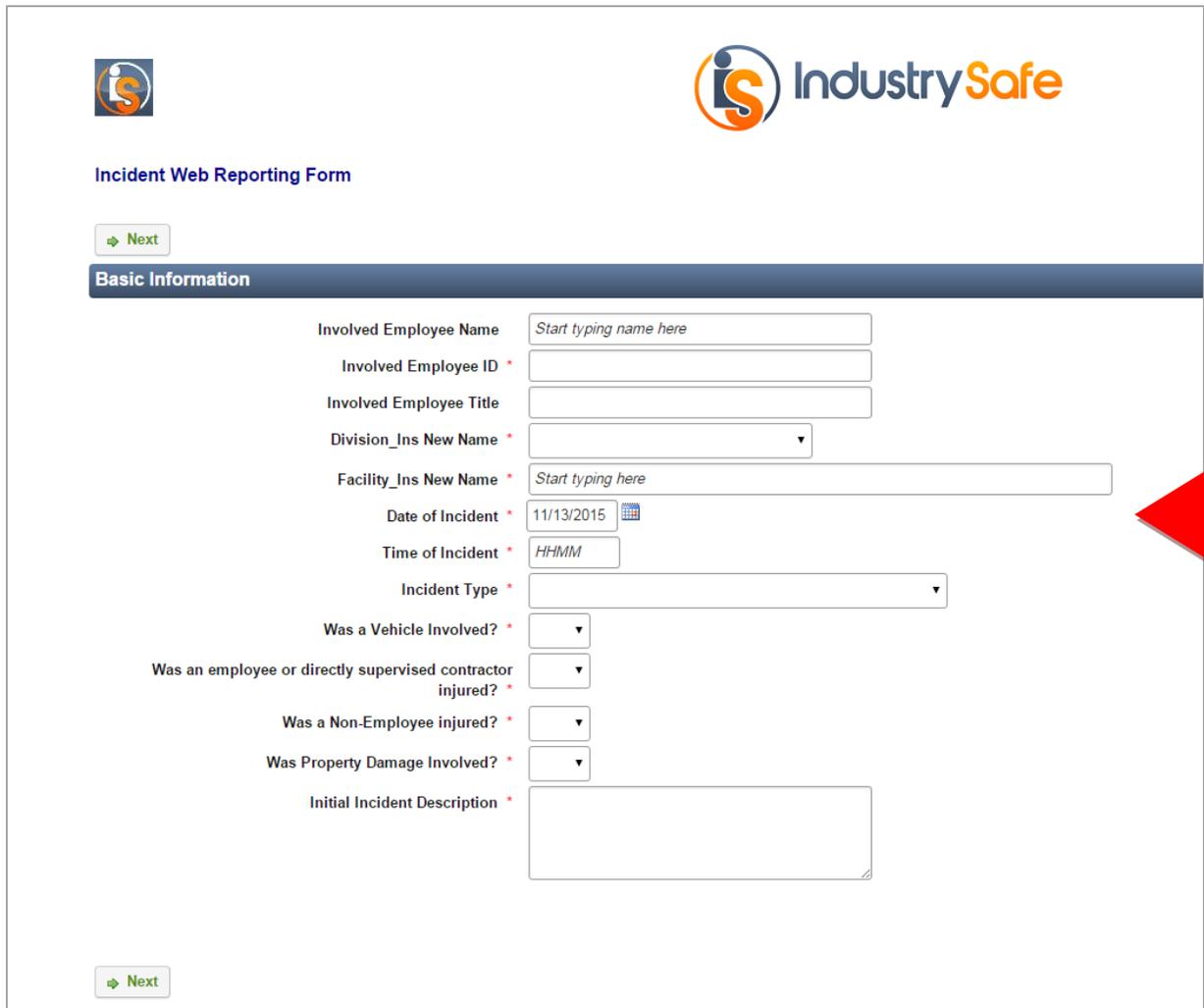
This guide describes the process for filling out Incidents Public Web Forms using the IndustrySafe Safety Management Software.

1 Log in to IndustrySafe

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

2 Fill out the Incident Public Web Reporting Form

- 2.1 Fill in the **Basic Information** section of the Incident Public Web Form, and then select the **Next** button.



