

Online Incident Reporting Guide

Beginning January 1, 2008 there is a new, easier and faster way to report workplace injuries and illnesses. To report a workplace injury or illness you will simply complete an on-line form that is available on the Human Resource Services Website. The form will be electronically routed to Human Resource Services, Environmental Health & Safety, and the employee's supervisor.

The new on-line form and revised Safety Policies and Procedures Manual (SPPM Section 25.20) on accident reporting will be available January 1, 2008. The revised SPPM describes how to report incidents using the new on-line system.

Human Resource Services will provide training on the new on-line system upon request. To schedule a training session please contact Jamilee Gecas.

Safety committees will still receive a copy of incident reports for review. The person preparing the report will print off a hard copy and route to the safety committee chair.

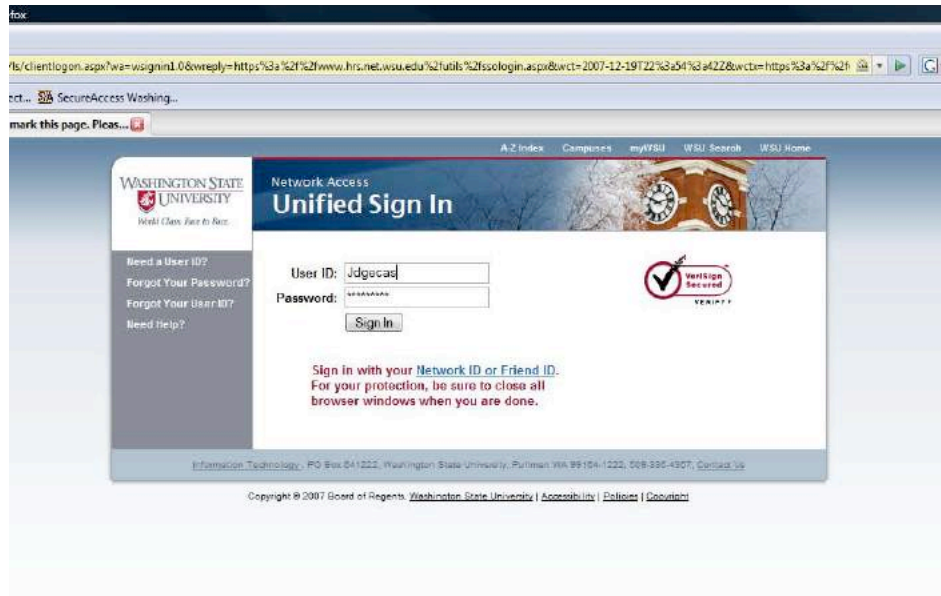
If you have any questions, please contact Jamilee Gecas at 509-335-1760 or by email at jdgecas@wsu.edu.



Please recycle all old hard copy Incident Report forms on January 1, 2008.

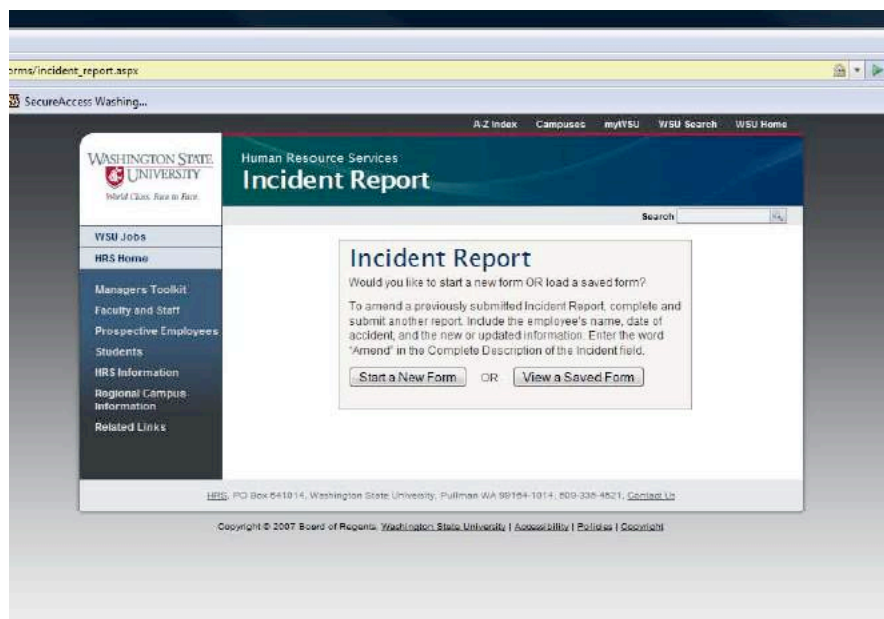
Begin by going to www.hrs.wsu.edu and click on the Incident Reporting link.

