Website: https://kennesaw.etq.com/prod/rel/#/app/auth/login
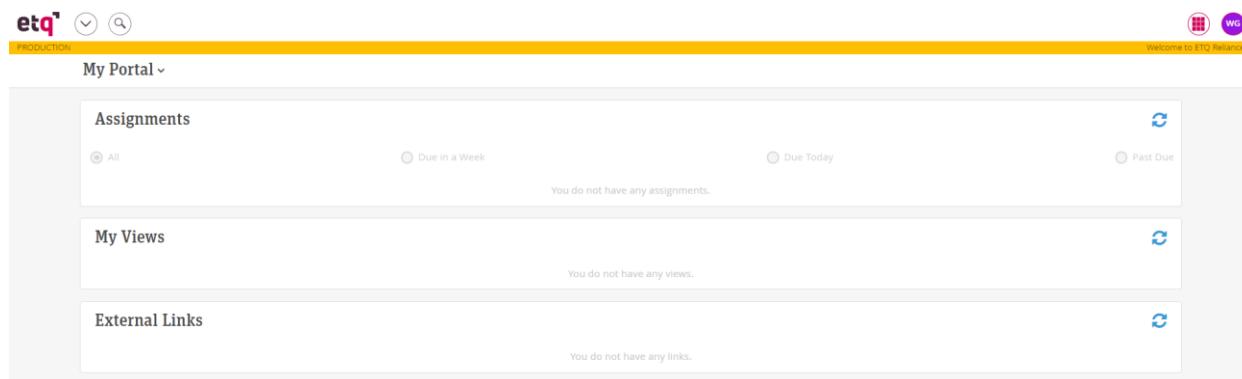
Username: Net ID only, not full password

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."
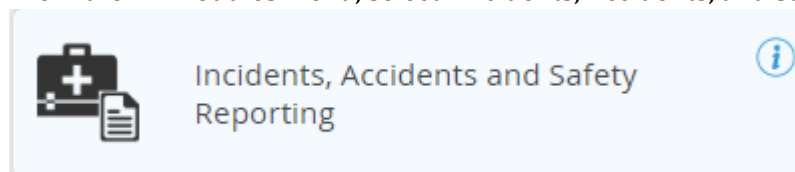
From this screen, select "+ New Document," then "Incident – Initiate."
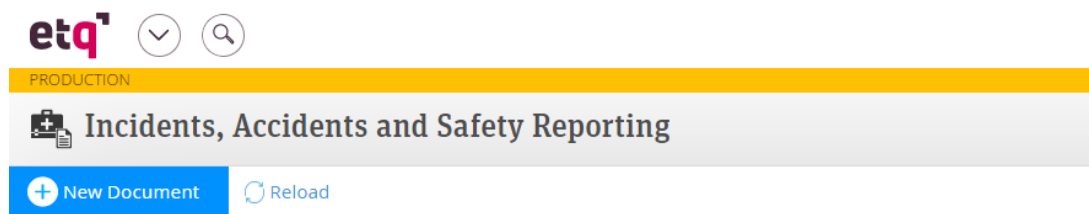
The bar at the top is your workflow. The workflow tells you which phase the document is in. When initiating a new document, the workflow will look like this until you save the document (please note you may not see all these options on your workflow – it will depend on your permissions).
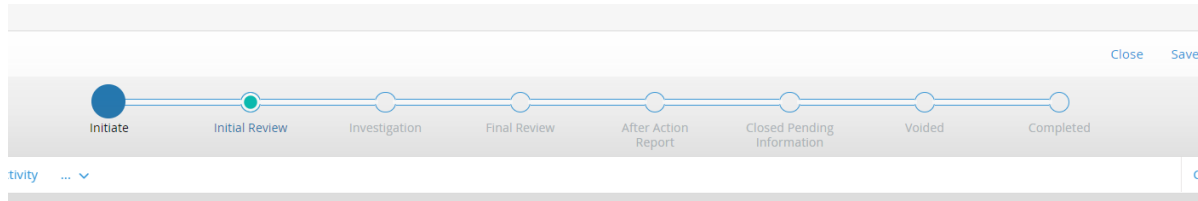
Once the document is saved, the creation initiate date will appear in the workflow and an incident number will be assigned.
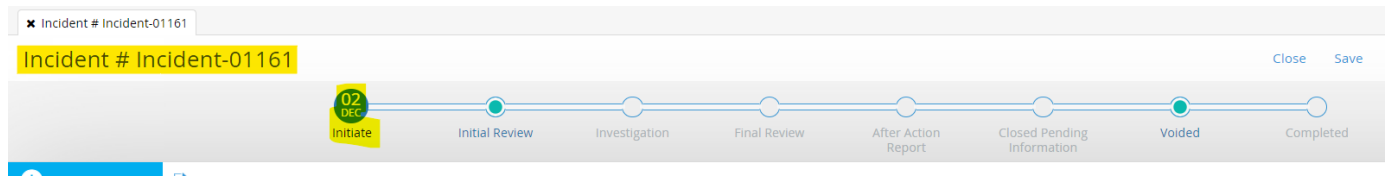
Now it is time to begin entering information about the injured party by filling out the "Completed By" section. *Please note all required information is denoted with a red asterisk – this information must be filled out for the document to be submitted.

