4 Click "Incident Details"

EHSA Utility / Edit Assessment Edit Labels	Modify Questions			
	Instructions Assessment Q	uestions	Review Q	uestions/Answers Review
	Who is Reporting	Yes	O No	Is this report for yourself?
	Incident Details			What best describes the individual's rol
	Witness Details			KSU Faculty/Staff
	Internet Provide Parts II			O KSU Student/Grad Student Employ
	Injury or Exposure Detail			O KSU Student (non-employee)
				○ KSU Volunteer
				O Visitor/Vendor/Contractor
				eID of individual report is for
				Glaser, Lorie
				Who is the supervisor?
				Q Bridges, Ronald

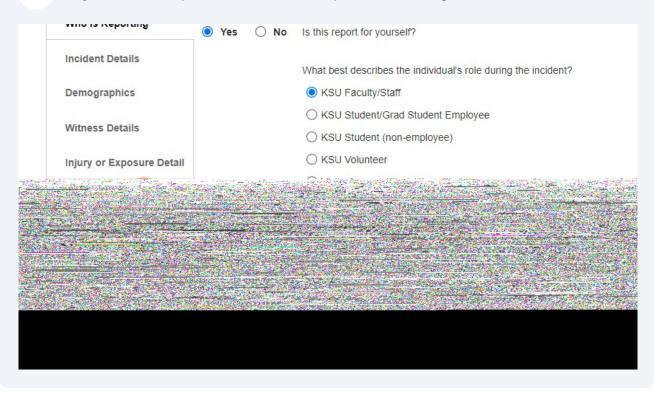
5

Click "Witness Details"

EHSA Utility / Edit Assessment Edit Labels	Modify Questions		
Inst	Assessment Question	Review Ques	tions/Answers Review
w	/ho is Reporting	C	Date/Time of incident
in	cident Details	c	ate/Time work started day of the inciden
W	litness Details	L	ocation of incident
In	jury or Exposure Detail		
		S	Specific location of incident (View Campu-
		s	airs of Edwards Hall B wing
		/aa 🖉 Na 5	Did incident occur in a lab?
		Yes 💿 No 🛛	

6 Click "Injury or Exposure Detail"

7 If you are the supervisor then click "Supervisor Investigation"



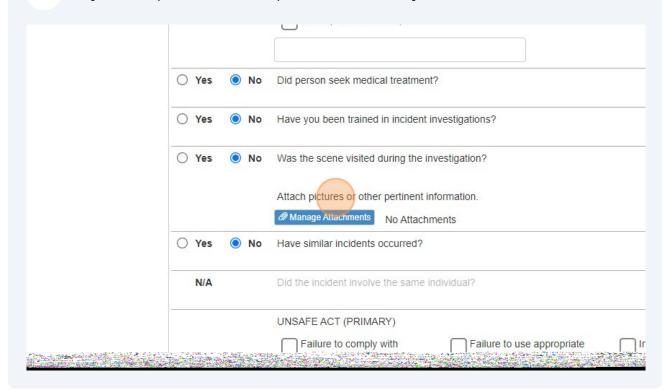
8 Follow along with all of the questions in the Supervisor Investigation.

tructions Assessment Questio	ns Review							
Vho is Reporting								
ncident Details	Su	perv	/isc	or Ir	ive	stig	atio	n
emographics	Date	incide	nt wa	is rep	orted	to me	:	
Vitness Details	5/1	9/2023		-				
	•		M	ay 20	23		•	
njury or Exposure Detail	Su	Мо	Tu	We	Th	Fr	Sa	
upervisor Investigation	30	1	2	3	4	5	6 -	
	7	8	9	10	11	12	13	
	14	15	16	17	18	19	20	
	21	22	23	24	25	26	27	
	28	29	30	31	1	2	3	
		c	<u>_</u>	7	0	^	10	

9 Follow along, filling out all required fields.

Nho is Reporting	
ncident Details	Supervisor Investigation
Demographics	Date incident was reported to me:
Nitness Details	5/19/2023
njury or Exposure Detail	Time: 11:22 AM
Supervisor Investigation	12:00 AM 12:15 AM 12:30 AM 12:45 AM 01:00 AM 01:15 AM 01:30 AM • e below):
Demographics	Date incident was reported to me:
Witness Details	5/19/2023
Injury or Exposure Detail	Time: 11:22 AM ()
Supervisor Investigation	Type of incident
	Property Damage
	Near Miss
	Other (describe below):
	Yes O No Did person seek medical treatment?

10 If you have pictures or other pertinent files then you can attach them here.



11 Fill out the text boxes.

UNSAFE CONDITION (PRIMARY) Inappropriate equipment/tool Slip/Trip/Fall Hazard Worn/Broken/Defective building components
Detailed explanation of checked box/boxes above:
Why did condition exist?
test
Contributing factors (if any):
test

Immediate action taken to prevent recu	urrence:
test	
 Long term actions to be taken:	
test	
 What additional assistance is needed to	to prevent recurrence?
test	
 Supervisor Signature	
Clear Ukena, Adam	ABU66535
Long term actions to be taken:	
test	
What additional assistance is r	needed to prevent recurrence?
test	
Supervisor Signature	
Clear Ukena, Adam	ABU66535

12	Once all fields are fille	ed out click "Sign".
----	---------------------------	----------------------

	Long term actions to be taken:
	test
	What additional assistance is needed to prevent recurrence?
	test
	Supervisor Signature
Previous Save Pro	gress Next →

13 After you have filled out all the required fields, click the "Mark Review Complete" checkbox.

ig term actions to be taken:		
st		
	<i>B</i>	
Vhat additional assistance is needed to pre	vent recurrence?	
st		
upervisor Signature		
Clear Warhurst, Rachael	WARHURST 5/22/2023	

14 If all required fields have been filled out. Save will submit your form.

ю	ιv	UC.	tanch.	

s to be taken.			
		4	
sistance is needed to prevent recur	rence?		
		le	
ure			
rst, Rachael	WARHURST	5/22/2023	
		Mark Revie	w Save Cancel
		Complete	

15 Click "OK"

Assessment Review	×
The assessment review has been successfully sub	pmitted.
Long term actions to be taken:	
test	
What additional assistance is needed to p	prevent recurrence?
test	
Supervisor Signature	
Clear Warhurst, Rachael	WARHURST 5/22/2023