You will be taken to the Unified Sign In page (illustrated below)



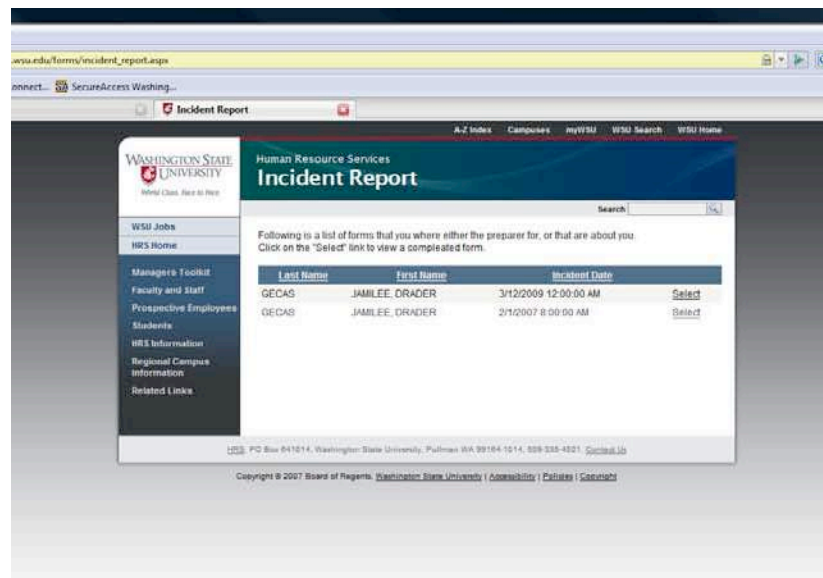
You will need to enter your User ID and Password. If you do not know your User ID and/or Password please contact your IT Support.

Once you have successfully logged into the system, you will be asked to start a new form or to view an existing form.



If you click the “View a Saved Form” link you will see all the incident reports that **YOU** have submitted through the Online System. You will not be able to access reports that you did not prepare and submit.

Note: It may be helpful if your department or area selects one person to submit the incident report through the Online System. This would allow you to have access to all reports submitted in your particular unit.



You will be able to review a particular report by selecting the “Select” button on the right hand side of the screen. You will be able to view the incident report as it was originally submitted. If you need to make a correction or add additional information to a report that has been already submitted, you will need to complete a new report to create an additional record.

If you select the “Start a New Form” link you will be taken to the Affected Party screen.

The screenshot shows a web browser window displaying the Washington State University Incident Report form. The browser address bar shows the URL `forms/incident_report.aspx`. The page header includes the Washington State University logo and the text "Human Resource Services Incident Report". A search bar is located in the top right corner. The main content area is titled "Affected Party" and contains the following text: "Jamilee, by signing in you are affirming that you are the preparer of this Accidental Injury, Work-Related Illness Report." Below this, there are three options: 1. "If you ARE the affected party, click ." 2. "If you are NOT the affected party, please enter the WSUID of the affected party below. WSUID: ." 3. "If the affected party does not have a WSUID Number then to the next section." The footer of the page includes contact information for HRS and a copyright notice for 2007.

This page will allow you to select who the Incident Report is for. If the Incident Report is for your work place injury/illness then you will need to select the first “Next” button.

If you are submitting the Incident Report for another person, then you will need to enter the affected party’s WSU ID number in the space provided and select the second “Next” button.

If the affected party is not a WSU employee and does not have a WSU ID number (i.e.- visitor or volunteer or simply, you do not know the person’s information) then select the third “Next” button.