The screenshot shows the 'Incident Web Reporting Form' interface. At the top left is a small 'iS' logo, and at the top right is the 'IndustrySafe' logo. Below the logo is the title 'Incident Web Reporting Form'. A green 'Next' button with a right-pointing arrow is located below the title. The main section is titled 'Basic Information' in a dark blue header. The form contains the following fields:

- Involved Employee Name: Text input field with placeholder 'Start typing name here'.
- Involved Employee ID: Text input field with an asterisk.
- Involved Employee Title: Text input field.
- Division_Ins New Name: Dropdown menu with an asterisk.
- Facility_Ins New Name: Text input field with placeholder 'Start typing here' and an asterisk.
- Date of Incident: Date picker showing '11/13/2015' with a calendar icon and an asterisk.
- Time of Incident: Time picker showing 'HHMM' with an asterisk.
- Incident Type: Dropdown menu with an asterisk.
- Was a Vehicle Involved?: Radio button with a dropdown arrow and an asterisk.
- Was an employee or directly supervised contractor injured?: Radio button with a dropdown arrow and an asterisk.
- Was a Non-Employee injured?: Radio button with a dropdown arrow and an asterisk.
- Was Property Damage Involved?: Radio button with a dropdown arrow and an asterisk.
- Initial Incident Description: Text area with an asterisk.

A large red arrow points to the right side of the form, specifically towards the 'Facility_Ins New Name' field.

At the bottom left of the form, there is another green 'Next' button with a right-pointing arrow.

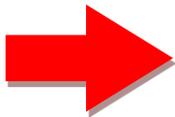
Note: If you answer “Yes” to the following questions, you will be asked follow-up questions on the subsequent Incident Investigation form, if the form is enabled by your system administrator:

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?

2.2 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**.

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

The screenshot displays the IndustrySafe web interface. At the top right is the IndustrySafe logo. Below it, a green checkmark icon is followed by the text "Initial Incident Form Successfully created." Below this, a message states: "This report has been assigned the following number: **FY15-0760**. Please use the options below to complete additional incident forms and attach supporting documents." There are four main options: "Edit Initial Incident Form" (with a pencil icon), "Add Incident Investigation Form" (with a plus icon), "Add Environmental Incident Form" (with a plus icon), and "Print" (with a printer icon). Below these is an "Attach File" button (with a document icon). At the bottom, there is a "Submit" button (with a document icon) and a message: "Once you have completed the appropriate forms and attached supporting documents, use the button below to complete this incident." A red arrow from the left points to the "Add Incident Investigation Form" button.

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.

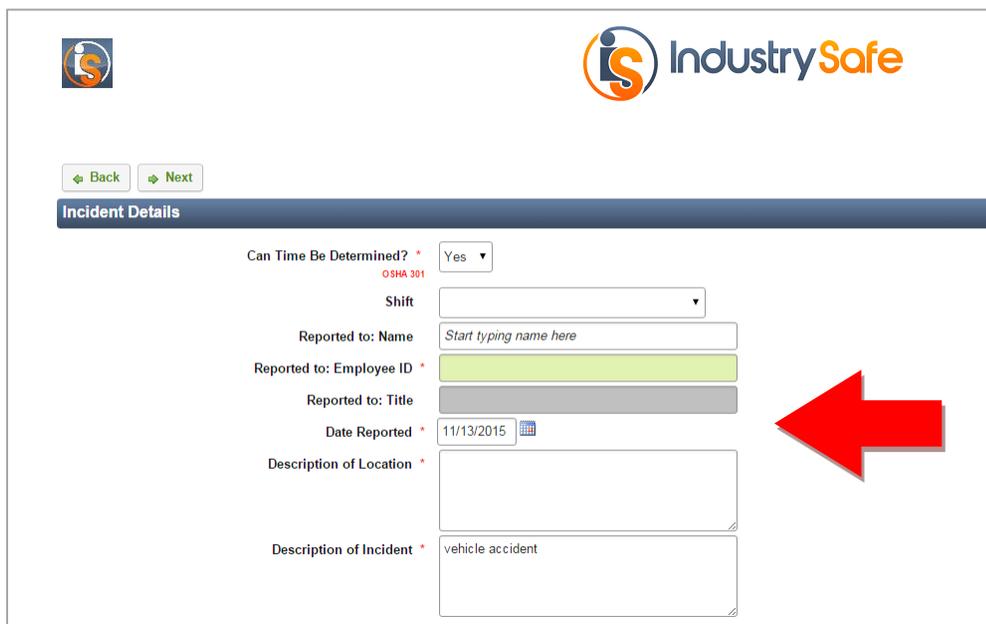
Note: After submitting your incident, you will not be able to print, make edits or complete any available additional incident forms for this incident via the Incident Public Web Form.

