
Online Incident Reporting - Employee - Supervisor

User Guide – V 12.0

January 10, 2023

parklane
S Y S T E M S

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Overview

Employee & Supervisor Incident Reporting

The timely and consistent reporting of incidents and accidents is crucial in today's fast paced multi-facility environment. Parklane's web-based Employee and Supervisor Report of Incident Option provides the highest level and most cost effective method to quickly identify and capture, at source, potential problems before they become major issues.

Managing information starts with complete, timely and accurate reporting. Information about incidents, however slight they may appear at the time, requires specific actions that can trigger approvals, notifications, escalations and actions. Parklane is excited to announce the immediate availability of its latest solution... the *Employee and Supervisor Incident Report* option.

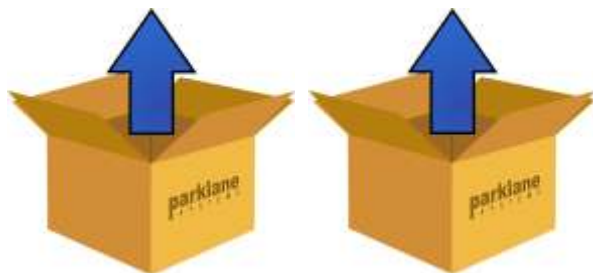


Working in conjunction with the Incident Reporting Module, this web-based option is intended for those customers who have a requirement for employees and supervisors/managers to enter incident detail at the source, from any location that has access to the internet or company intranet. This intuitive web-based product is the first in a number of entry forms that will work in conjunction with Parklane's entire suite of products.

The Employee & Supervisor Report of Incident feature will generate the following benefits for your organization:

- Improves reporting compliance.
- Expands your reporting window – on-line supervisors and managers submit concise, pertinent forms electronically ... no more paper reporting and no time delay in getting the incident detail to you.
- Supervisors and Managers can report incidents anywhere there is access to the internet or company intranet.
- No more paper incident forms becoming misplaced or lost among piles of documents.
- Management and their employees will provide first hand, all relevant details of the incident for statistical and regulatory reporting.
- Immediate and automatic notification to the OH&S staff that an incident has been generated.
- Eliminates the need for OH&S staff to re - transcribe the detail – streamlines the data entry function and eliminates the duplication of effort, resulting in valuable time and resource savings for the OH&S staff.
- Eliminates legibility and deciphering issues and the associated loss of productivity due to corrective time and effort.
- Virtually no effort on your part to set up and implement.

System Set Up Required



Before being able to record incidents via the Supervisor Incident Report, your company must complete several steps. An application must be installed on a compatible web server.

The web service can run on both Windows and Linux platforms. The Parklane application and web server can reside on the same or separate servers. The Supervisor/Employee Report Options must also be set up in Parklane's Incident Reporting Module.

Web Menu

Access to the Employee and Supervisor Incident Report main menus are via a short cut on the desktop, or through a 'favourite' in a web browser. There is no other set up required by the user. All set up procedures are done on the web server. Contact Parklane for installation instructions.



Under **Settings**, a company logo may be added which will appear on the Introduction page for the Supervisor and/or the Employee Forms. Contact Parklane Support for detailed assistance.

Company Logo

You can choose to add a company logo to your web forms. This logo will appear in the upper-right corner on certain pages.

If your logo does not appear below, place a copy into the C:/Parklane/WebsiteFiles/complogo folder on the server and click "Refresh Images"

NOTE: The recommended dimensions of the logo are less than 275x75, however you can replace the image file if the dimensions are not correct.

☐ No Image Selected
☒ PSDR01.png: 



Company Logo

Here

☐ complogo1.png:

 Refresh Images

Options

Prior to any data being received by Parklane, the setup of the Supervisors/Employee Options must be completed in the Parklane Incident Reporting Module. From Incident Reporting Main Menu, select **More> Options> Supervisor/Employee Report Options**.

Form Options

The Form Options panel allows the administrator of Parklane's Incident Reporting Module to select specific access and email options related to the Supervisor, Employee and Violence & Harassment forms. If multi company, a separate Form Options panel should be completed for each company/location that is within the IR Module.