If you are the affected party, you will see a screen like this.

The screenshot shows a web browser window with the URL `et.wsu.edu/forms/incident_report.aspx`. The page title is "Incident Report" and the header includes "Human Resource Services" and "Incident Report". The Washington State University logo is in the top left. A navigation menu on the left lists: "WSU Jobs", "HRS Home", "Managers Toolkit", "Faculty and Staff", "Prospective Employees", "Students", "HRS Information", "Regional Campus Information", and "Related Links". The main content area is titled "Affected Party" and contains the following form fields:

- WSUID Number: 123456789
- Last Name of Affected Party: Smith
- First Name & Middle Initial: Jane
- Home Address: 123 Some Street, Pullman, WA 99163
- Phone: 509-335-8000
- E-Mail: smith@wsu.edu
- Department / College: Human Resource Services
- Sex: Female (dropdown)
- Date of Birth: 01/01/2000
- Status at Time of Injury: Employee (dropdown)
- Job Title: Good Worker
- Rate Of Pay: 1234.56
- Per: Month (dropdown)
- Hours Worked Each Day: 8
- Days Worked Per Week: 5
- Date of Hire: 01/01/2000
- Scheduled Days Off: Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday

Buttons for "Previous Step" and "Next Step" are located at the bottom of the form. The footer contains contact information for HRS and a copyright notice for 2007.

Most of the information will be auto-filled for you. Review the information for accuracy and complete the sections left blank.

If you try to continue without completing the page completely, you will receive an error message with the sections that were missed clearly marked.

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s.net.wsu.edu/forms/incident_report.aspx

rd Connect... SecureAccess Washing...

Incident Report

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Human Resource Services
Incident Report

Search

WSU Jobs
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Managers Toolkit
Faculty and Staff
Prospective Employees
Students
HRS Information
Regional Campus Information
Related Links

Affected Party

Confirm that the following information is correct. Fill in any blank fields to the best of your abilities.

WSUID Number: 123456789 Last Name of Affected Party: Smith First Name & Middle Initial: Jane

Home Address: 123 Some Street, Pullman, WA 99163 Phone: 509-335-8000 EMail: smith@wsu.edu

Sex: Female Date of Birth: 01/01/2000 Department / College: Human Resource Services

Status at Time of Injury: Employee

Job Title: Good Worker Rate Of Pay: 1234.56 Per: Month

Hours Worked Each Day: ⚠ Days Worked Per Week: ⚠ Date of Hire: 01/01/2000

Scheduled Days Off: Saturday Sunday Monday Tuesday Wednesday Thursday Friday

⚠

- Hours worked each day is a required field and can not be blank
- Number of days the employee works each week is a required field and can not be blank
- Scheduled days off is a required field, at least one item must be chosen.

HRS, PO Box 641014, Washington State University, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

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You must complete the required sections before you can to continue to the next section.

You will be able to click the “Previous Step” link to go back at any time throughout the process. You will also be able to click the “Next Step” link to get you to the point where you left off.

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Human Resource Services
Incident Report

Search

Affected Party

Confirm that the following information is correct. Fill in any blank fields to the best of your abilities.

WSUID Number: 123456789 Last Name of Affected Party: Smith First Name & Middle Initial: Jane

Home Address: 123 Some Street, Pullman, WA 99163 Phone: 509-335-8000

E-mail: smith@wsu.edu

Sex: Female Date of Birth: 01/01/2000 Department / College: Human Resource Services

Status at Time of Injury: **Employee** (dropdown menu open showing: Employee, Student Only, Student Employee, Visitor, Volunteer)

Rate Of Pay: 1234.56 Per: Month Date of Hire: 01/01/2000

Days Worked Per Week: 5

Saturday Sunday Monday Tuesday Wednesday Thursday Friday

■ Hours worked each day is a required field and can not be blank
 ■ Number of days the employee works each week is a required field and can not be blank
 ■ Scheduled days off is a required field, at least one item must be chosen.

Previous Step Next Step

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You will also notice that you will have a drop down menu to select the type of employment the affected person had at the time of the injury/illness.

