

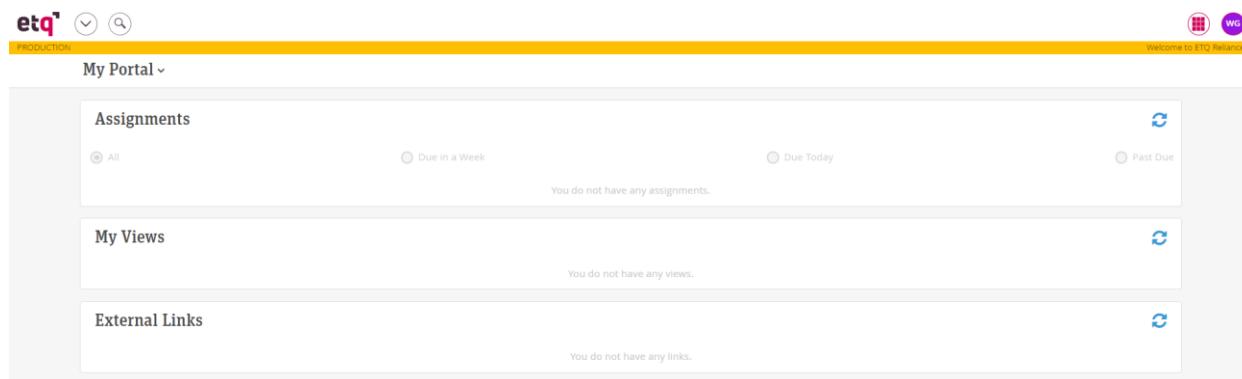


Website: <https://kennesaw.etq.com/prod/rel/#/app/auth/login>


Username: Net ID only, not full password

Password: The same password used for all KSU-related programs

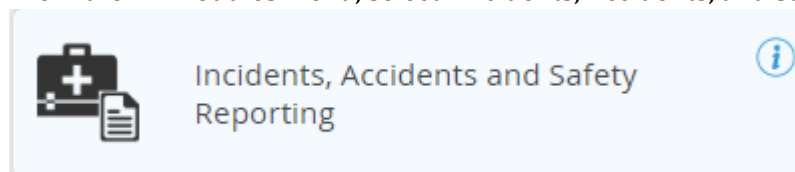
Once you sign in, you should see your dashboard which looks like this:



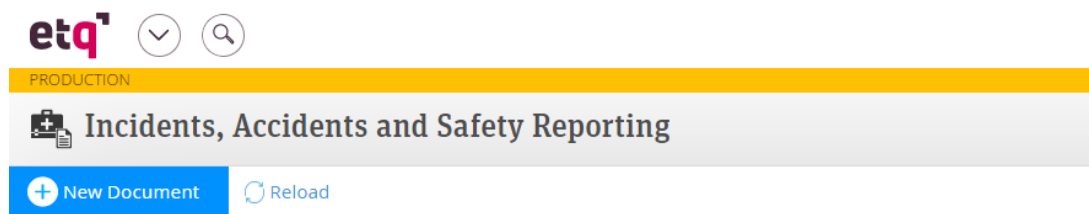
If you have any previous incidents, audits, CAPAs, etc., that have been initiated or started they would show up here under “Assignments.”

To initiate an incident, select the waffle menu icon at the top right-hand corner of the screen  , then select “All modules.”

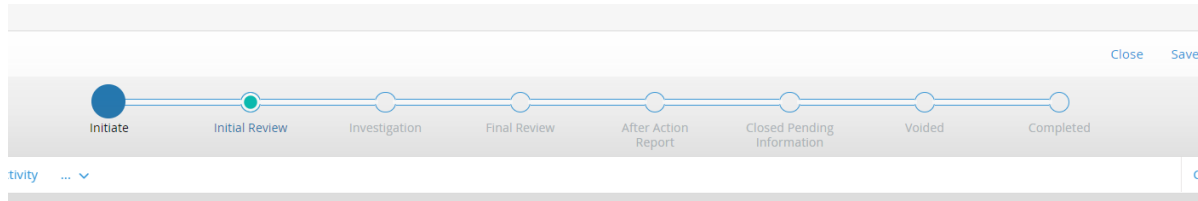
From the All Modules menu, select “Incidents, Accidents, and Safety Reporting.”



