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 will be for further processing by Human Capital Services and Environmental Health and Safety. The incident must be reported as an on-the-job incident and requires the employer to confirm and submit the details of the incident through the Electronic Incident Report. Once you review and submit, the incident will be routed to Human Capital Services and/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 possible.
2 Click "Assessment Questions" or next to move to the next page.

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"

5  Click "Witness Details"
6. Click "Injury or Exposure Detail"

7. If you are the supervisor then click "Supervisor Investigation"
8. Follow along with all of the questions in the Supervisor Investigation.

9. Follow along, filling out all required fields.
If you have pictures or other pertinent files then you can attach them here.

- Did person seek medical treatment?
- Have you been trained in incident investigations?
- Was the scene visited during the investigation?
- Have similar incidents occurred?
- Did the incident involve the same individual?

Unsafe Act (Primary):
- Failure to comply with policies/procedures
- Failure to use appropriate equipment/technique

Unsafe Condition (Primary):
- Inappropriate equipment/tool
- Slip/Trip/Fall Hazard
- Inadequate maintenance
- Worn/Broken/Defective building components

Detailed explanation of checked box/boxes above:

Why did condition exist?

Contributing factors (if any):
<table>
<thead>
<tr>
<th>Immediate action taken to prevent recurrence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long term actions to be taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>test</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What additional assistance is needed to prevent recurrence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>test</td>
</tr>
</tbody>
</table>

Supervisor Signature

Ukena, Adam

ABU66535 5/2
Once all fields are filled out click "Sign".

After you have filled out all the required fields, click the "Mark Review Complete" checkbox.
14 If all required fields have been filled out. Save will submit your form.

15 Click "OK"