

# IndustrySafe Incident Reporting Guide

This guide describes the process for reporting an incident using the IndustrySafe Safety Management Software.

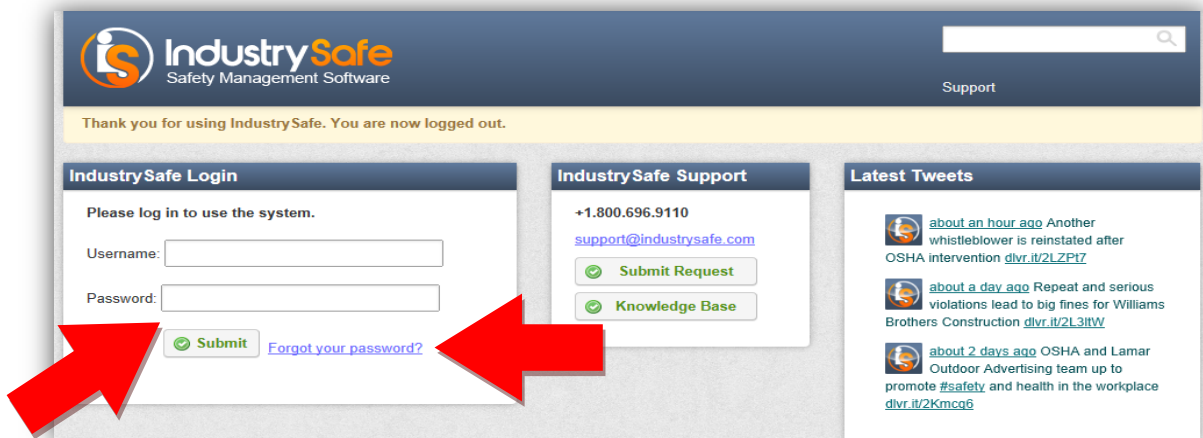
## 1 Log in to IndustrySafe

1.1 Using your preferred browser, go to <http://www.industrysafe.com>

1.2 Click on the **Login** button at the top right corner of the page.



1.3 Enter your username and password and click the **Submit** button.



**Note:** If you forget your username or password, click the **Forgot your password?** button to have your username and a new password emailed to you. The next time you log in you will be asked to change your password.

## 2 Open the Incidents Module

### 2.1 Click on the **Incidents** tab

Home

Dashboard

Incidents

Claims

Inspections

Hazards

Observations

Corrective Actions

Training

Industrial Hygiene

Security

Reports & Analysis

Regulatory Reports

Employees

Facility Profile

Incident Summary

17 out of 17 records

Incident Number	Facility	Date of Incident	Incident Type	Section	Location	Injury Involved	Vehicle Involved
<a href="#">FY13-0021</a>	Peterland Facility	10/18/2012	Collision			No	No
<a href="#">FY13-0020</a>	Peterland Facility	10/17/2012	Collision			Yes	Yes
<a href="#">FY13-0019</a>	holland facility	10/16/2012	Collision	908C - Steel Processing	Initial Smelting	Yes	Yes
<a href="#">FY13-0018</a>	Peterland Facility	10/11/2012	Collision	908C - Steel Processing	Initial Smelting	Yes	No
<a href="#">FY13-0016</a>	Peterland Facility	10/11/2012	Near Miss			Yes	No
<a href="#">FY13-0017</a>	Peterland Facility	10/11/2012	Fire	908C - Steel Processing	Initial Smelting	No	No
<a href="#">FY13-0013</a>	Peterland Facility	10/10/2012	Injury	908C - Steel Processing	Initial Smelting	Yes	Yes
<a href="#">FY13-0014</a>	Bostarino	10/10/2012	Collision			Yes	No
<a href="#">FY13-0015</a>	Port of Oakland	10/10/2012	Collision	908C - Steel Processing	Initial Smelting	No	No
<a href="#">FY13-0012</a>	Peterland Facility	10/09/2012	Collision			Yes	No
<a href="#">FY13-0009</a>	Bostarino	10/05/2012	Near Miss			Yes	Yes
<a href="#">FY13-0010</a>	Bostarino	10/05/2012	Collision			Yes	Yes
<a href="#">FY13-0011</a>	Bostarino	10/05/2012	Fire			Yes	Yes
<a href="#">FY13-0008</a>	Bostarino	10/02/2012	Injury	908C - Steel Processing	Initial Smelting	Yes	No
<a href="#">FY13-0007</a>	Peterland Facility	10/02/2012	Collision	908C - Steel Processing	Initial Smelting	Yes	No
<a href="#">FY13-0006</a>	Peterland Facility	10/02/2012	Fire	908C - Steel Processing	Initial Smelting	Yes	No
<a href="#">FY13-0005</a>	Bostarino	09/28/2012	Fire			Yes	Yes

