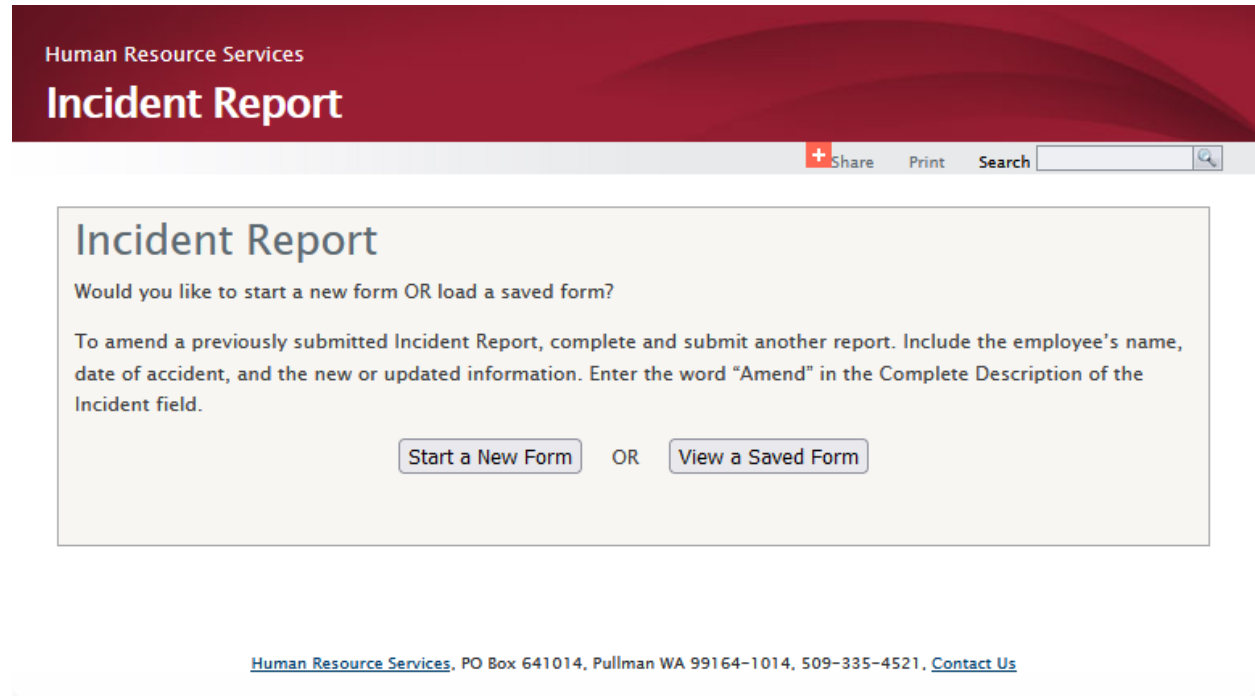


## APPENDIX 2: EXAMPLE INCIDENT REPORT

1. Incident reports are submitted online at the below link and require log-in via users' WSU Network ID. Incident Reports are primarily submitted by an employee's supervisor, but Incident Reports can be submitted for students and visitors.

[http://ihr.hrs.wsu.edu/forms/incident\\_report.aspx](http://ihr.hrs.wsu.edu/forms/incident_report.aspx)

1. For new reports, select **Start a New Form**






The screenshot shows the 'Incident Report' web form. At the top, there is a dark red header with the text 'Human Resource Services' and 'Incident Report' in white. Below the header is a navigation bar with 'Share', 'Print', and 'Search' options. The main content area is titled 'Incident Report' and contains the following text: 'Would you like to start a new form OR load a saved form?'. Below this is a paragraph: 'To amend a previously submitted Incident Report, complete and submit another report. Include the employee's name, date of accident, and the new or updated information. Enter the word "Amend" in the Complete Description of the Incident field.' At the bottom of the content area are two buttons: 'Start a New Form' and 'View a Saved Form', separated by the word 'OR'. At the very bottom of the page, there is a footer with the text: 'Human Resource Services, PO Box 641014, Pullman WA 99164-1014, 509-335-4521, Contact Us'.

2. For supervisors submitting an Incident Report for an employee, enter the employee's WSU ID number and select **Next**.

Human Resource Services

## Incident Report

 Share  Print  Search

### Affected Party

Trent, by signing in you are affirming that you are the preparer of this Accidental Injury, Work-Related Illness Report.

If you ARE the affected party, click

If you are NOT the affected party, please enter the WSUID of the affected party below.

WSUID:

If the affected party does not have a WSUID Number then  to the next section.

