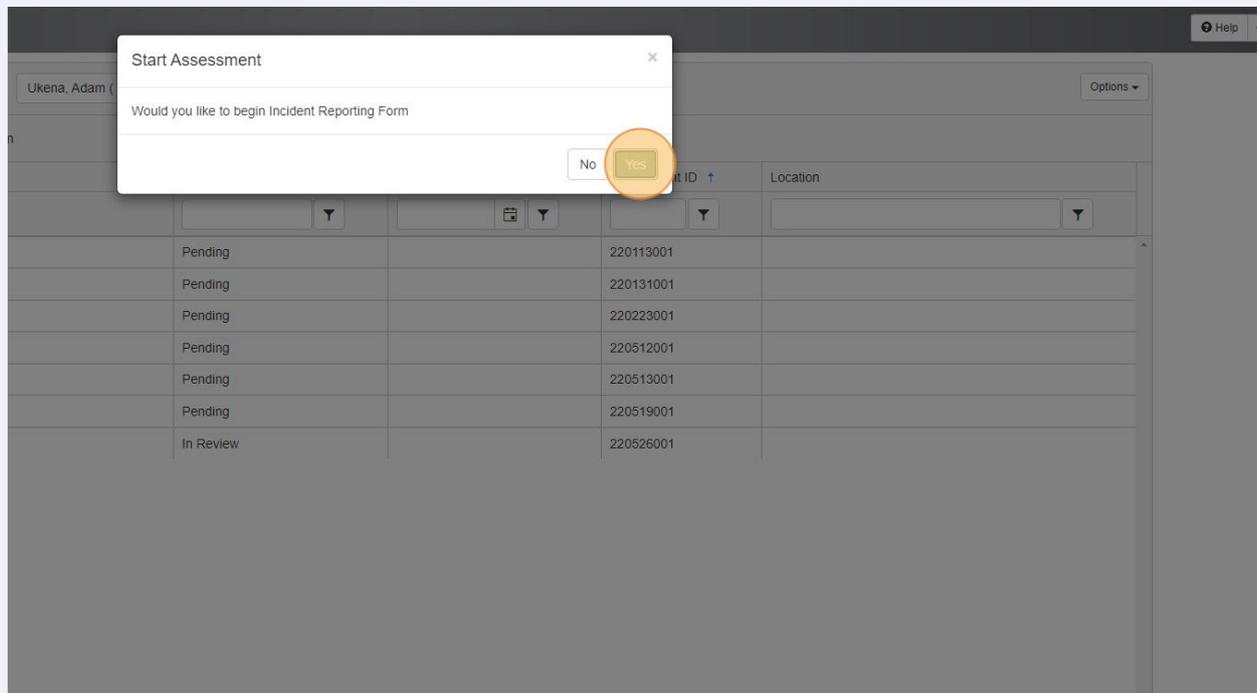


KSU Incident Reporting Form

1 Navigate to <http://ehsa.prod.aws.ksu.edu/ehsa/login?showassessment=KSIRF>

2 Click "Yes" to begin.



3

If you have submitted a previous incident you will have the option of loading some previous entries. Click "No" if you want to start from scratch.

The screenshot shows a 'Load Assessment' dialog box with the following text: 'You have previously completed this assessment (220321001) on 03/21/2022. Would you like to load your previous responses?'. There are two buttons: 'No' (highlighted with a yellow circle) and 'Yes'. The background shows a table with columns for 'Status', 'Incident ID', and 'Location'. The table contains the following data:

Status	Incident ID	Location
Pending	220113001	
Pending	220131001	
Pending	220223001	
Pending	220512001	
Pending	220513001	
Pending	220519001	
In Review	220526001	

4

This page is the instruction page.

The screenshot shows the 'Assessment Questions' section of the 'Incident Reporting Form'. It includes the following text: 'Kansas State University seeks information about the safety of the university environment. Please help us ensure that our campus provides a safe learning and working environment by answering the following questions. Your participation is valued and extremely important for these efforts.' A yellow circle highlights the word 'provides'. Below this is a note: 'Please note - University employees are required to report work-related incidents.' At the bottom, there is a red heading: 'For a medical emergency, seek treatment as needed prior to submit'. The Kansas State University logo is visible on the right side.

5 Click "Next" after reading above to continue.

answering the following questions. Your participation is valued and extremely important for these efforts.

Please note - University employees are required to report work-related incidents.

U N I

For a medical emergency, seek treatment as needed prior to submitting a

← Previous

Save Progress

Next →

6 Some of the following steps may differ for you. Depending on your selections questions may be added or removed.

7

Click the "Yes" field if the report is for yourself, otherwise click "No".