Select the “Employee” option, if the affected person is a:

- Classified Employee
- Civil Service Employee
- Non Student Temporary/Hourly Employee
- Administrative Professional (AP) Employee
- Faculty Employee

Select the “Student Only” option, if the affected person is student only. (i.e.- no paid employment with WSU)

Select the “Student Employee” option if the affected person is a student at WSU and has an active paid employment position.

Select the “Visitor” option if the affected person is not a WSU employee or student. (i.e.- no employment/enrollment affiliation with WSU)

Select the “Volunteer” option if the affected party is volunteering their time on behalf of WSU and have been reported as a volunteer via the Monthly Volunteer Report.

Note – you must report ALL volunteers on the Monthly Volunteer Report available on the Business Policies and Procedures Manual (BPPM) 60.81.7. You should also review the Volunteer Policy BPPM 60.81.4 for additional requirements and reporting information. All volunteers MUST be reported to be eligible for the workers compensation insurance.

The next screen will require the entry of the affected person’s supervisor.

The screenshot shows a web browser window displaying the 'Incident Report' form on the Washington State University website. The browser's address bar shows 't.wsu.edu/forms/incident_report.aspx'. The page title is 'Incident Report'. The main content area is titled 'Human Resource Services Incident Report' and features a 'Supervisor Search' section. This section includes a search box, a 'Find' button, and a 'Previous Step' button. A note states: 'NOTE: If the affected party is a student worker, their supervisor information must still be entered!'. The left sidebar contains navigation links such as 'WSU Jobs', 'HRS Home', 'Managers Toolkit', 'Faculty and Staff', 'Prospective Employees', 'Students', 'HRS Information', 'Regional Campus Information', and 'Related Links'. The footer contains contact information for HRS and a copyright notice for 2007.

If you do not know the spelling of the affected person's supervisor, then you can put a partial spelling and you will be given a list to select from.

The screenshot shows a web browser window with the URL `wsu.edu/forms/incident_report.aspx`. The page title is "Incident Report" and the page content is titled "Human Resource Services Incident Report". The page features a search form for supervisors. The search criteria are: Last Name: `gecas`. The search results are displayed in a table with columns for First, Middle, Last, E-Mail, and Department. The results are:

	First	Middle	Last	E-Mail	Department
Select	Ben	Towne	Gecas		
Select	Jamilee	Drader	Gecas	jdgecas@wsu.edu	Human Resource Services

Below the table is a "Previous Step" button. The page footer includes the Washington State University logo and contact information: "HRS, PO Box 641014, Washington State University, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)". The copyright notice is "Copyright © 2007 Board of Regents, Washington State University | [Accessibility](#) | [Policies](#) | [Copyright](#)".

Once you have located the proper person, click "Select".

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Human Resource Services
Incident Report

Supervisor

Who is the affected parties supervisor and date and time supervisor was notified.

WSUID	Name of Supervisor	Supervisor's Phone Number	Supervisor's E-Mail
123456789	Jamilee Gecas	509-335-1760	jdgecas@wsu.edu

Supervisor Was Notified: Examples: 1/1/2007 and 3:07pm

Date: Time:

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Once the correct supervisor is selected, you will need to enter the date and time the affected party notified their supervisor.

The next screen is the Preparer's information. This information will be auto-filled, simply check the accuracy of the information provided.

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Human Resource Services
Incident Report

Preparer

Please check to make sure the following information is correct. If any information is incorrect, please correct it.

Preparer WSUID	Name of Preparer	Title of Preparer
123456789	Gecas, Jamilee	Benefits Specialist
Preparer Phone #	Mail Code	Date Prepared
509-335-1760	1014	12/21/2007

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If any information listed is incorrect, make changes in the appropriate field by moving your cursor to the incorrect field.

Next, you will complete the Incident Description section.

Washington State University
Human Resource Services
Incident Report

Incident Description
Please be as complete as possible. Hover over a field to see detailed instructions.