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3. Verify all information that automatically populates on the Affected Party page and add the employee's scheduled work hours and days. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## Affected Party

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

WSUID Number 12345678	Last Name of Affected Party Student	First Name & Middle Initial Graduate
E-Mail (optional) g.student@wsu.edu		Phone 509-335-3564
Department / College College of Arts and Sciences		
Status at Time of Injury Employee		
Job Title Research Assistant		
Hours Worked Each Day 8	Days Worked Per Week 5	Date of Hire 08/16/2021
Scheduled Days <b>Off</b> <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday		

[Previous Step](#) [Next Step1](#)

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4. Verify all information that automatically populates on the Supervisor page and enter the date and time the supervisor was informed of the incident. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## Supervisor

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

Name of Supervisor	Supervisor's Phone Number	Supervisor's E-Mail
<input type="text" value="Elton Fulmer"/>	<input type="text" value="509-335-3564"/>	<input type="text" value="elton.fulmer@wsu.edu"/>

Supervisor Was Notified: Examples 1/1/2007 and 03:07pm

Date:  Time:  Tip: Type 'A' or 'P' to switch AM/PM

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5. Verify all information that automatically populates on the Preparer page and fill in missing information. Once complete, select **Next Step**.

Human Resource Services

# Incident Report

Share Print Search

## 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
<input type="text" value="14957093"/>	<input type="text" value="Fulmer, Elton"/>	<input type="text" value="Professor"/>
Preparer Phone #	Mail Code	Date Prepared
<input type="text" value="509-335-3564"/>	<input type="text" value="4630"/>	<input data-bbox="841 680 1003 709" type="text" value="02/14/2022"/>

[Human Resource Services](#), PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)

6. Enter applicable information about the incident here. Once complete, select **Next Step**.

Human Resource Services  
**Incident Report**

Share Print Search

### Incident Description

Please be as complete as possible, hover over a field to see detailed instructions.

Incident Date: 02/14/2022 Time of Incident: 08:45 AM A or P for AM/PM Check if Time Can't be Determined:

Time Employee Started Work: Example 8:00am  
08:00 AM Tip: Type 'A' or 'P' to switch AM/PM

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

Time Loss (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.\*\*  
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/Leave Report to Human Resource Services. See SPPM 52.24.1

Complete description of what the party was doing just before the incident occurred.  
Empty solvent containers were left in a walkway on the lab floor, and the student tripped and fell as he was walking back to his hood.

Complete description of incident, include specific activity during incident (lifting, pushing etc.).  
The student was carrying a flask of DI water back to his hood, and the fall caused the glassware to break, cutting the student's hand.

Specify injury or illness and body parts affected.  
Right palm, small cut.

Describe the object or substance that directly harmed the party.  
The empty solvent drums caused the initial problem, and the broken flask injured the student.

Exact location of incident (Building floor, Geographical location).  
Polys Hall, room 226.

Name and phone numbers of witnesses or others involved in incident, or type NONE.  
Other students were in the lab but did not see the accident occur.

Previous Step Next Step

7. The Injury Information page is where the preparer can provide information on any steps taken as a result of the injury. If the **First Aid or Medical Treatment** radio button is selected, you must provide the name and address of the medical provider, if applicable. The form will not allow you to proceed if nothing is in the **Name and address of medical provider** field.

Once finished with this page, select **Next Step: Review** to take you to the review page.

The screenshot shows the 'Incident Report' form from Human Resource Services. The page title is 'Incident Report' and the section is 'Injury Information'. The form includes a header with 'Human Resource Services' and 'Incident Report'. Below the header are navigation links for 'Share', 'Print', and 'Search'. The main content area is titled 'Injury Information' and contains the following elements:

- A prompt: 'Please be as complete as possible, hover over a field to see detailed instructions.'
- A sub-section: 'Injury / Illness Severity' with a radio button selected for 'First Aid or Medical Treatment (Check all that apply)'. There is also an option for 'No Treatment Required'.
- A 'Treatments' section with a list of checkboxes:
  - Use of bandages
  - Nonrigid braces and wraps
  - Finger guards
  - Eye patches
  - Removal of splinters with tweezers
  - Cleaning, 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, rigid braces\*
  - Physical therapy\*
  - Chiropractic treatment\*
  - Surgery\*
  - Other
- A footnote: '\* This treatment is considered to be a medical treatment. If medical treatment is involved, a supervisor must complete a Supervisor's Accident Investigation Report.'
- A 'Fatality, Enter Date:' field with a calendar icon.
- A text field for 'Name and address of medical provider (hospital, doctor, clinic, etc.)' containing the text 'Not applicable.'
- Two checkboxes: 'Treated in emergency room?' and 'Hospitalized overnight as inpatient?'.
- Two buttons: 'Previous Step' and 'Next Step: Review'.

At the bottom of the page, there is a footer: 'Human Resource Services, PO Box 641014, Pullman WA 99164-1014, 509-335-4521, [Contact Us](#)'.

8. The review page lists all information provided regarding the incident. The Incident Report is not complete until submitted.