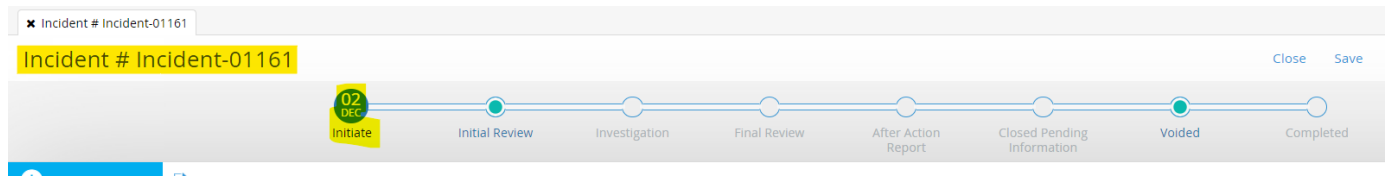
From this screen, select “+ New Document,” then “Incident – Initiate.”



The bar at the top is your workflow. The workflow tells you which phase the document is in. When initiating a new document, the workflow will look like this until you save the document (please note you may not see all these options on your workflow – it will depend on your permissions).



Once the document is saved, the creation initiate date will appear in the workflow and an incident number will be assigned.



Now it is time to begin entering information about the injured party by filling out the “Completed By” section. *Please note all required information is denoted with a red asterisk – this information must be filled out for the document to be submitted.

Completed By

* Completed By Job Title Phone

Department Supervisor

Notification List

* Are you completing the incident on behalf of someone else?

Yes

No

If you are completing the incident report on behalf of someone, an additional information box will appear when you select "Yes."

* Are you completing the incident on behalf of someone else?

Yes
 No

On Behalf Of ⌵ Collapse All 🗑 Remove + Add Record

0 Selected ↑ Oldest to newest 1-1 of 1 1 🔍 ▶

Person is KSU Employee/Student. 🔄

Person's Name

Email Phone

1-1 of 1 1 🔍 ▶ 🗑 Remove + Add Record

Now it is time to complete the Incident Information portion. This is where you will provide details of the incident.

Incident Information

* Event Type
Please select the type of incident

* Person's Category
Select category of the person involved

* Subject/Incident Title
Please enter a short subject/Title of the incident, e.g. Chemical Exposure in the Lab

* Description of the Incident/Concern
Please describe step-by-step how the incident occurred.....

* Incident Date * Incident Time

Incident Location Information

* Location/Building Name
Please select the location where the incident occurred

Space/Room Description	Location/Facility Type	Campus/Site
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address <input type="text"/>		City <input type="text"/>

Is the incident associated with a student organization event/activity?
 Yes
 No

Attachments 0 File(s)
Please attach any documents/images relevant to the incident...
 + Add File(s)

You may choose more than one options for “Event Type.” Click on each event type that applies, then select the “>” button to move the event type(s) to selected. Once you are done, click “OK.”

The screenshot shows a dialog box titled "Event Type". On the left, there is a search bar and a list of event types: "Fire/Explosion", "Injury/Illness", "Other", "Safety Concerns/Near-Miss", "Non-Occupational Injury/Illness", and "Indoor Environmental Quality (IEQ)". In the center, there are two arrow buttons: a right-pointing arrow (>) and a left-pointing arrow (<). On the right, there is another search bar and a large empty box for selected items. Below this box, it says "0 Selected" and "Remove All". At the bottom right of the dialog, there are "Cancel" and "OK" buttons.

If “Injury/Illness” is selected, an additional information box will appear for you to create a sub-form, the Injury/Illness Report.” Click, “Create Injury/Illness Report” to be taken to the sub-form.

The screenshot shows a box titled "Injury/Illness Reports". Inside, there is a red text message: "Please click on the 'Create Injury/Illness Report' button below to provide details about the injury/illness. If multiple people are involved, one report is required for each injured person. This information is required before submitting the incident report." Below the text is a blue button labeled "Create Injury/Illness Report".

Tip: You can easily move back and forth between your Incident Report and Injury and Illness report by using the tabs at the top of the screen.

The screenshot shows the top navigation bar of the system. It includes two tabs: "Incident # Incident-0118" and "Injury Illness Activity (New)". Below the tabs, the title "Injury Illness Activity (New)" is displayed. To the right of the title are buttons for "Close", "Save", "Save & Close", and "Send". Below the title is a workflow progress bar with five stages: "Draft" (active), "EHS Review", "HR Process", "Voided", and "Completed". At the bottom right, there are links for "Comments" and "Close Workflow".

Begin completing the Injury/Illness Report by entering in the Personal Information of the affected person. Please note that some information will auto-populate from the Incident Report into this form.

Personal Information

* Category
Please select the name of affected employee

Personal Information

If the employee's Personal Information below is not correct, please update the information in OneUSG system or contact HR for assistance.

* Category
Employee

* Name
Supervisor Name

Job Title
Please enter the job title

Department

Date Hired
Employment Type
Employment Category
Job/Task Experience
Please select the job/task experience

Gender
 No Information
 Male
 Female
 Other

Date of Birth

Street 1

Street 2

City
State
Zip

Next, complete the Injury/Illness Information.