The screenshot shows a web interface for an assessment. At the top, there is a header with 'Add Assessment', 'Edit Labels', and 'Save Defaults' with a dropdown arrow. Below the header, there are two tabs: 'Instructions' and 'Assessment Questions', with the latter being active. The form is divided into three sections: 'Who is Reporting', 'Witness Details', and 'Injury or Exposure Detail'. Under 'Who is Reporting', there are two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is highlighted with a yellow circle. To the right of the radio buttons is the question 'Is this report for yourself?'. Below this, there is a question 'What is your role?' followed by a list of radio button options: 'KSU Faculty/Staff', 'KSU Student/Grad Student Employee', 'KSU Student (non-employee)', 'KSU Volunteer', and 'Visitor/Vendor/Contractor'.

8

Click whichever one best describes you or the one you are reporting for.

The screenshot shows the same web interface as above. In this step, the 'Yes' radio button under 'Who is Reporting' is selected, indicated by a blue dot. The 'KSU Faculty/Staff' radio button under the 'What best describes the individual's role during the incident?' question is highlighted with a yellow circle. The other elements of the form, including the 'Witness Details' and 'Injury or Exposure Detail' sections, remain the same.

9

Verify that the person you are reporting for is correct. If not click the blue search icon and search for the individual.

Injury or Exposure Detail

What best describes the individual's role during the incident?

- KSU Faculty/Staff
- KSU Student/Grad Student Employee
- KSU Student (non-employee)
- KSU Volunteer
- Visitor/Vendor/Contractor

eID of individual report is for

Who is the supervisor?

Department of individual reporting for

Job title of individual reporting for

10

Click the blue search icon to bring up the "Find Worker" field.

Injury or Exposure Detail

- KSU Student (non-employee)
- KSU Volunteer
- Visitor/Vendor/Contractor

eID of individual report is for

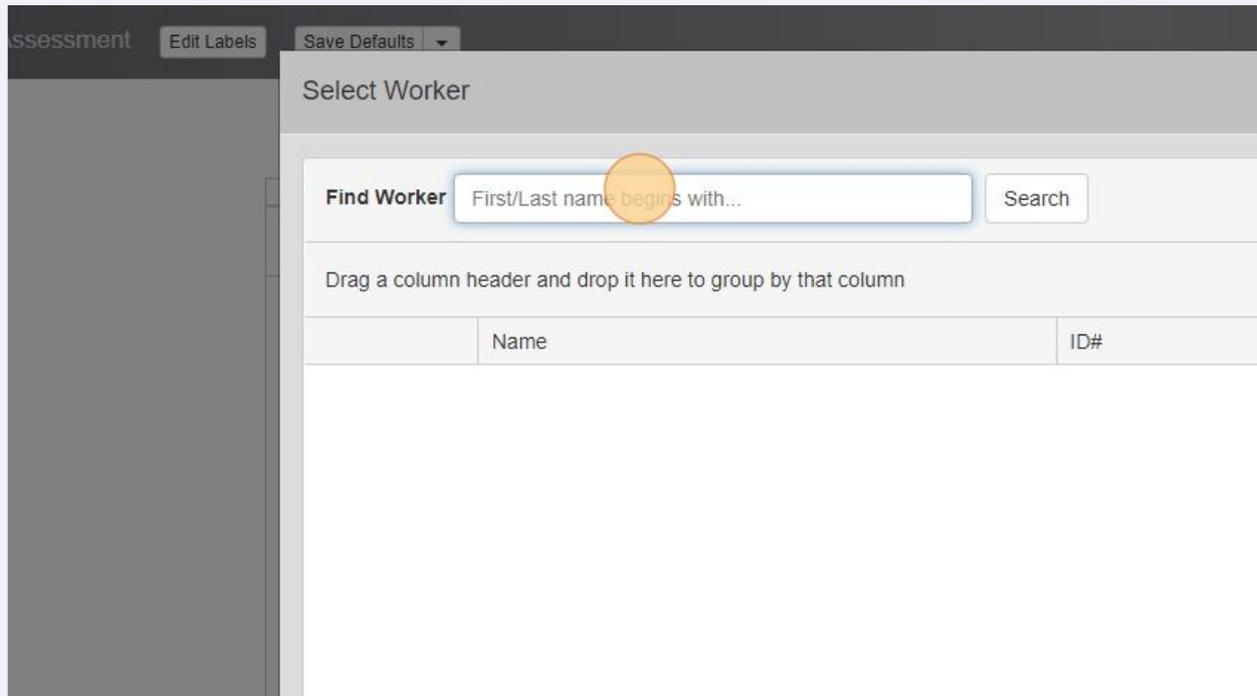
Who is the supervisor?