Incident Date: 12/12/2007 Time of Incident: 9:15am Check if Time Can't be Selected

Time Employee Started Work: 8:00am Check if Time Can't be Selected

Incident Phase:
 Performing Work Meal Period Rest Period Entering or Leaving
 Chronic Exposure Other: Specify _____

Time Lost (Check all that apply):
 Return to work the next day
 Restricted Activity / Job Transfer
 Begin Date: _____ Return Date: _____
 No time loss
 Lost work days, not at work. ****You have selected that there is time loss associated with this injury. A time report needs to be sent to Human Resource Services as soon as possible.****
 Begin Date: _____ Return Date: _____

** If absent from the next full shift or subsequent shifts, supervisor must complete Supervisor's Accident Report and send a copy of employee's Time/Loss Report to Human Resource Services. See SPFA [208.25](#)

Complete description of what the party was doing just before the incident occurred:
 I was working at my desk in my office.

Complete description of incident, include specific details during incident (lifting, pulling, etc.):
 I was pulling out an L&I file and fell off my chair onto the floor.

Specify injury or illness and body parts affected:
 I hurt my left arm.

Describe the object or substance that directly harmed the party:
 I hit my left arm on the side of my chair.

If you do not know what time the injury/illness occurred, you will need to check the undetermined time box. This will allow you to continue through the form without receiving an error message.

If you mark the "Restricted Activity" box you will be required to enter the restricted duty dates in the below fields.

If you marked the "Lost Work Days" box, you will be asked to send a copy of the affected person's time reports to Human Resource Services.

The screenshot shows a web browser window with a tab titled "Incident Report". The form contains several sections:

- Restricted Activity / Job Transfer
Begin Date: [] Return Date: []
- No time loss
- Lost work days, not at work. **You have selected that there is time loss associated with this injury. A time report needs to be sent to Human Resource Services as soon as possible.**
Begin Date: 12/12/2007 Return Date: 12/19/2007

A calendar pop-up for December 2007 is displayed, showing the date 15 (Monday) selected. The calendar table is as follows:

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	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

Below the calendar, the form has several text input fields:

- Complete description of what the party was doing just before the incident:
I was working at my desk in my...
- Complete description of incident, include specific details:
I was pulling out an L&I file from the floor.
- Specify injury or illness and body part affected:
I hurt my left arm.
- Describe the object or substance that directly harmed the party:
I hit my left arm on the side of my chair.
- Exact location of incident (Building Name, Neighborhood, Address):
French Administration Building Room 139 V.
- Name and phone number of witness or other person involved in incident, or type NONE:
None

At the bottom of the form, there is a red asterisk warning: *** Lost work days begin date is a required field and can not be blank.** Below this are "Previous Step" and "Next Step" buttons.

You will also be required to put the dates that the employee was off work due to the injury/illness. If the affected person has not returned to work when the Incident Report is completed, then you will leave the Return Date blank.

Next, you will complete the "Injury Information" section.

The screenshot shows the 'Injury Information' section of the Incident Report form. The 'First Aid or Medical Treatment (Check all that apply)' radio button is selected. Below it, the 'Treatment' section lists various medical procedures with checkboxes: Use of bandages, Nonrigid braces and wraps, Finger guards, Eye patches, Removal of splinters with tweezers, Clearing, flushing or soaking surface wounds, Simple irrigation to flush foreign bodies from the eye, Tetanus shots, X-rays, Blood tests, Prescription medications, Sutures, staples, Casts, tight braces, Physical therapy, Chiropractic treatment, Surgery, and Other. Below the treatment section, there are radio buttons for 'No Treatment Required' and 'Fatality, Enter Date:'. A text field for 'Name and address of medical provider (hospital, doctor, clinic, etc.)' is present, along with checkboxes for 'Treated in emergency room?' and 'Hospitalized overnight as inpatient?'. 'Previous Step' and 'Next Step: Review' buttons are at the bottom.

Select one of the above options.

This screenshot is similar to the previous one, but the 'Medical provider' text field is now highlighted with a red triangle, indicating it is a required field. A red asterisk and the text 'Medical provider is a required field and can not be blank. If none, enter none.' are visible below the field. The 'Next Step: Review' button is highlighted in blue.

If you selected "First Aid and/or Medical Treatment", you will be asked to enter a medical provider or clinic location.