Injury/Illness Information

* Injury/Illness Classification
Please select the injury/illness classification

Body Part Affected
Please select the body part affected

Side
Please enter the side of injury/illness report

* Nature of Injury/Illness
Please select the nature of injury/illness

* Cause of Injury/Illness
Please select the type of contact

* Source of Injury/Illness
Please enter the source of contact

* Did you require medical attention?
 Yes
 No

* Describe step by step how injury/illness occurred
Please enter the details

If you select "Yes" to "Did you require medical attention?" an additional information box for Treatment Information will appear.

Treatment Information

Name of physician or other health care professional

* Treatment Facility Name Phone

Street City State Zip

Was employee treated in an emergency room?
 Yes
 No

Was employee hospitalized overnight as an in-patient?
 Yes
 No

How were you transported to the treatment facility?

Next, you will select how you would like to be paid if you lost time from work due to this injury/illness. You will also be prompted to submit a Leave Election Form.

Leave Election

Please select how you would like to be paid if you lost time from work due to this injury/illness (check one):

1 From my accumulated sick leave followed by my accumulated vacation leave before receiving Worker's Compensation benefits for loss of wages. I understand that after I have exhausted my accumulated sick and vacation leave, I will receive Worker's Comp. benefits if the doctor determines I am still unable to work due to this injury.

2 From Worker's Compensation benefits for loss of wages if the doctor determines I am unable to return to work instead of receiving full pay from sick and vacation leave. I understand I will not be paid for the first seven (7) days unless I am out a minimum of twenty-one (21) days according to Georgia State Worker's Comp. law.

3 From my accumulated sick leave followed by accumulated vacation leave, at which time I wish to be paid Worker's Compensation benefits for loss of wages if the doctor determines I am still unable to work. The vacation leave will be through the date indicated below.

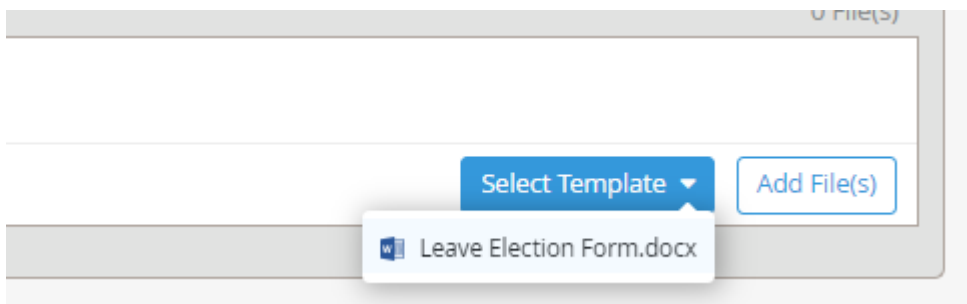
Vacation leave end date

After making your selection, save the document by clicking the "Save" button above, then download the attached "Leave Election Form", sign it and reattach it by clicking the "Add File(s)" button below.

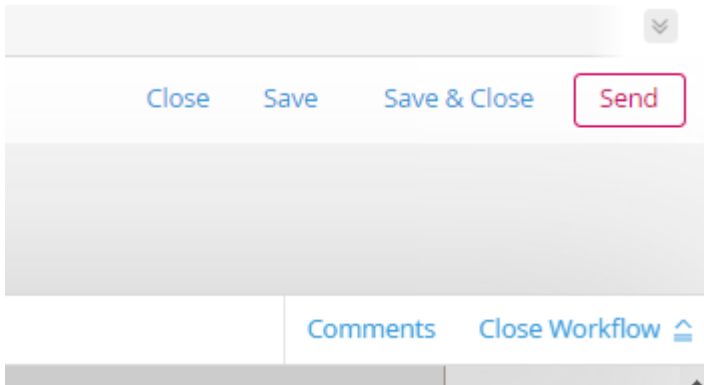
Leave Election Attachment 0 File(s)

No Files

Select Template Add File(s)



Once all information has been completed, select the “Send” button found in the top right-hand corner of the screen. This is a very important step, and your Injury/Illness Report will not be submitted until you hit “Send.” Please note that you may be prompted to save the document before sending. If so, select the “Save” button first. This will save the document and generate an Injury Illness Activity Report number.