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

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

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."

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.

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.

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.
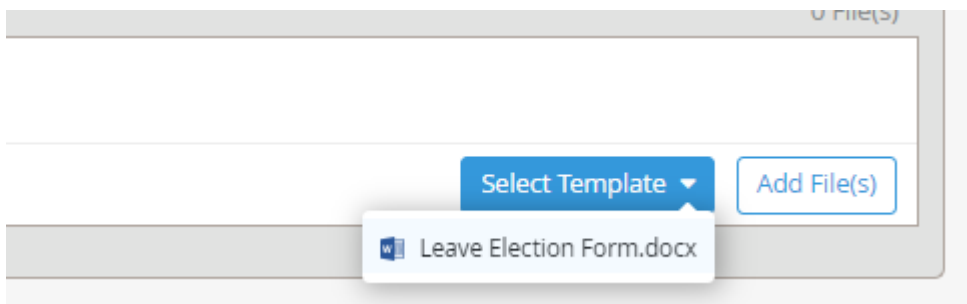
Vacation leave end date
📅

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)

Select Template ▼   Add File(s)

📄 Leave Election Form.docx

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.
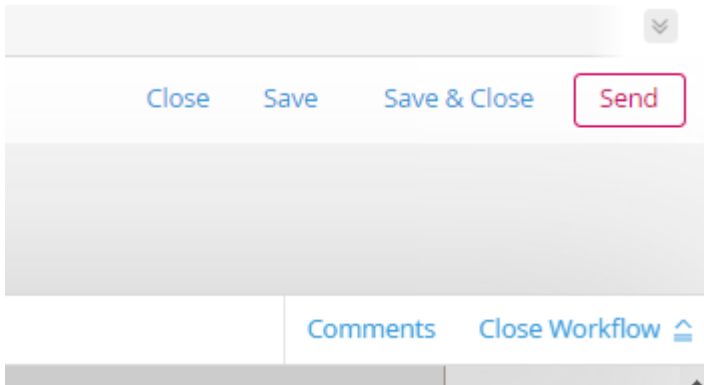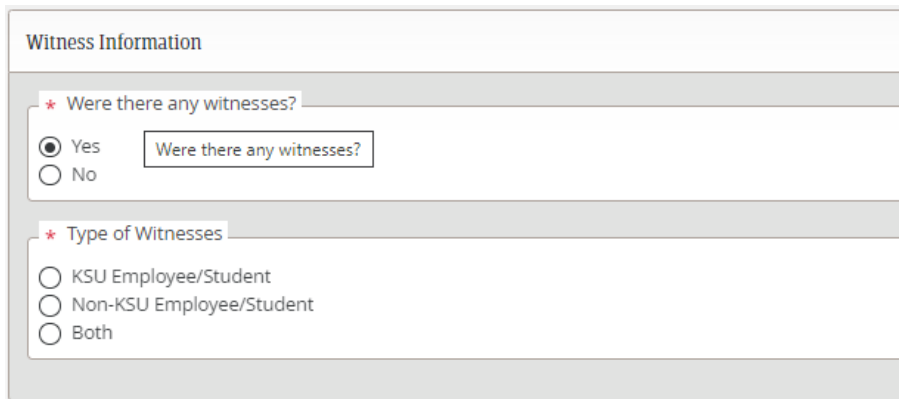

The Injury/Illness Report will now be sent to Human Resources (HR).

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.

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

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

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 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.

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.