If you did not seek medical treatment from a hospital or doctor, you will need to type "None" in the space provided.

The image shows a screenshot of the Washington State University Incident Report form, specifically the "Injury Information" section. The form is titled "Injury Information" and includes a search bar. Below the title, there is a section for "First Aid or Medical Treatment (Check all that apply)". This section contains a list of treatments with checkboxes, including "Use of bandages", "Removal of splinters with tweezers", "Simple irrigation to flush foreign bodies from the eye", "Blood tests", "Prescription medications*", "Physical therapy*", "Chiropractic treatment*", "Sutures, staples*", "Casts, rigid braces*", "Tetanus shots", and "Other". Below this list, there are three radio button options: "No Treatment Required", "Facility, Enter Date: [text box]", and "Name and address of medical provider (hospital, doctor, clinic, etc.): [text box]". The "Facility, Enter Date" option is selected. Below the "Name and address of medical provider" text box, there are two more checkboxes: "Treated in emergency room?" and "Hospitalized overnight as inpatient?". A red error message below the second checkbox states: "Medical provider is a required field and can not be blank. If none, enter None". At the bottom of the form, there are two buttons: "Previous Step" and "Next Step: Review".

If the affected person was treated in the Emergency Room or hospitalized overnight the check the last 2 boxes that apply.

The next step is to review the submitted information for accuracy. If any information is incorrect you will need to click the "Previous" button and go back to the page with the wrong information. Correct the information and click the "Continue" button and review again.

Forms/incident_report.aspx

SecureAccess Washing...

Incident Report

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Human Resource Services
Incident Report

Search

Review

Confirm that the following form is accurate.
Press "Submit" when finished.
Press "Previous Step" if you need to correct an item.
You will be given a chance to print the form in the following screen.

INCIDENT REPORT

Accidental Injury, Work-Related Illness
See SAFETY POLICIES AND PROCEDURES MANUAL 025.20 for instructions.

Human Resource Services
Washington State University
Pullman, WA 99164-1014
Telephone 509-335-4589

NAME OF AFFECTED PERSON (Last, First, middle initial): Geras James, Drader	INCIDENT DATE 12/10/2007	WSUID NO. 10106234
HOME ADDRESS 725 Nw Clifford Pullman, WA 99163	INCIDENT TIME 9:15am	
EMAIL jdgeras@wsu.edu	PHONE 509-335-1700	STATUS Employee
DEPARTMENT Human Resource Services	DATE OF BIRTH 10/15/75	SEX Female

COMPLETE DESCRIPTION OF WHAT THE PARTY WAS DOING JUST BEFORE THE INCIDENT OCCURED
I was working at my desk in my office.

COMPLETE DESCRIPTION OF INCIDENT, INCLUDE SPECIFIC ACTIVITY DURING INCIDENT
I was pulling out an L&I file and fell off my chair onto the floor.

SPECIFY INJURY OR ILLNESS AND BODY PARTS AFFECTED
I hurt my left arm.

DESCRIBE THE OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE PARTY
I hit my left arm on the side of my chair.

EXACT LOCATION OF INCIDENT
French Administration Building Room 139 V.

NAMES AND PHONE NUMBERS OF WITNESSES OR OTHERS INVOLVED IN THE INCIDENT
None

INJURY/ILLNESS SEVERITY
First Aid or Medical Treatment Performed:
Use of bandages

NAME AND ADDRESS OF MEDICAL PROVIDER
None

TREATED IN EMERGENCY ROOM? No

HOSPITALIZED OVERNIGHT AS INPATIENT? No

JOB TITLE OF EMPLOYEE
Director, Recruitment

HRSDAY EMP. DAYSWEEK
#

Microsoft Office | Incident Report - M... | One Incident Repo...

SUPERVISOR WAS NOTIFIED
Date: 12/05/2007 Time: 9:05am

DATE PREPARED:
12/01/2007

TIME LOSS:
Lost Work Days, Not at Work:
Begin Date: 12/12/2007 Return Date: 12/19/2007

WORKDAY PHASE
Performing Work

NAME OF PREPARER	TITLE OF PREPARER	PREPARER PHONE	MAIL CODE
Gecas, Jamaica	Benefits Specialist	509-335-1760	1014

Supervisors, route one copy to the departmental safety committee.