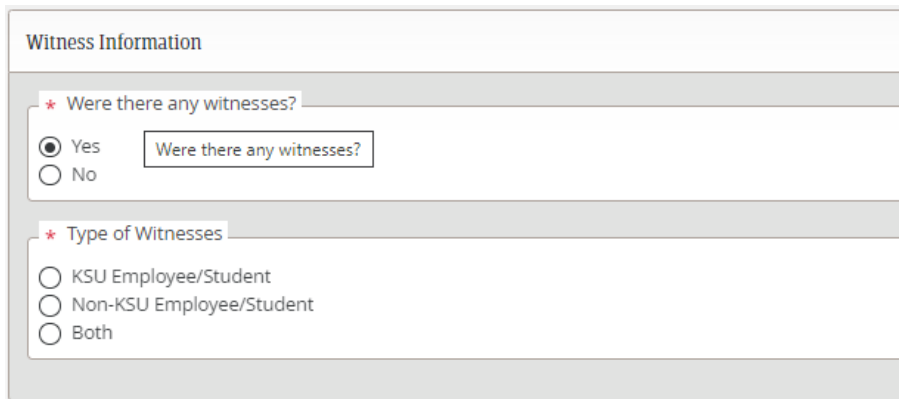


The Injury/Illness Report will now be sent to Human Resources (HR).

After hitting send, you will be brought back to your Incident Report to complete the final three sections.



If you select “Yes” to “Were there any witnesses?” an additional information box will generate requesting information about the witness.



If the witness is a KSU employee or student, the following information box will generate.

The screenshot shows the 'Internal Witness Information' form. At the top, there are options for 'Collapse All', 'Remove', and '+ Add Internal Witness'. Below this is a header bar with '0 Selected', a sort arrow pointing up, 'Oldest to newest', and pagination '1-1 of 1' with a search icon. The main form area has a table with columns for 'Names', 'Phone', and 'Email'. There is a search input field under the 'Names' column. At the bottom, there are '1-1 of 1', '1', a search icon, 'Remove', and '+ Add Internal Witness' buttons.

If they are a non-KSU employee or student, the following information box will generate.

The screenshot shows the 'External Witness Statements Information' form. At the top, there are options for 'Collapse All', 'Remove', and '+ Add External Witness'. Below this is a header bar with '0 Selected', a sort arrow pointing up, 'Oldest to newest', and pagination '1-1 of 1' with a search icon. The main form area has a 'Name' field with a note: 'When manually inputting a name please use First Name Last Name.' Below this are 'Email' and 'Phone' fields with prompts: 'Please enter the witness address' and 'Please enter the witness phone'. There is a 'Witness Statement Form' section with 'No Files' and '0 File(s)' displayed. At the bottom right of this section are 'Select Template' and 'Add File(s)' buttons. A file named 'Witness Statement.docx' is shown in a preview area. At the bottom of the form, there is a red instruction: 'Please save the document then click on the button below to send an email to the External Witnesses to request for their statement.' Below this is a blue button labeled 'Send Email to External Witnesses'.

If you select "Both," the following information boxes will generate.

The screenshot shows both the 'Internal Witness Information' and 'External Witness Statements Information' forms stacked vertically. The top form is the 'Internal Witness Information' form, and the bottom form is the 'External Witness Statements Information' form. Both forms have the same layout as described in the previous screenshots, including headers, search bars, and buttons. The 'Send Email to External Witnesses' button is visible at the bottom of the second form.

The next section is about whether reporting agencies were involved. If you select “Yes” stating either KSU Police were involved and/or other agencies were involved, additional information boxes will generate.

The screenshot shows a form titled "Reporting Agencies". It contains two radio button questions: "KSU Police involved?" and "Other Agencies involved?". Both have "Yes" selected. To the right of the first question is a text input field for "KSU Police Incident Number" with a placeholder "Please provide the KSU Police report #.....". Below these is a table header "Reporting Other Agencies" with a "Collapse All" icon, a "Remove" icon, and an "Add Reporting Agency" button. The table body is empty, showing "No records to display" and a "Remove" icon with another "Add Reporting Agency" button.

The final section asks if there were any immediate measures taken to correct/contain the problem. If “Yes” is selected, an additional information box will generate.

The screenshot shows a form titled "Initial Containment Action". It contains a radio button question: "Were there any immediate measures taken to correct/contain the problem?". The "No" option is selected.

The screenshot shows the "Initial Containment Action" section with the "Yes" option selected. Below the question is a sub-section titled "Initial Containment Action Details". It contains a "Performed by" field with a user icon, a "Date Performed" field with a calendar icon, a text area for "Initial Containment Actions" with a placeholder "Please enter the corrective action information", and an "Attachments" section showing "0 File(s)" and an "Add File(s)" button.

Once all information is completed, you are ready to send the document to the next phase which notifies the EHS Department of the incident. From there, we will assign someone to investigate the incident, so be prepared to be contacted.