Department of individual reporting for

Job title of individual reporting for

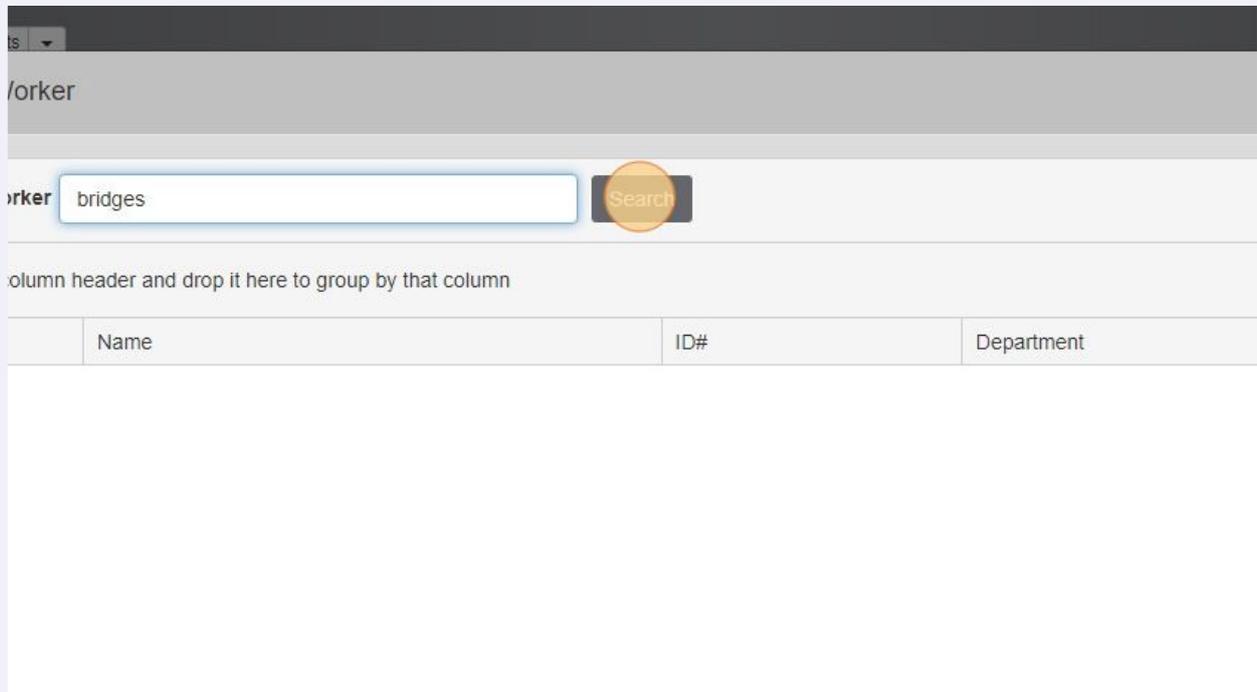
11

Click the "Find Worker" field and type the name or part of the name of your supervisor.



12

After typing a name. Click "Search"



13 Click "Select" next to your correct supervisor

The screenshot shows a 'Select Worker' interface. At the top, there is a search bar labeled 'Find Worker' with the text 'bridges' entered. Below the search bar is a text prompt: 'Drag a column header and drop it here to group by that column'. The main area contains a table with a 'Name' column header. The table lists three workers, each with a 'Select' button to its left. The first worker is 'Bridges, Ronald', which is highlighted with a yellow circle. The other two workers are 'Bridges, Durant' and 'BRIDGES, RONALD'. The third worker is 'Bridges, Bill'.

	Name
	Bridges, Ronald
	Bridges, Durant
	BRIDGES, RONALD
	Bridges, Bill

14 Verify that every thing looks correct. If so, click "Next"

The screenshot shows a form with a search bar at the top containing 'Bridges, Ronald'. Below the search bar are two text input fields: 'Department of individual reporting for' and 'Job title of individual reporting for'. At the bottom of the form, there are three buttons: 'Previous' (with a left arrow), 'Save Progress', and 'Next' (with a right arrow and a yellow circle highlight).

15 Click the calendar icon to bring up the date field.

Save as Complete Cancel

Date/Time of incident

Date/Time work started day of the incident

Location of incident

Manhattan Campus
 Olathe Campus
 Salina Campus
 Other

Specific location of incident (View Campus Map) ⓘ

Describe

No Did incident occur in a lab?

Describe in detail how the incident occurred ⓘ

Describe

16 Click the date of the incident.

Date/Time of incident

Date/Time work started day of the incident

Location of incident

Specific location of incident (View Campus Map) ⓘ

Describe

Did incident occur in a lab?

