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

1. For new reports, select **Start a New Form**
2. For supervisors submitting an Incident Report for an employee, enter the employee’s WSU ID number and select **Next**.
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**.
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**.
5. Verify all information that automatically populates on the Preparer page and fill in missing information. Once complete, select **Next Step**.
6. Enter applicable information about the incident here. Once complete, select **Next Step**.

**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

- **Time Employee Started Work**: Example: 8:00am
- **Time Employee Finished Work**: Example: 5:00pm

**Work Phase**
- Performing Work
- Mail 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 54.24.1

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, includes 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).

- **Halls**, 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.

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