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



The screenshot shows the 'Basic Information' section of the Incident Investigation Form. At the top left is the IndustrySafe logo. Below it are 'Back' and 'Next' buttons. The section title 'Basic Information' is in a dark blue bar. The form fields are: Preparer's Name (text input with placeholder 'Start typing name here'), Preparer's ID (text input with a green background), Preparer's Title (text input with a grey background), Supervisor's Name (text input with placeholder 'Start typing name here'), Supervisor's ID (text input with a green background and value 'E1020'), and Supervisor's Title (text input with value 'Supervisor'). A large red arrow points to the Supervisor's ID field.

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



The screenshot shows the 'Incident Details' section of the Incident Investigation Form. At the top left is the IndustrySafe logo. Below it are 'Back' and 'Next' buttons. The section title 'Incident Details' is in a dark blue bar. The form fields are: Can Time Be Determined? (dropdown menu with 'Yes' selected), Shift (dropdown menu), Reported to: Name (text input with placeholder 'Start typing name here'), Reported to: Employee ID (text input with a green background), Reported to: Title (text input with a grey background), Date Reported (calendar icon and date '11/13/2015'), Description of Location (text input), and Description of Incident (text input with value 'vehicle accident'). A large red arrow points to the Description of Incident field.

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

The screenshot shows the 'Vehicle Involved' section of the IndustrySafe application. At the top left is a small 'iS' logo, and at the top right is the 'IndustrySafe' logo. Below the logos are two buttons: 'Back' and 'Next'. A dark blue header bar contains the text 'Vehicle Involved'. The form fields are as follows:

- Vehicle Action: A dropdown menu.
- Unit Number: A text input field with the placeholder text 'Start typing here'.
- Vehicle Type: A dropdown menu.
- Vehicle Make: A text input field.
- Vehicle Model: A text input field.
- Vehicle Year: A text input field.
- Driver Employee ID: A text input field containing 'empno10542'.
- Name of Driver: A text input field containing 'MICKI AREVALO'.
- driver using cell phone?: A text input field.

A large red arrow points from the left towards the 'Next' button.

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.

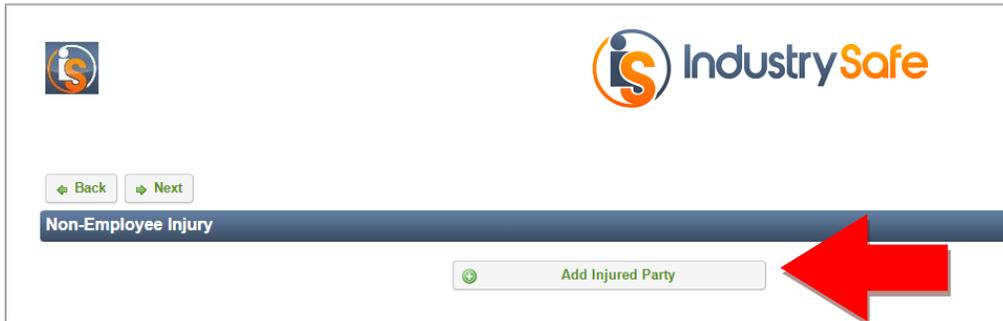
The screenshot shows the 'Witness Information' section of the IndustrySafe application. At the top left is a small 'iS' logo, and at the top right is the 'IndustrySafe' logo. Below the logos are two buttons: 'Back' and 'Next'. A dark blue header bar contains the text 'Witness Information'. The form fields are as follows:

- Witness 1: A label above the form fields.
- Name: A text input field.
- Was Witness Interviewed?: A dropdown menu.
- Witness Statement: A large text area for the witness statement.
- Add Witness: A button with a plus icon and the text 'Add Witness'.
- Remove Witness 1: A button with a minus icon and the text 'Remove Witness 1'.