Describe in detail how the incident occurred ⓘ

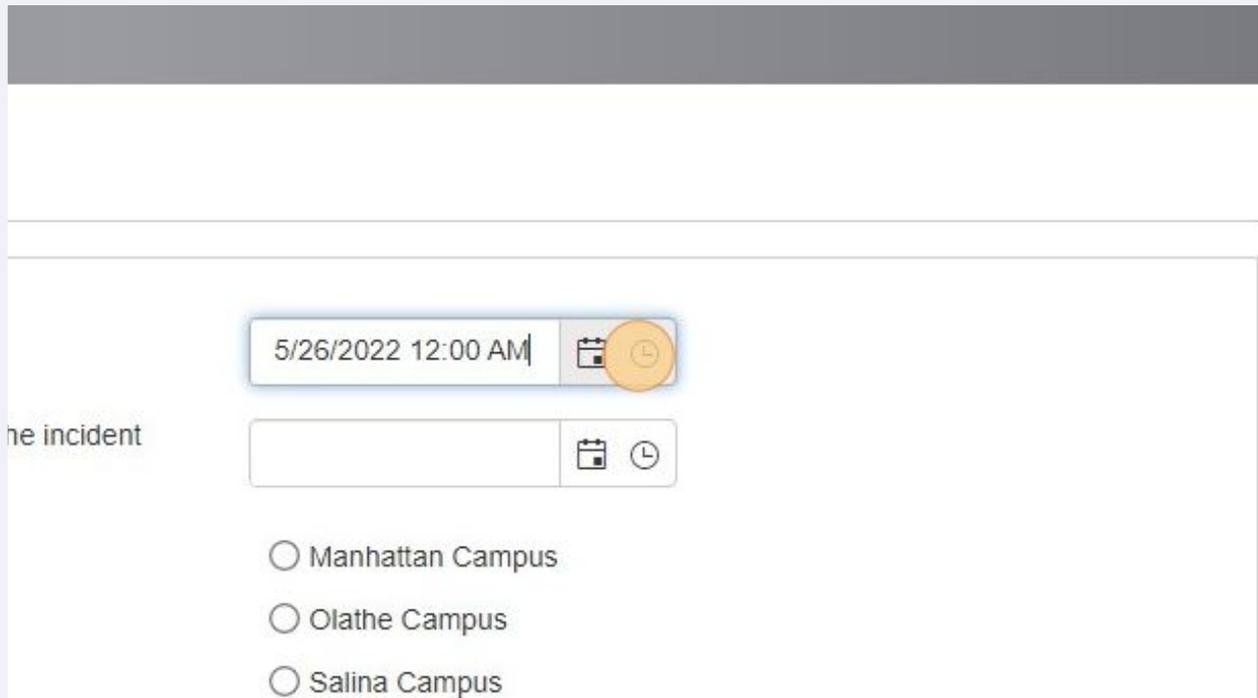
Describe

May 2022

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

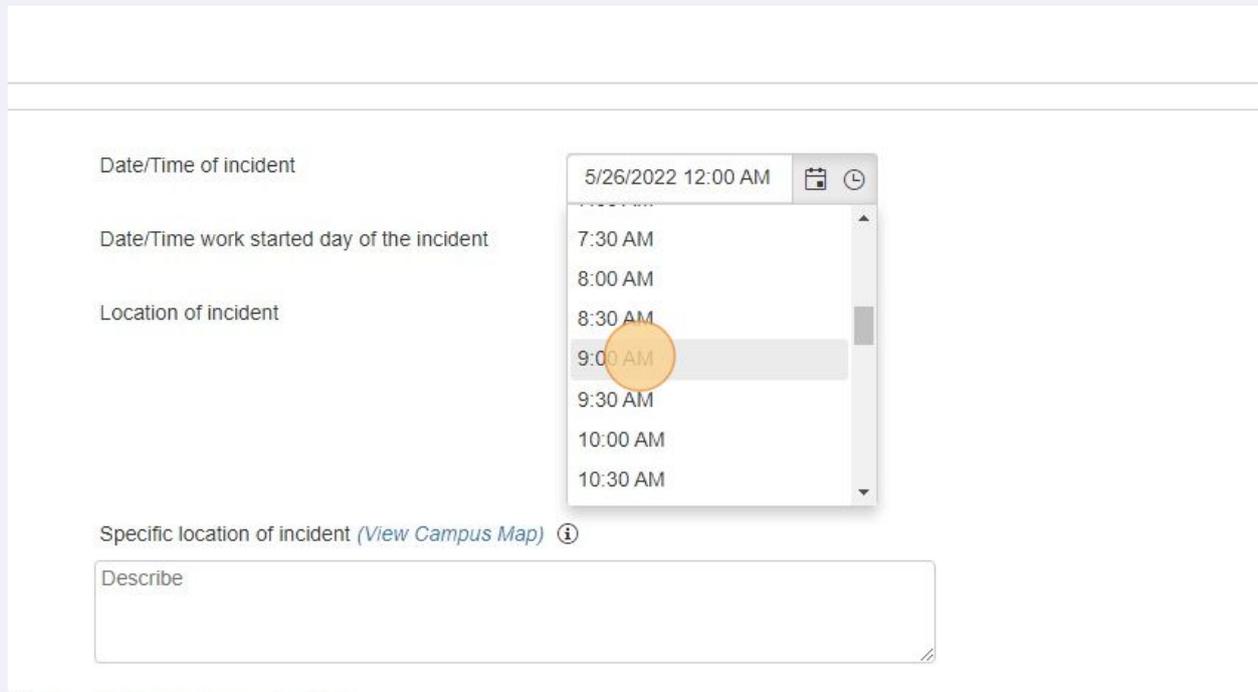
Thursday, May 26, 2022

17 Click the clock icon to bring up the time field.



The screenshot shows a form with a date and time input field containing "5/26/2022 12:00 AM". To the right of the input is a calendar icon and a clock icon. The clock icon is highlighted with a blue glow. Below the input field is a label "The incident" followed by an empty input field with its own calendar and clock icons. Underneath are three radio button options: "Manhattan Campus", "Olathe Campus", and "Salina Campus".