When opting to use the Employee Incident Reporting, complete that portion of the panel. Select the appropriate field to enable the Employee Report option. Next, select the options by which the employee and supervisor are able to search for information. If the Supervisor search options are unchecked, the Employee Report Retrieval will default to the Submission ID only which is noted on the email notification. Email notification options can be selected based on the Client's choice.

Before the employee's Supervisor can receive the email notification two processes must be done:

1. In Personal Data – the employee's supervisor must be populated (see Import Employee's Supervisor (OLIR) under Options)
2. In Personal Data – the employee's email address must be populated (add manually or include in your Data Transfer download)

CD3X: Options for Report of Supervisor, Employee and Violence & Harassment

Supervisor/Employer's Report

☒ Supervisor can search by name

☒ Supervisor can search by date

☐ Exclude D7V attachment from email sent to PassPhrase recipients?

Employee's Report and Violence & Harassment

☐ Enable Employee Report

☒ Employee can search by First name, last name, birth date

☐ Employee can search by Employee ID, birth date

☐ Email will be sent to Employee's Supervisor and OHS.

☒ Email will be sent to OHS only.

☐ Email will be sent to Supervisor, otherwise send to OHS (not both*).

☐ Add Incident on Employee submission: Date, Time, Happened, Update Incident on Supervisor submission
Note: Supervisor submission replaces all data on incident with the exception of Comments, Doc Links & Doc Folders.

☐ Exclude D7V attachment (details of incident in report format) from email to OHS?

OHS email address

s.kane@parklanesys.com

* If no Supervisor assigned, email will be sent to OHS.
Supervisor - refers to Supervisor defined in Personal Data.

Selection of Questions

Next, select the information from the data base that will be hidden or mandatory on the screen of the person completing the Incident Report. All questions default to be shown. Deselect any questions that are not to appear on the report form. If opting to use the Employee Report, the specifications selected here will be the same on the Employee Report where applicable.

Indicate which questions will be mandatory by selecting Mandatory F2.