A large red arrow points from the right towards the 'Add Witness' button.

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.

The screenshot shows the IndustrySafe logo at the top right. Below it are 'Back' and 'Next' buttons. A dark blue header bar contains the text 'Employee Injury'. The form contains the following fields:

- Date of injury or onset of illness * (11/13/2015)
- Did injury occur on premises? * (dropdown)
- Was Medical Treatment Received? * (dropdown)
- Initial Treatment * (dropdown)
- Classification of Injury/Illness * (Injury)
- Area of Body Affected * (dropdown)
- Body Part Affected * (dropdown)
- Side of Body Affected * (dropdown)
- Nature of Injury * (dropdown)
- Cause of Injury Category * (dropdown)
- Specific Cause of Injury * (dropdown)
- Source of Injury Category * (dropdown)
- Specific Source of Injury * (dropdown)
- Is injury expected to be disabling? * (dropdown)
- Was employee exposed to a hazardous material? * (dropdown)

A large red arrow points to the 'Classification of Injury/Illness' dropdown menu.

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



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Medical Treatment

Date of Treatment * 11/13/2015

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

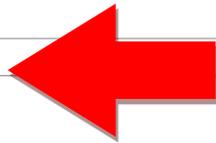
Street Address * OSHA 301

City * OSHA 301

State * OSHA 301

Zip Code * OSHA 301

Phone * OSHA 301



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

The screenshot shows the 'Employee Work Behavior' section of a web form. At the top left, there are 'Back' and 'Next' buttons. The form contains several questions with input fields and dropdown menus:

- Time Employee Began Work * HHMM (OSHA 301)
- Time Employee Ended Work HHMM
- Was an allegedly defective tool or equipment involved? * Yes (dropdown)
- If yes, explain how tool or equipment caused the illness/injury *
- Was the alleged unsafe or defective tool or equipment reported? * Yes (dropdown)
- If yes, to whom and when *
- Is employee trained and authorized to use the tool or equipment? * Yes (dropdown)
- Were safety rules and safe work practices being followed? *
- Were safe guards or safety equipment provided? * No (dropdown)
- Was personal protective equipment required for this job? * Yes (dropdown)
- Identify required personal protective equipment (checkboxes):
 - Safety Shoes
 - Hard Hats/Bump Caps
 - Eye Protection (goggles, glasses w/ side shields)
 - Rubber Gloves
 - Canvas Gloves
 - Other Type Gloves
 - Face Shield
 - Hearing Protection
 - Safety Harness - Fall Protection
 - Respirator; Dust Mask/Filter
 - Leg Shin Guards
 - High Visibility Vest
 - Rubber Boots/Grips
 - Flashlight
 - Other

A large red arrow points from the right side of the form towards the 'Next' button at the top.

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

The screenshot shows the 'Property Damage' section of a web form. At the top left, there are 'Back' and 'Next' buttons. The form contains the following question:

- Estimated Property Damage * \$ 12.00

A large red arrow points from the right side of the form towards the 'Next' button at the top.