18 Click the time the incident occurred.



The screenshot shows a form with several fields. The "Date/Time of incident" field is set to "5/26/2022 12:00 AM". The "Date/Time work started day of the incident" field has a dropdown menu open, showing a list of times from 7:30 AM to 10:30 AM in 30-minute increments. The "9:00 AM" option is highlighted with a blue bar and a blue glow. The "Location of incident" field is empty. Below it is a label "Specific location of incident (View Campus Map) ⓘ" and a text area labeled "Describe".

19 Click the calendar icon to bring up the date field.

Save

Date of incident: 5/26/2022 9:00 AM [Calendar icon]

Time work started day of the incident: [Empty field] [Calendar icon]

Location of incident:

- Manhattan Campus
- Olathe Campus
- Salina Campus
- Other

Location of incident (View Campus Map) ⓘ

20 Click the date of the incident.

Date of incident: 5/26/2022 9:00 AM [Calendar icon]

Time work started day of the incident: [Empty field] [Calendar icon]

Location of incident:

- Manhattan Campus
- Olathe Campus
- Salina Campus
- Other

Location of incident (View Campus Map) ⓘ

May 2022						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

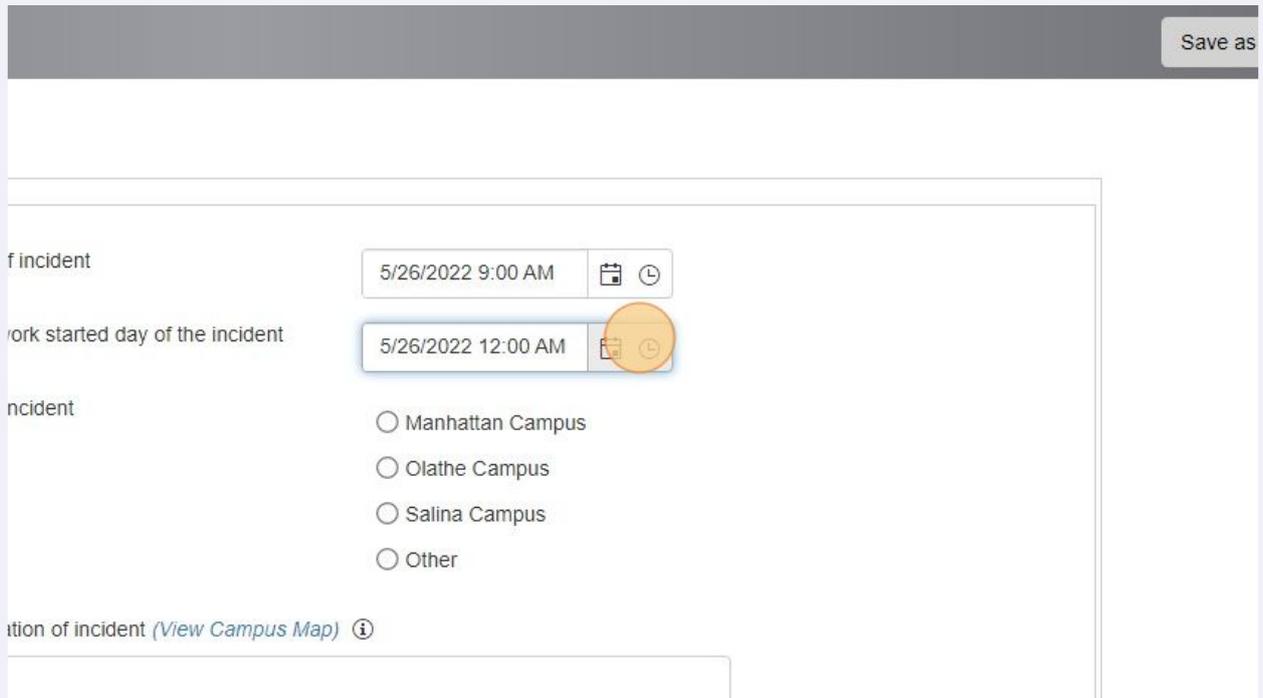
Thursday, May 26, 2022

Did the incident occur in a lab?

Describe in detail how the incident occurred ⓘ

21

Click the clock icon to bring up the time field.



