

KSU Incident Report Review Supervisor

1

To review an incident. Click "CLICK HERE" in the email that was sent to the reviewer to be taken to that specific incident.

the incident report for further processing by Human Capital Services and Environmental Health and Sa

ed as an on-the-job incident and requires the employer to confirm and submit the details of the incident
gh the **Electronic Incident Report**. Once you review and submit, the incident will be routed to Huma

[CLICK HERE](#)

d/or your department or unit regarding their work-related injury.

medical facility. The supervisor or HCS liaison should inform the SSIF at 785-296-2364 as soon as po

treatment for an injury; they must have authorization from the SSIF for the treatment. You can call the 9

2 Click "Assessment Questions" or next to move to the next page.

EHSA Utility / Edit Assessment Edit Labels Modify Questions

Instructions **Assessment Questions** Review Questions/Answers Review

Incident Reporting Form

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.

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

For a medical emergency, seek treatment as needed prior to submitting an incident report.

Assessment ID: 220526002

Status: In Review

Performed By: laglaser

Performed

← Previous Save Progress Next →

3 The next steps will be to go through the assessment questions and sections to see if clarification is needed on any of the submitted fields.

4 Click "Incident Details"

EHSA Utility / Edit Assessment [Edit Labels](#) [Modify Questions](#)

Instructions **Assessment Questions** Review Questions/Answers Review

Who is Reporting Yes No Is this report for yourself?

Incident Details

Witness Details

Injury or Exposure Detail

What best describes the individual's role

- 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?

5 Click "Witness Details"

EHSA Utility / Edit Assessment [Edit Labels](#) [Modify Questions](#)

Instructions **Assessment Questions** Review Questions/Answers Review

Who is Reporting

Incident Details

Witness Details

Injury or Exposure Detail

Date/Time of incident

Date/Time work started day of the incident

Location of incident

Specific location of incident ([View Campu.](#))

stairs of Edwards Hall B wing

Yes No Did incident occur in a lab?

6 Click "Injury or Exposure Detail"

The screenshot shows a web form with a navigation menu at the top containing four tabs: "Instructions", "Assessment Questions", "Review Questions/Answers", and "Review". Below the tabs is a vertical sidebar menu with five items: "Who is Reporting", "Incident Details", "Witness Details", "Injury or Exposure Detail", and "Supervisor Investigation". The "Injury or Exposure Detail" item is highlighted with a grey background and an orange circle. To the right of the sidebar, there is a main content area with a green "+ Add" button and the text "Click Add Witness to provide details" and "Select 'Add' to add a witness". At the bottom of the form are three buttons: "← Previous", "Save Progress", and "Next →".

7 If you are the supervisor then click "Supervisor Investigation"

The screenshot shows the "Supervisor Investigation" section of the web form. The sidebar menu on the left has "Supervisor Investigation" highlighted with a grey background and an orange circle. The main content area contains the following questions and options:

- Is this report for yourself? Yes No
- 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
- Were you at work when the incident occurred? Yes No
- eID of individual report is for:
- Who is the supervisor?:
- Department of individual reporting for:

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Follow along with all of the questions in the Supervisor Investigation.

Instructions Assessment Questions Review

Who is Reporting

Incident Details

Demographics

Witness Details

Injury or Exposure Detail

Supervisor Investigation

Supervisor Investigation

Date incident was reported to me:

5/19/2023 

| May 2023 | | | | | | |
|----------|----|----|----|----|----|----|
| Su | Mo | Tu | We | Th | Fr | Sa |
| 30 | 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 |

9

Follow along, filling out all required fields.

