KSU Incident Reporting Form

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

2. Click "Yes" to begin.
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.

This page is the instruction page.
Click "Next" after reading above to continue.

Some of the following steps may different 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".

8 Click whichever one best describes you or the one you are reporting for.
9 Verify that the person you are reporting for is correct. If not click the blue search icon and search for the individual.

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

14 Verify that every thing looks correct. If so, click "Next"
15 Click the calendar icon to bring up the date field.

16 Click the date of the incident.
17 Click the clock icon to bring up the time field.

Click the time the incident occurred.

Specific location of incident (View Campus Map) 

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

20  Click the date of the incident.
21 Click the clock icon to bring up the time field.

22 Click the time work started.
23 Click the location of the incident.

24 Click the "Describe" field and type in the location the incident occurred.
25 Click whether the incident occurred in a lab.

26 Click the "Describe" field and type in a description of what happened.
27 Click whether or not the incident was a part of regular job duties.

- Yes
- No

Did incident occur in a lab?

Describe in detail how the incident occurred:

Test:

- Yes
- No

Part of regular job duties?

Explanation

Describe

- Yes
- No

Was incident related to research activities?

- Yes
- No

Did this incident involve an animal?

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

- Yes
- No

Did incident occur in a lab?

Describe in detail how the incident occurred:

Test:

- Yes
- No

Part of regular job duties?

- Yes
- No

Was incident related to research activities?

- Yes
- No

Did this incident involve an animal?

List all objects (equipment, materials, or chemicals) involved:

Describe

List any personal protective equipment (PPE) being used:
29. Click whether or not the incident involved an animal.

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

32 Verify that everything looks correct. If so, click "Next"
33 Click "Add" if there was a witness to the incident.

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

Select 'Add' to create a new response.

<table>
<thead>
<tr>
<th>Name</th>
<th>Test Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>(785) 532-1719</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Relationship
- Co-worker
- Supervisor
- Bystander
Verify that everything looks correct. If so, click "Next".
36 Click here to add the injury or exposure details.

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?
### How did it happen?
- Slip, Trip or Fall

### What was the result?

### Which part of the body was affected?

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

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

<table>
<thead>
<tr>
<th>How did it happen?</th>
<th>What was the result?</th>
<th>Which part of the body was affected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slip, Trip or Fall</td>
<td></td>
<td></td>
</tr>
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</tr>
<tr>
<td>Slip, Trip or Fall</td>
<td>Injuries</td>
<td></td>
</tr>
<tr>
<td>On Ice or Snow</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the injury or exposure require medical attention?
- Yes
- No
- Unknown
**Which part of the body was affected?**

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

**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

**Does the injury or exposure require medical attention?**

- Yes
- No
- Unknown
Click whether or not the incident requires medical attention.
39 Verify that every thing looks correct. If so, click "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.
Once submitted, you will get a verification that the form was submitted successfully. Click "OK"