



Press the Safety Reporting button.

Incident Reports ×

Instructions
To report, please click on one of the options below.

- Injury or Illness
- Motor Vehicle & Mobile Equipment (e.g., GSA, M, E, Rental)
- Near Hit or Safety Concern
- Contract Incident (CO, COR, Field Inspector use only)

Select **Injury or Illness**

NOTE: All injuries must be reported here regardless of whether medical attention was sought.

If the injury involves a motor vehicle, a Motor Vehicle & Mobile Equipment report must be completed, as well.



OSHS: Safety Reporting – Injury or Illness

Injury or Illness

Cancel Delete Save Submit

Event Details

Person Injured * District or Primary Location (where the incident occurred) *

Supervisor

Job Position Organization

Incident Date * Reported Date

Incident Time

Check if Time Cannot be Determined

Press the **Save** button to save your progress and return to the form at a later time.

Press the **Submit** button when the form has been completed.

Your name auto-populates as the individual creating the report. However you can file reports on behalf of others using the **Person injured** field.

Use the icon(s) on the right side of each field if you need help to find information specific to that field.

All forms with an asterisk must be completed.



OSHS: Safety Reporting – Injury or Illness

Specific Location Comments *

Location Type *

Job Task/Activity Details *

Please describe exactly what happened, include as much detail as you can including how and why.

Type of Incident *

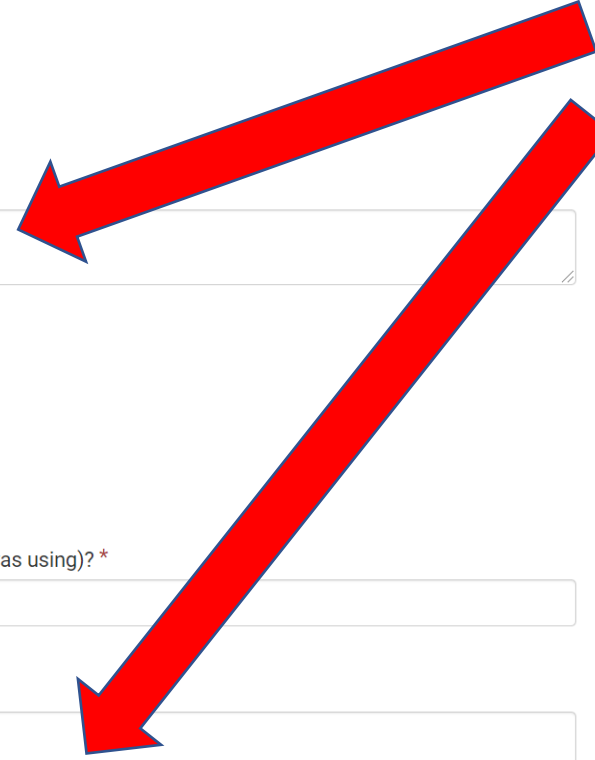
What events or activities led up to this incident (describe the activity, as well as the tools, equipment, or material the employee was using)? *

What happened (tell us how the incident occurred)? *

Describe in detail the injury or illness the employee sustained (tell us the part of the body that was affected and how it was affected (e.g., broken femur, strained bicep, etc.). *

It's important that all free-form fields are completed with as much detail as possible. **Job Task/Activity** and **What Happened** provide Safety with vital information.

This level of details helps Safety form a complete picture of the incident so it can be analyzed for trends and help inform future Safety initiatives.



What object or substance directly harmed the employee? *

Witnesses or other employees involved.

Attach Supporting Documentation

Recommended Actions ^

Did, or will, you/your work group take immediate action to correct or mitigate the hazard? *

Describe the action you or others took to correct or mitigate the hazard.

What suggestions do you have for how this incident could be prevented in the future?

Please share your recommended actions and suggestions. Your idea(s) could be implemented to help prevent future injuries.

Please be as descriptive as possible.

Submit the form when you've completed all of the necessary fields.