C03V Question Options			
Employment / Shift Details <input checked="" type="checkbox"/> Supervisor / Contractor <input checked="" type="checkbox"/> Shift Started (date) <input checked="" type="checkbox"/> Shift Started (time) <input checked="" type="checkbox"/> On Shift Rotation? <input checked="" type="checkbox"/> Shift Length <input checked="" type="checkbox"/> Average Work Week Incident Classification (one of) <input checked="" type="checkbox"/> Hazardous Situation <input checked="" type="checkbox"/> First Aid given <input checked="" type="checkbox"/> Health Care was provided <input checked="" type="checkbox"/> Employee Injured <input checked="" type="checkbox"/> Employee Critically Injured <input checked="" type="checkbox"/> Has Occupational Illness <input checked="" type="checkbox"/> Fatality Incident Description <input checked="" type="checkbox"/> Date of Incident (Required) <input checked="" type="checkbox"/> Time of Incident <input checked="" type="checkbox"/> Date Reported <input checked="" type="checkbox"/> Time Reported When incident is Lost Time: <input checked="" type="checkbox"/> Last Date Worked <input checked="" type="checkbox"/> Last Time Worked <input checked="" type="checkbox"/> First Day Off <input checked="" type="checkbox"/> RTW Date Regular Duties <input checked="" type="checkbox"/> RTW Time Regular Duties <input checked="" type="checkbox"/> Not Reg. Duties, Exp RTW <input checked="" type="checkbox"/> Had Similar Injury? <input checked="" type="checkbox"/> 3rd Party responsible? <input checked="" type="checkbox"/> Doubt Work Related <input checked="" type="checkbox"/> Been on Mod. Duties? <input checked="" type="checkbox"/> Returned to Mod. Duties? <input checked="" type="checkbox"/> Mod. Duties Offered?	Incident Details <input checked="" type="checkbox"/> Type of Incident <input checked="" type="checkbox"/> Cause of Incident <input checked="" type="checkbox"/> Include Witnesses? <input checked="" type="checkbox"/> Witness Name <input checked="" type="checkbox"/> Witness Address <input checked="" type="checkbox"/> Witness Telephone <input checked="" type="checkbox"/> Location of Incident <input checked="" type="checkbox"/> Equipment, etc. details <input checked="" type="checkbox"/> What worker was doing <input checked="" type="checkbox"/> What happened <input checked="" type="checkbox"/> Additional details Injury Details (where applicable) <input checked="" type="checkbox"/> Injury Description <input checked="" type="checkbox"/> Body Parts Affected Violence or Harassment <input checked="" type="checkbox"/> Include Violence, Harassment? <input checked="" type="checkbox"/> Physical violence? & type <input checked="" type="checkbox"/> Harassment? & type <input checked="" type="checkbox"/> Weapons involved? & type <input checked="" type="checkbox"/> Third Party Aggressor? <input checked="" type="checkbox"/> Employee Aggressor? <input checked="" type="checkbox"/> Domestic Violence factor? <input checked="" type="checkbox"/> Aggressor not first time? <input checked="" type="checkbox"/> Aggressor Identification <input checked="" type="checkbox"/> Police Summoned? <input checked="" type="checkbox"/> Government advised? Medical (where applicable) <input checked="" type="checkbox"/> Seek treatment? <input checked="" type="checkbox"/> Where treated <input checked="" type="checkbox"/> Treatment Date <input checked="" type="checkbox"/> Date Employer learned <input checked="" type="checkbox"/> Health Professional Name <input checked="" type="checkbox"/> Health Professional Address <input checked="" type="checkbox"/> Additional Comments	Medical, cont'd <input checked="" type="checkbox"/> First Aider/Medical Attendant <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Treatment Date Accident Investigation <input checked="" type="checkbox"/> Was investigation completed? <input checked="" type="checkbox"/> Who completed investigation? <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address Corrective Actions <input checked="" type="checkbox"/> Include Corrective Action? <input checked="" type="checkbox"/> Corrective Action <input checked="" type="checkbox"/> Target Date <input checked="" type="checkbox"/> Completion Date <input checked="" type="checkbox"/> Person Responsible <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Recommendation <input checked="" type="checkbox"/> Action Taken <input type="checkbox"/> Comments Person who completed report <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Position / Title <input checked="" type="checkbox"/> Normal Working Hours Person who reported incident <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input checked="" type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Position / Title <input checked="" type="checkbox"/> Normal Working Hours	Employee Details (view only) <input checked="" type="checkbox"/> Employee ID <input checked="" type="checkbox"/> Position <input checked="" type="checkbox"/> Employee Union <input checked="" type="checkbox"/> City <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Department <input checked="" type="checkbox"/> Birth Date <input checked="" type="checkbox"/> Hire Date If you use the Employee Report: The specs you provide here will apply to the same questions on the Employee Report where applicable.
Last Updated: SARAH 04/11/2022			Indicate which questions are mandatory
<input type="button" value="Mandatory F2"/>			<input type="button" value="Exit F12"/>

Any question selected here, will require a response on the Incident Report form.

Note: It is recommended that Completion Date and Action Taken remain NOT mandatory. The Recommendation Field (or Recommendation/Plan field on the online form) will allow the supervisor to detail their plans for action, should they not have had time yet to investigate between the incident time and the time of submitting the incident report. As they often have not had a chance to perform an action, it is important this is left NOT mandatory. They will have an opportunity to reply with their actions at a later time if the Automatic Corrective Action Email Notification feature is enabled.