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

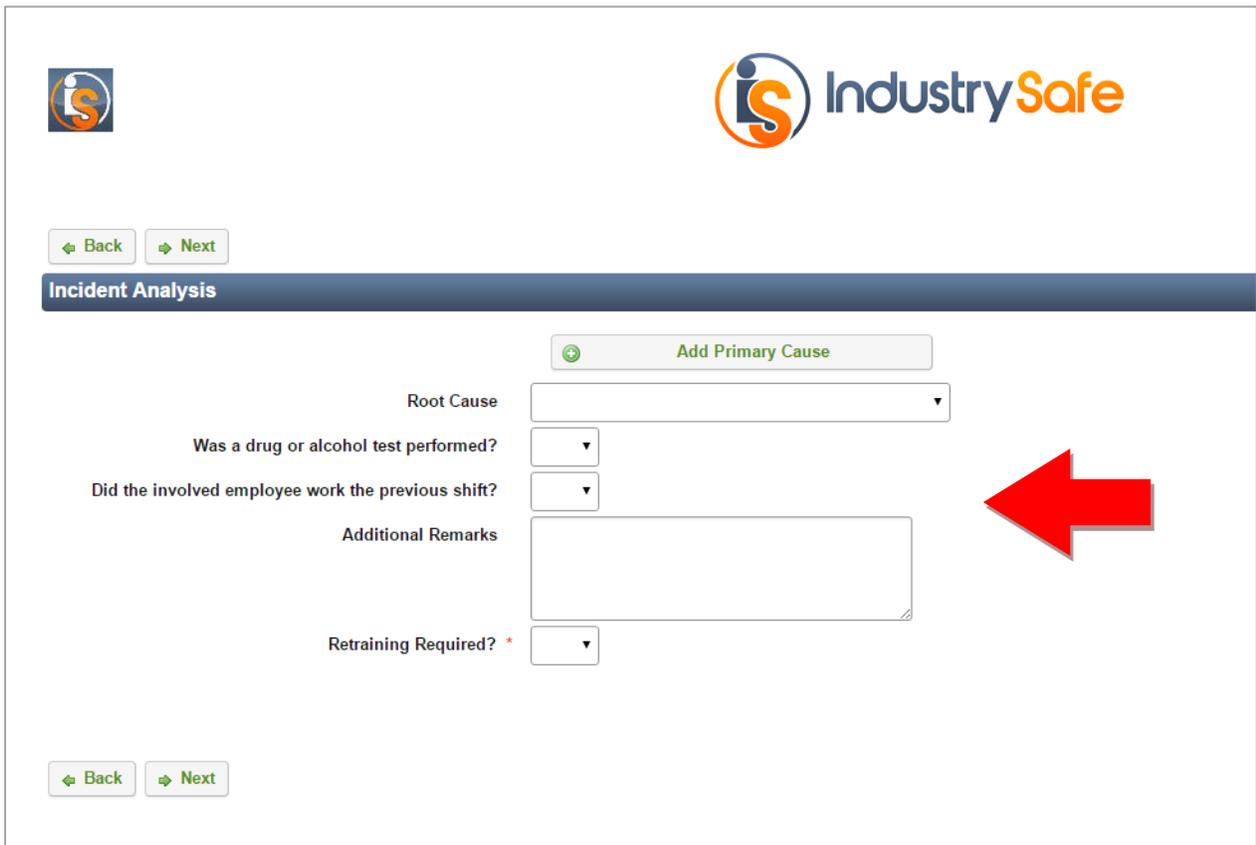


The screenshot shows the 'Responders' section of the IndustrySafe application. At the top left is a small 'iS' logo, and at the top right is the 'IndustrySafe' logo. Below the logos are two buttons: 'Back' and 'Next'. A dark blue header bar contains the title 'Responders'. The main form area contains the following fields:

- 'Did Fire / Emergency Medical Services respond to the incident?' with a dropdown menu set to 'Yes'.
- 'Fire / Medical Report #' with a text input field.
- 'Did Police / Security respond to the incident?' with a dropdown menu set to 'Yes'.
- 'Police / Security Report #' with a text input field.

At the bottom of the form are two buttons: 'Back' and 'Next'. A large red arrow points to the 'Next' button.

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



The screenshot shows the 'Incident Analysis' section of the IndustrySafe application. At the top left is a small 'iS' logo, and at the top right is the 'IndustrySafe' logo. Below the logos are two buttons: 'Back' and 'Next'. A dark blue header bar contains the title 'Incident Analysis'. The main form area contains the following fields:

- 'Add Primary Cause' button.
- 'Root Cause' with a dropdown menu.
- 'Was a drug or alcohol test performed?' with a dropdown menu.
- 'Did the involved employee work the previous shift?' with a dropdown menu.
- 'Additional Remarks' with a text area.
- 'Retraining Required? *' with a dropdown menu.

At the bottom of the form are two buttons: 'Back' and 'Next'. A large red arrow points to the 'Next' button.

- 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 Investigation Form Successfully created.

This report has been assigned the following number: **FY15-0760**. Please use the options below to complete additional incident forms and attach supporting documents.

 Edit Initial Incident Form	 Print
 Edit Incident Investigation Form	 Print
 Add Environmental Incident Form	

 [Attach File](#)

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

 [Submit](#)

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.