### 2.2 Click the green and white addition sign icon to access a new Incident recording form

Home

Dashboard

Incidents

Claims

Inspections

Hazards

Observations

Corrective Actions

Training

Industrial Hygiene

Reports & Analysis

Regulatory Reports

Employees

Facility Profile

Add

Incident Summary

17 out of 17 records

Incident Number	Facility	Date of Incident	Incident Type	Section	Location
<a href="#">FY13-0021</a>	Peterland Facility	10/18/2012	Collision		
<a href="#">FY13-0020</a>	Peterland Facility	10/17/2012	Collision		
<a href="#">FY13-0019</a>	holland facility	10/16/2012	Collision	908C - Steel Processing	Initial Smelting
<a href="#">FY13-0018</a>	Peterland Facility	10/11/2012	Collision	908C - Steel Processing	Initial Smelting

## 3 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).

**New Incident Form:**

[Continue](#) [Close](#)

[Basic Information](#) | [Additional Features](#)

**Basic Information**

Internal Report Number	<input type="text"/>
Involved Employee Name	<input type="text" value="tomp"/>
Involved Employee ID *	<div>Gabriel Tompkins -- 101</div>
Involved Employee Title	<div>Gabe Tompkins-Penn -- E1003</div> <div>Gabe Tompkins-TRA -- E1000</div> <div>Gabe Tompkins-Yahoo -- E1001</div>
Worker Type *	
Date of Incident *	
Time of Incident *	
Incident Type *	
Facility *	<input type="text"/>
Section	<input type="text"/>
Location	<input type="text"/>
Department *	<input type="text"/>
Was This Incident Work Related? *	<input type="text" value="Yes"/>
Was a Vehicle Involved? *	<input type="text"/>
Was an employee or directly supervised contractor injured? *	<input type="text"/>

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

The screenshot shows a web form titled "Basic Information" with a "Top" link. The form contains the following fields and controls:

- Involved Employee Name: Mary Smith
- Involved Employee ID \*: empno28693
- Involved Employee Title: Mechanic
- Worker Type \*: Full-Time Employee (dropdown)
- Date of Incident \*: 6/7/2012 (calendar icon)
- Time of Incident \*: hh:mm ampm
- Incident Type \*: (dropdown)
- Business Group \*: Gas Delivery (dropdown)
- Region \*: Northern (dropdown)
- Division \*: Oakland (dropdown)
- Facility \*: Port of Oakland (dropdown)
- Department \*: Maintenance (dropdown)
- Was a Vehicle Involved? \*: (checkbox)
- Was an employee or directly supervised contractor injured? \*: (checkbox)
- Was a Non-Employee injured? \*: (checkbox)
- Was Property Damage Involved? \*: (checkbox)
- Initial Incident Description \*: (text area)
- Select Additional Incident Forms: ☒ Incident Investigation
- Continue button (green arrow icon)

Two large red arrows are overlaid on the form: one points from the right side towards the "Continue" button, and the other points from the right side towards the "Incident Investigation" checkbox.

**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.

## 4 Complete the Incident Investigation Form

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


Home Dashboard **Incidents** Claims Inspections Hazards Observations Corrective Actions Training


+ Reports & Analysis ▾ Regulatory Reports ▾ Employees Facility Profile

**Incident: FY13-0021      10/18/2012      Collision**

**Involved Employee: Scott Kaminski - Mechanic**

+ Add - Delete

[New Incident Form](#) 

[Incident Investigation - Open](#) 

**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.

## 4.2 Complete the Incident Details section.

Incident Details

Top

Can Time Be Determined? \*

OSHA 301

Yes

Shift

Reported to: Name

Start typing name here

Reported to: Employee ID \*

Reported to: Title

Date Reported \*

6/7/2012

Business Group

Gas Delivery

Region

Northern

Division

Oakland

Facility

Port of Oakland

Department

Maintenance

Description of Location \*

Description of Incident \*

Employee slipped and fell

## 4.3 If a vehicle was involved, complete the Vehicle Involved section.

Vehicle Involved

Top

Vehicle Action

Vehicle Make

Vehicle Model

Vehicle Year

License Plate Number

Name of Driver

Mary Smith

Driver Employee ID \*



empno28693

Number of Passengers

0

Names of Passengers

- 4.4 If there were any witnesses, enter the number in the Witness section and complete the section that appears for each witness.