EH&S OFFICE USE ONLY CASER: RECORDABLE NONRECORDABLE FILE

WSU1131-RTR001-0107 025.20.7

[Previous Step](#) **The incident report is not complete until you have pressed submit.** [Submit](#)

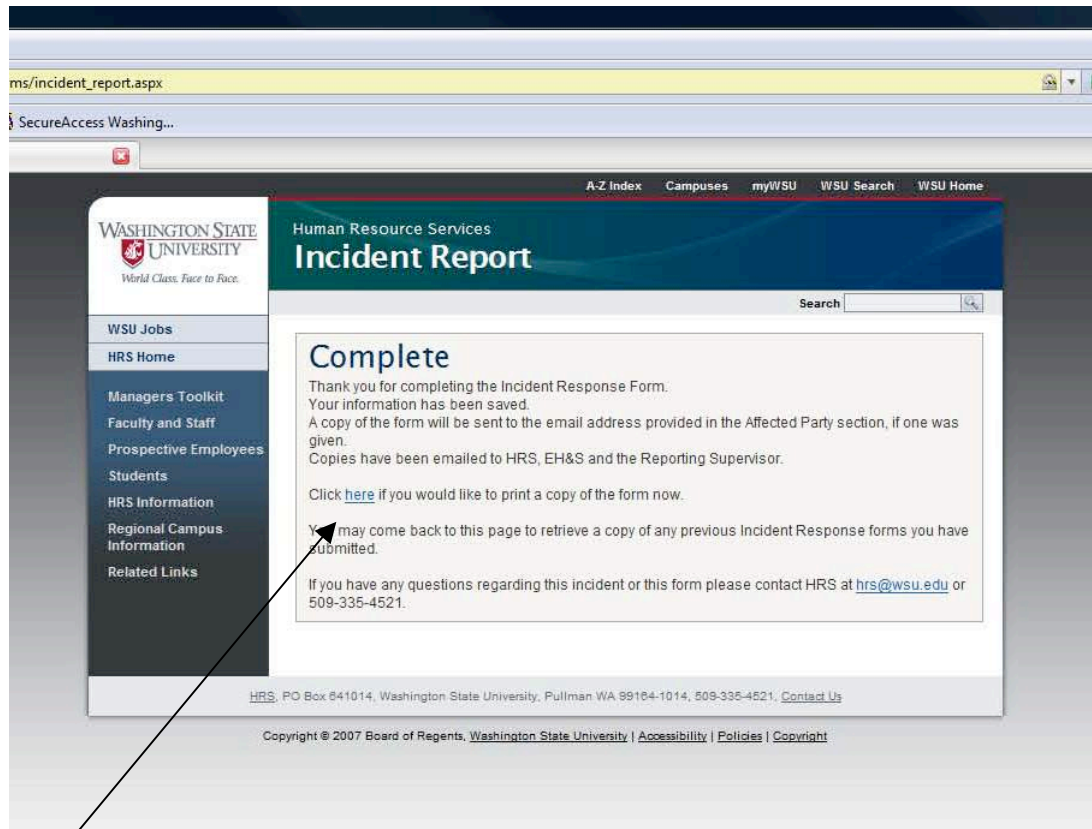
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Microsoft Office Word - Incident Report - M...
Microsoft Office Word - Online Incident Report - M...

Once you complete your review and the information is correct you MUST click the “Submit” button for the information to be submitted. An automatic email will then be sent to HRS, EH&S, and the listed supervisor of the affected employee.

Once the form is submitted, you will then be able to print a hard copy of the Incident Report. You will also need to make sure that the Safety Committee receives a copy of the Incident Report.



You will receive a “Complete” message when your Incident Report has been successfully been sent. To print a copy of the submitted Incident Report, click on the “here” link.

All incidents must be reported within 24 hours of the incident/illness.

Questions?

Jamilee Gecas
Human Resource Services
509-335-1760

jdgecas@wsu.edu

<http://www.hrs.wsu.edu/Workers%20Compensation>