Save as

Date/Time of incident 5/26/2022 9:00 AM [calendar icon] [clock icon]

Date/Time work started day of the incident 5/26/2022 12:00 AM [calendar icon] [clock icon]

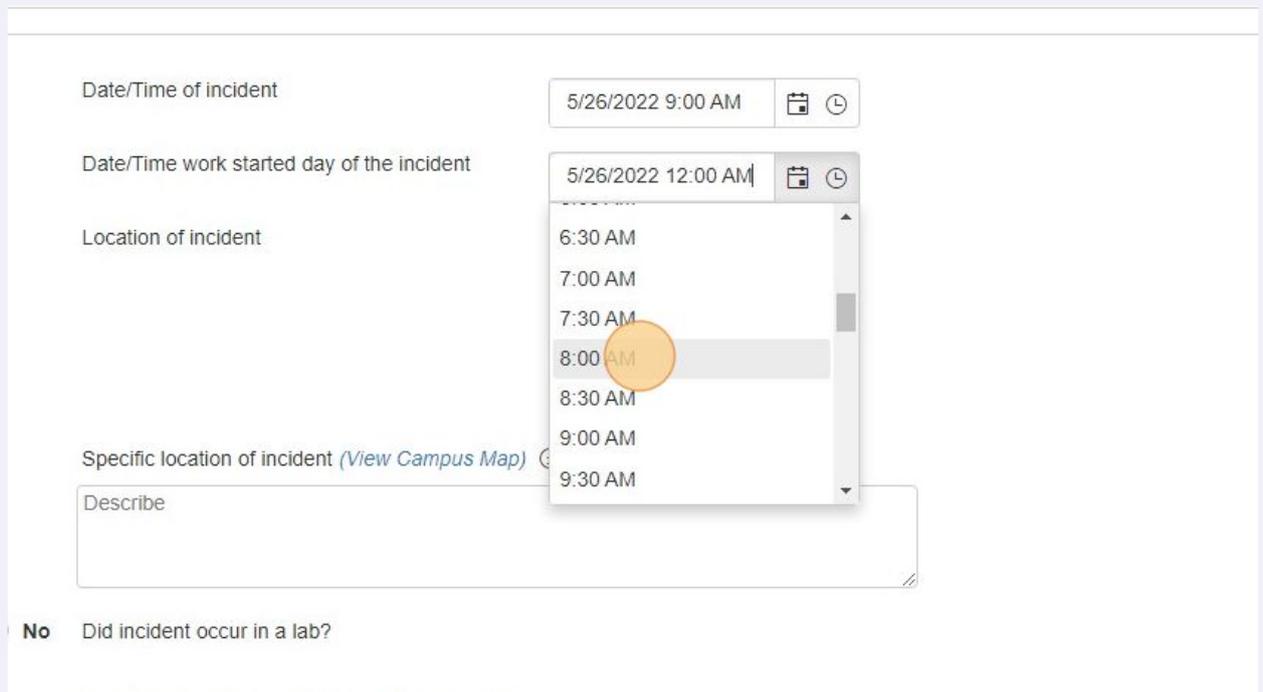
Location of incident

- Manhattan Campus
- Olathe Campus
- Salina Campus
- Other

Specific location of incident ([View Campus Map](#)) ⓘ

22

Click the time work started.



Date/Time of incident 5/26/2022 9:00 AM [calendar icon] [clock icon]

Date/Time work started day of the incident 5/26/2022 12:00 AM [calendar icon] [clock icon]

Location of incident

- 6:30 AM
- 7:00 AM
- 7:30 AM
- 8:00 AM
- 8:30 AM
- 9:00 AM
- 9:30 AM

Specific location of incident ([View Campus Map](#)) ⓘ

Describe

No Did incident occur in a lab?

23 Click the location of the incident.

5

Date/Time of incident  

Date/Time work started day of the incident  

Location of incident

- Manhattan Campus
- Olathe Campus
- Salina Campus
- Other

Specific location of incident ([View Campus Map](#)) 

Describe

24 Click the "Describe" field and type in the location the incident occurred.

Details

Exposure Detail

Date/Time work started day of the incident  

Location of incident

- Manhattan Campus
- Olathe Campus
- Salina Campus
- Other

Specific location of incident ([View Campus Map](#)) 

Describe

Yes No Did incident occur in a lab?

