Report Safety Incident

Overview

This job aid outlines the process for a Safety Partner, Manager or Employee to Report a Safety Incident

Prerequisites: Safety incident has occurred or hazardous conditions may exist

Important Information:

- When reporting a safety incident, you will enter two locations. One location will represent the member and the incident location will represent the specific building or facility where the incident occurred
- A Safety Incident may be reported on an incident that involved an Employee or a third-party visitor to a system member facility
- Required Workers’ Compensation incident forms or processes must be performed outside of the Workday process

Steps

1. Search for the Report Safety Incident task using the Search bar and click the link to the task

   ![Search for Report Safety Incident task](Report Safety Incident - Task)

   **Note:** Alternatively you can click on the Safety Worklet (if already added to your Workday Home page) and then select **Report Incident**

2. On the **Report Safety Incident** page, start by filling in all relevant information in the **Reporting Details** section about how the incident was originally reported, including:

   - **Location.** System Member
   - **Reported By.** The Employee who reported the incident
   - **Initially Reported To.** To whom the incident was reported
   - **Supervisor on Duty.** Manager of injured Employee or in the case of a third-party visitor, the Supervisor responsible for the facility

3. Fill in information about the Incident, including:

   - **Incident Date and Time.** When did the incident occur?
   - **Notification Date and Time.** When was it reported?
   - **Incident Type** (e.g. Bodily Injury, Hazardous Condition, Near Miss, or Vehicle Accident)
   - **Incident Location.** Name of the facility or building where the incident occurred
     **Note:** Use “Other” if the facility is not in the list
   - **Incident Summary.** Provide a summary of what occurred
4. On the **Notes and Files** tab, add any necessary documentation, including DWC Form-001 if applicable.

5. On the **Involved Parties** tab, click on **Add** if the incident involved an Employee or third-party visitor.

**Note:** An Involved Party can be either an Employee or a third-party visitor who was injured or reported to be injured due to a safety incident.

6. Fill in the **Name and Contact Information** of the Involved Party.

7. Under the **Worker Description of Incident** tab, enter the **Employee Description of Incident**.

8. Fill out the applicable fields within the **Nature of Injury / Illness** section. Some fields are required:
   - **Nature of Injury / Illness** (Required)
   - **Body Part Code / Side** (Required)
   - **Source of Injury** (Required)
   - **Time Arrived at Work**
   - **What object or substance directly harmed the worker**
   - **Severity**
9. Fill out treatment information if applicable, including Treatment Required, Treatment Description, Affected Party Died, and Date of Death

**Note:** The following sections of the report will not be used: Treatment Disposition, Report Details, Time Lost, Notes, or Attachments

10. Once you have finished adding all Involved Parties, click **Submit**