**Witness Information**   [Top](#)

Number of Witness(es)

2

**Witness 1**

Name

Phone Number

Witness Statement\*

**Witness 2**

Name

Phone Number

Witness Statement\*

#### 4.5 If the incident involved an employee injury, complete the Employee Injury section.

Employee Injury Top

**Date of injury or onset of illness \***  
OSHA 300  
6/7/2012

**Did injury occur on premises? \***  
OSHA 301  
☐

**Was Medical Treatment Received? \***  
OSHA 301  
☐

**If Refused, Why?**

**Initial Treatment \***  
First Report 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

**Classification of Injury/Illness \***  
OSHA 300

**Was injury or illnesses a needle stick or other sharp implement injury, hearing loss, or tuberculosis? \***  
OSHA 301 ⓘ  
☐

**Date Incident Flagged as OSHA Recordable**

**Area of Body Affected \***

**Body Part Affected \***

**Side of Body Affected \***

**Nature of Injury \*** ⓘ

**Primary Cause of Injury \*** ⓘ

**Detailed Cause of Injury \*** ⓘ

**Is injury expected to be disabling? \***  
☐

**Was employee exposed to a hazardous material? \***  
☐

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.

- 4.6 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

Did injury occur on premises? \*

OSHA 301

Was Medical Treatment Received? \*

OSHA 301

**Medical Treatment** [Top](#)

Date of Treatment \*

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

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

#### 4.7 If the incident involved an employee injury, complete the Recordkeeping section.

**Recordkeeping** Top

<b>Where did the incident occur? *</b> <small>OSHA 300</small>	<input type="text" value="Back wall of Maintenance Room A"/>
<b>What was the employee doing just before incident occurred? *</b> <small>OSHA 301</small>	<input type="text"/>
<b>How did the injury occur? *</b> <small>OSHA 301</small>	<input type="text" value="Employee slipped and fell"/>
<b>What was the injury or illness? *</b> <small>OSHA 301</small>	<input type="text" value="Contusion/Bruise of Lower Leg, Left Side"/>
<b>What object or substance directly harmed the employee? *</b> <small>OSHA 301</small>	<input type="text"/>
<b>Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill *</b> <small>OSHA 300</small>	<input type="text"/>
<b>Is this a Privacy Case? *</b> <small>OSHA 300</small> ⓘ	<input type="text" value=""/>
<b>Should this injury be redlined on the OSHA 300 log? *</b> <small>OSHA 300</small> ⓘ	<input type="text" value=""/>
<b>If Yes, explain why this injury should be redlined</b> <small>OSHA 301</small>	<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.

#### 4.8 If the incident involved an employee injury complete the Employee Work Behavior section.

Employee Work Behavior
Top

Time Employee Began Work \*  
OSHA 301

Time Employee Ended Work

Was an allegedly defective tool or equipment involved?

If yes, explain how tool or equipment caused the illness/injury

Was the alleged unsafe or defective tool or equipment reported?

If yes, to whom and when

Is employee trained and authorized to use the tool or equipment?

Were safety rules and safe work practices being followed?

If no, explain

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

Were they used?  
First Report of Injury

Was personal protective equipment required for this job?

Identify required personal protective equipment

- ☐ Safety Shoes
- ☐ Hard Hats/Bump Caps
- ☐ Eye Protection (goggles, glasses w/ side shields)
- ☐ Rubber Gloves
- ☐ Canvas Gloves
- ☐ Other Type Gloves
- ☐ Face Shield
- ☐ Hearing Protection

#### 4.9 If the incident involved property damage, complete the Property Damage Section.

Property Damage
Top

Estimated Property Damage \*

#### 4.10 Identify any Emergency Responders and enter a report number if available.

Responders

Identify Emergency Responders

☐ Fire/Emer. Medical Services  
☐ Police/Security

Report #

Fire/Medical Report

Report #

Police Report

#### 4.11 Complete the Incident Analysis Section.

Incident Analysis

Root Cause

Number of Primary Causes

Was a drug or alcohol test performed?

Did the involved employee work the previous shift?

Analysis of the Incident \*

Other Parties' Version of the Incident

Additional Remarks

Employee Training History (last two years)

Retraining Required?