Who is Reporting

Incident Details

Demographics

Witness Details

Injury or Exposure Detail

Supervisor Investigation

Supervisor Investigation

Date incident was reported to me:

5/19/2023 

Time:

11:22 AM 

Type of incident

- Illness
- Injury
- Property Damage
- Near Miss
- Other (describe below):

Who is Reporting

Incident Details

Demographics

Witness Details

Injury or Exposure Detail

Supervisor Investigation

Supervisor Investigation

Date incident was reported to me:

5/19/2023 

Time:

11:22 AM 

12:00 AM

12:15 AM

12:30 AM

12:45 AM

01:00 AM

01:15 AM

01:30 AM

01:45 AM

age

e below):

Demographics

Witness Details

Injury or Exposure Detail

Supervisor Investigation

Date incident was reported to me:

5/19/2023 

Time:

11:22 AM 

Type of incident

Illness

Injury

Property Damage

Near Miss

Other (describe below):

Yes No Did person seek medical treatment?

Yes No Have you been trained in incident investigations?

10 If you have pictures or other pertinent files then you can attach them here.

| | |
|---|---|
| | <input type="text"/> |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | Did person seek medical treatment? |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | Have you been trained in incident investigations? |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | Was the scene visited during the investigation? |
| Attach pictures or other pertinent information. | |
| Manage Attachments No Attachments | |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | Have similar incidents occurred? |
| N/A | Did the incident involve the same individual? |
| UNSAFE ACT (PRIMARY) | |
| <input type="checkbox"/> Failure to comply with policies/procedures | <input type="checkbox"/> Failure to use appropriate equipment/technique <input type="checkbox"/> Ir |

11 Fill out the text boxes.

| | |
|---|---|
| | <input type="text"/> |
| UNSAFE CONDITION (PRIMARY) | |
| <input type="checkbox"/> Inappropriate equipment/tool | <input type="checkbox"/> Inadequate maintenance <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Slip/Trip/Fall Hazard | <input type="checkbox"/> Worn/Broken/Defective building components <input type="checkbox"/> |
| <input type="text"/> | |
| Detailed explanation of checked box/boxes above: | |
| <input type="text" value="test"/> | |
| Why did condition exist? | |
| <input type="text" value="test"/> | |
| Contributing factors (if any): | |
| <input type="text" value="test"/> | |

| | |
|--|--|
| | |
| | Immediate action taken to prevent recurrence: test |
| | Long term actions to be taken: test |
| | What additional assistance is needed to prevent recurrence? test |
| | Supervisor Signature <input type="button" value="✖ Clear"/> Ukena, Adam <input type="text" value="ABU66535"/> 5/2 |

| | |
|--|--|
| | |
| | Long term actions to be taken: test |
| | What additional assistance is needed to prevent recurrence? test |
| | Supervisor Signature <input type="button" value="✖ Clear"/> Ukena, Adam <input type="text" value="ABU66535"/> |

12 Once all fields are filled out click "Sign".

A screenshot of a web form with several input fields. The first field is empty. The second field is labeled "Long term actions to be taken:" and contains the text "test". The third field is labeled "What additional assistance is needed to prevent recurrence?" and also contains "test". The fourth field is labeled "Supervisor Signature" and contains a signature. A green "Sign" button with a pencil icon is highlighted with an orange circle. At the bottom of the form, there are three buttons: "← Previous", "Save Progress", and "Next →".

13 After you have filled out all the required fields, click the "Mark Review Complete" checkbox.

A screenshot of a web form, similar to the one above. The "Long term actions to be taken:" field contains "test". The "What additional assistance is needed to prevent recurrence?" field contains "test". The "Supervisor Signature" field contains a signature and is followed by three input fields: "Warhurst, Rachael", "WARHURST", and "5/22/2023". A red "Clear" button is to the left of the first field, and a calendar icon is to the right of the date field. At the bottom right, a checkbox labeled "Mark Review Complete" is highlighted with an orange circle. To its right are "Save" and "Cancel" buttons.

14 If all required fields have been filled out. Save will submit your form.

is to be taken.

assistance is needed to prevent recurrence?

Signature

Warhurst, Rachael WARHURST 5/22/2023

Mark Review Complete

15 Click "OK"

Contributing factors (if any):

Assessment Review ✕

The assessment review has been successfully submitted.

Long term actions to be taken:

test

What additional assistance is needed to prevent recurrence?

test

Supervisor Signature

Warhurst, Rachael WARHURST 5/22/2023