Describe in detail how the incident occurred 

Describe

25 Click whether the incident occurred in a lab.

Injury or Exposure Detail	
	<p><input type="radio"/> OIa</p> <p><input type="radio"/> Sal</p> <p><input type="radio"/> Oth</p> <p>Specific location of incident (<i>View Campus Map</i>) ⓘ</p> <p>Test Location</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Did incident occur in a lab?</p> <p>Describe in detail how the incident occurred ⓘ</p> <p>Describe</p> <p><input type="radio"/> Yes <input type="radio"/> No Part of regular job duties?</p> <p>Explanation</p>

26 Click the "Describe" field and type in a description of what happened.

	<p>Specific location of incident (<i>View Campus Map</i>) ⓘ</p> <p>Test Location</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Did incident occur in a lab?</p> <p>Describe in detail how the incident occurred ⓘ</p> <p>Describe</p> <p><input type="radio"/> Yes <input type="radio"/> No Part of regular job duties?</p> <p>Explanation</p> <p>Describe</p>
--	---

27 Click whether or not the incident was a part of regular job duties.

		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Did incident occur in a lab?</p> <p>Describe in detail how the incident occurred ⓘ</p> <p>Test</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Part of regular job duties?</p> <p>Explanation</p> <p>Describe</p> <p><input type="radio"/> Yes <input type="radio"/> No Was incident related to research activities?</p> <p><input type="radio"/> Yes <input type="radio"/> No Did this incident involve an animal?</p>
--	--	---

28 Click whether or not the incident was related to research activities.

		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Did incident occur in a lab?</p> <p>Describe in detail how the incident occurred ⓘ</p> <p>Test</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No Part of regular job duties?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Was incident related to research activities?</p> <p><input type="radio"/> Yes <input type="radio"/> No Did this incident involve an animal?</p> <p>List all objects (equipment, materials, or chemicals) involve</p> <p>Describe</p> <p>List any personal protective equipment (PPE) being used a</p>
--	--	---

29 Click whether or not the incident involved an animal.

		<p>Describe in detail how the incident occurred ⓘ</p> <p>Test</p>
		<p><input checked="" type="radio"/> Yes <input type="radio"/> No Part of regular job duties?</p>
		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Was incident related to research activities?</p>
		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Did this incident involve an animal?</p>
		<p>List all objects (equipment, materials, or chemicals) involved</p> <p>Describe</p>
		<p>List any personal protective equipment (PPE) being used at the time of the incident</p> <p>Describe</p>

30 Click the "Describe" field and type all objects involved in the incident.

		<p>Test</p>
		<p><input checked="" type="radio"/> Yes <input type="radio"/> No Part of regular job duties?</p>
		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Was incident related to research activities?</p>
		<p><input type="radio"/> Yes <input checked="" type="radio"/> No Did this incident involve an animal?</p>
		<p>List all objects (equipment, materials, or chemicals) involved when the event occurred</p> <p>Describe</p>
		<p>List any personal protective equipment (PPE) being used at the time of the incident</p> <p>Describe</p>

31 Click the "Describe" field and type all PPE involved in the incident.

Yes No Was incident related to research activities?

Yes No Did this incident involve an animal?

List all objects (equipment, materials, or chemicals) involved when the event occurred

Test

List any personal protective equipment (PPE) being used at the time of the incident

Describe

← Previous Save Progress Next →

32 Verify that every thing looks correct. If so, click "Next"

Yes No Was incident related to research activities?

Yes No Did this incident involve an animal?

List all objects (equipment, materials, or chemicals) involved when the event occurred

Test

List any personal protective equipment (PPE) being used at the time of the incident

Test

← Previous Save Progress Next →

33 Click "Add" if there was a witness to the incident.

Labels Save Defaults ▾

Instructions **Assessment Questions**

Who is Reporting

Incident Details

Witness Details

Injury or Exposure Detail

Click Add Witness to provide information about any witnesses
+ Add Select 'Add' to create a new response.

← Previous Save Progress Next →

34 Type in the full name, phone, and email of the witness.
Then click the correct relationship field.

Click Add Witness to provide information about any witnesses
+ Add Select 'Add' to create a new response.

Name

Phone

Email

Relationship

- Co-worker
- Supervisor
- Bystander

Click Add Witness to provide information about any witnesses

[+ Add](#) Select 'Add' to create a new response.

Name	<input type="text" value="Test Witness"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Relationship	<input type="radio"/> Co-worker <input type="radio"/> Supervisor <input type="radio"/> Bystander

id All [^ Collapse All](#)

Name	Phone	Email	Relationship
Test Witness			

Name	<input type="text" value="Test Witness"/>
Phone	<input type="text" value="(785) 532-1719"/>
Email	<input type="text"/>
Relationship	<input type="radio"/> Co-worker <input type="radio"/> Supervisor <input type="radio"/> Bystander

|| [^ Collapse All](#)

view / Edit Test Witness (785) 532-1719

Name

Phone

Email

Relationship

- Co-worker
- Supervisor
- Bystander

▼ Expand All ▲ Collapse All

Next → Save as Complete

35 Verify that every thing looks correct. If so, click "Next"

Su

By

+ Add ▼ Expand All ▲ Collapse All

← Previous Save Progress **Next →**

36 Click here to add the injury or exposure details.

dit Labels Save Defaults ▾

Instructions **Assessment Questions**

Who is Reporting

Incident Details

Witness Details

Injury or Exposure Detail

Click Add Injury or Exposure to provide information about any injuries or exposure. Select 'Add' to create a new response.