Recommended Retraining

Report Status

0

Open

## 4.12 Save the form.

**Additional Features**

Claims

Add Claim

Tasks

Add Task

Events

Add Event

Hazards

Add Hazard

Corrective Actions


Add Corrective Action

Attachments

Attach File

Emails

Send Email



Save

Back

Close

Print

## 5 Additional Features

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

**Additional Features**

Claims

Add Claim

Tasks

Add Task

Events

Add Event

Hazards

Add Hazard

Corrective Actions

Add Corrective Action

Attachments

Attach File

Emails


Send Email

Save

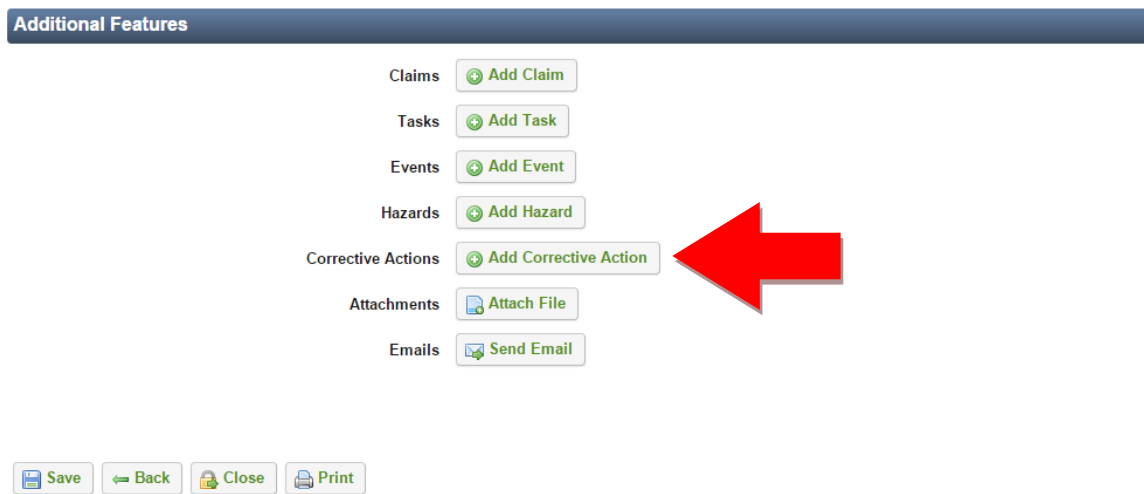
Back

Close

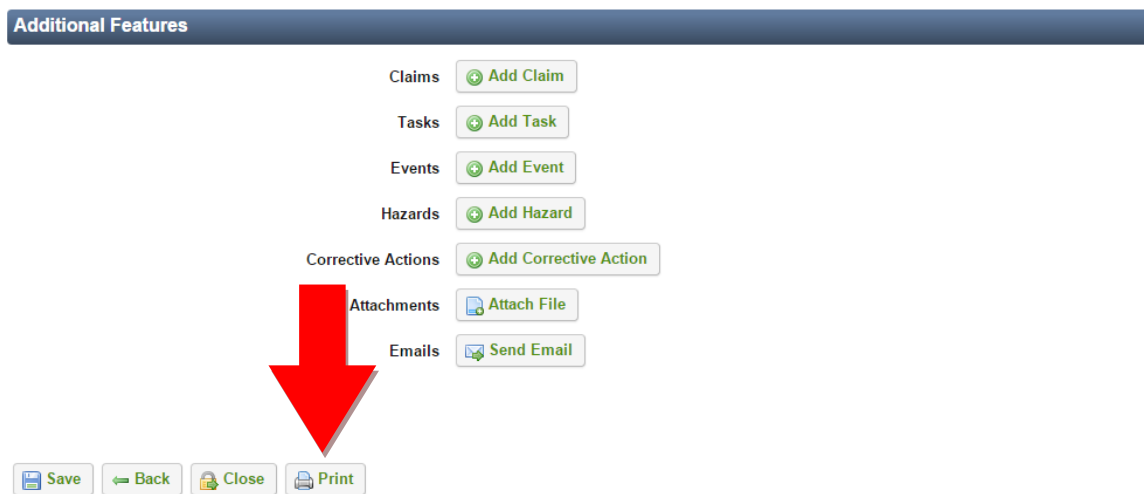
Print



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



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



## 6 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.
- 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.