Does the injury or exposure require medical attention?

Yes

No

Unknown

← Previous Save Progress Next →

37 Click each dropdown and add the field closest to the incident. How did it happen? What was the result? Which part of the body was affected?

Save as Complete Cancel

Click Add Injury or Exposure to provide information about any injuries or exposure. Select 'Add' to create a new response.

How did it happen?

What was the result?

Which part of the body was affected?

Does the injury or exposure require medical attention?

Yes

No

Unknown

Expand All Collapse All

How did it happen?

What was the result?

Which part of the body was affected?

▼

None
Caught In, Under or Between
Contact With/Exposure To - Harmful Substances or
Environments - Burn or Scald
Cut, Puncture, Scrape
Slip, Trip or Fall

Expand All Collapse All

Does the injury or exposure require medical attention?

- Yes
 No
 Unknown

Click Add Injury or Exposure to provide information about any injuries or exposure

Expand All Collapse All

	How did it happen?	What was the result?	Which part of the body was affect...

How did it happen?

Slip, Trip or Fall ▼

What was the result?

▼

Which part of the body was affected?

▼

Expand All Collapse All

	How did it happen?	What was the result?	Which part of the body was affect...
	On Ice or Snow		

How did it happen?

Slip, Trip or Fall

On Ice or Snow

What was the result?

Which part of the body was affected?

|| Collapse All

Does the injury or exposure require medical attention? Yes

What was the result?

Which part of the body was affected?

From Ladder or Scaffolding

On Liquid or Grease

Through Surface or Existing Opening - mining shafts, excavations, floor openings, elevator shafts

On Ice or Snow

|| Collapse All

Does the injury or exposure require medical attention?

Yes

No

Unknown

How did it happen? Slip, Trip or Fall ▼
On Ice or Snow ▼

What was the result? ▼

Which part of the body was affected? ▼

and All ▲ Collapse All

Does the injury or exposure require medical attention? Yes
 No
 Unknown

- Search
- Injuries
 - Occupational Diseases or Cumulative Injury
 - Infections and Parasitic Diseases
 - Symptoms, Signs and Ill-Defined Conditions
 - No Physical Injury

	How did it happen?	What was the result?	Affect...
dit	On Ice or Snow		

How did it happen? Slip, Trip or Fall ▼
On Ice or Snow ▼

What was the result? Injuries ▼

Which part of the body was affected? ▼

d All ▲ Collapse All

Does the injury or exposure require medical attention? Yes
 No

Which part of the body was affected?

All

Does the injury or exposure require medical attention?

- Abrasion - scratch
- Amputation
- Asphyxiation, strangulation, suffocation
- Blisters/Bumps
- Bruise - contusion

Unknown

How did it happen?

What was the result?

Which part of the body was affected?

All

Does the injury or exposure require medical attention?

- Yes
- No
- Unknown

Which part of the body was affected?

▼

Search

- Head and Neck
- Shoulders, Arms and Hands
- Chest and Trunk
- Back
- Midsection and Stomach
- Hips, Legs and Feet
- Muscles or Skin

Expand All Collapse All

Does the injury or exposure require medical attention?

Next →

Save as Complete

Cancel

How did it happen?

Slip, Trip or Fall ▼

On Ice or Snow ▼

What was the result?

Injuries ▼

Bruise - contusion ▼

Which part of the body was affected?

Hips, Legs and Feet ▼

Expand All Collapse All

Does the injury or exposure require medical attention?

- Yes
- No
- Unknown

What was the result?

Injuries

Bruise - contusion

Which part of the body was affected?

Hips, Legs and Feet

Expand All Collapse All

Does the injury or exposure require medical attention?

Next →

Save as Complete Cancel

Hip

Thigh

Knee

Lower Leg

Ankle

Foot

Toe(s)

38 Click whether or not the incident requires medical attention.

Which part of the body was affected?

Bruise - contusion

Hips, Legs and Feet

Hip

Expand All Collapse All

Does the injury or exposure require medical attention?

Yes

No

Unknown

Next →

Save as Complete C

39 Verify that every thing looks correct. If so, click "Next"

Which part of the body was affected?

Hips, Legs
Hip

+ Add Expand All Collapse All

Does the injury or exposure require medical attention?

Yes
 No
 Unknown

← Previous Save Progress Next →

40 The form should be filled out now. Click "Yes" save as complete and submit or no to go back to the form to verify that everything is filled out.

assessment Edit Labels Save Defaults

Save as Complete Cancel Help

Instructions **Assessment Questions**

Who is Reporting
Incident Details
Witness Details
Injury or Exposure Detail

End of Assessment

There are no further questions. Do you wish to 'Save As Complete'?

No Yes

← Previous Save Progress Next → Save as Complete Cancel

41

Once submitted, you will get a verification that the form was submitted successfully. Click "OK"