CD3W Mandatory Question		
Employment / Shift Details <input type="checkbox"/> Supervisor / Contractor <input type="checkbox"/> Shift Started (date) <input type="checkbox"/> Shift Started (time) <input type="checkbox"/> On Shift Rotation? <input type="checkbox"/> Shift Length <input type="checkbox"/> Average Work Week Incident Classification (one of) <input checked="" type="checkbox"/> Hazardous Situation <input checked="" type="checkbox"/> First Aid given <input checked="" type="checkbox"/> Health Care was provided <input checked="" type="checkbox"/> Employee Injured <input checked="" type="checkbox"/> Employee Critically Injured <input checked="" type="checkbox"/> Has Occupational Illness <input checked="" type="checkbox"/> Fatality Incident Description <input checked="" type="checkbox"/> Date of Incident <input type="checkbox"/> Time of Incident <input checked="" type="checkbox"/> Date Reported <input type="checkbox"/> Time Reported When incident is Lost Time: <input type="checkbox"/> Last Date Worked <input type="checkbox"/> Last Time Worked <input type="checkbox"/> First Day Off <input type="checkbox"/> RTW Date Regular Duties <input type="checkbox"/> RTW Time Regular Duties <input type="checkbox"/> Not Reg. Duties, Exp RTW <input type="checkbox"/> Had Similar Injury? <input type="checkbox"/> 3rd Party responsible? <input type="checkbox"/> Doubt Work Related <input type="checkbox"/> Been on Mod. Duties? <input type="checkbox"/> Returned to Mod. Duties? <input type="checkbox"/> Mod. Duties Offered?	Incident Details <input checked="" type="checkbox"/> Type of Incident <input type="checkbox"/> Cause of Incident <input checked="" type="checkbox"/> Include Witnesses? <input checked="" type="checkbox"/> Witness Name <input type="checkbox"/> Witness Address <input type="checkbox"/> Witness Telephone <input type="checkbox"/> Location of Incident <input type="checkbox"/> Equipment, etc. details <input checked="" type="checkbox"/> What worker was doing <input type="checkbox"/> What happened <input type="checkbox"/> Additional details Injury Details (where applicable) <input checked="" type="checkbox"/> Injury Description <input type="checkbox"/> Body Parts Affected Violence or Harassment <input checked="" type="checkbox"/> Include Violence, Harassment? <input type="checkbox"/> Physical violence? & type <input type="checkbox"/> Harassment? & type <input type="checkbox"/> Weapons involved? & type <input type="checkbox"/> Third Party Aggressor? <input type="checkbox"/> Employee Aggressor? <input type="checkbox"/> Domestic Violence factor? <input type="checkbox"/> Aggressor not first time? <input type="checkbox"/> Aggressor Identification <input type="checkbox"/> Police Summoned? <input type="checkbox"/> Government advised? Medical (where applicable) <input checked="" type="checkbox"/> Seek treatment? <input type="checkbox"/> Where treated <input type="checkbox"/> Treatment Date <input type="checkbox"/> Date Employer learned <input type="checkbox"/> Health Professional Name <input type="checkbox"/> Health Professional Address <input type="checkbox"/> Additional Comments	Medical, cont'd <input type="checkbox"/> First Aider/Medical Attendant <input type="checkbox"/> Telephone Number <input type="checkbox"/> Treatment Date Accident Investigation <input type="checkbox"/> Was investigation completed? <input type="checkbox"/> Who completed investigation? <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address Corrective Actions <input checked="" type="checkbox"/> Include Corrective Action? <input checked="" type="checkbox"/> Corrective Action <input checked="" type="checkbox"/> Target Date <input type="checkbox"/> Completion Date <input checked="" type="checkbox"/> Person Responsible <input type="checkbox"/> Telephone Number <input checked="" type="checkbox"/> Email Address <input checked="" type="checkbox"/> Recommendation <input type="checkbox"/> Action Taken <input type="checkbox"/> Comments Person who completed report <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Position / Title <input type="checkbox"/> Normal Working Hours Person who reported incident <input checked="" type="checkbox"/> First Name <input checked="" type="checkbox"/> Last Name <input type="checkbox"/> Telephone Number <input type="checkbox"/> Email Address <input type="checkbox"/> Position / Title <input type="checkbox"/> Normal Working Hours

Exit F12

Introduction for Supervisor's Form

The introduction panel contains two parts. Part one is the text that will show on the initial entry screen of the Supervisor Incident Report. Part two is the text that will appear with the signature line on the printed report.

The text below will be the same for each company.

Introduction to appear on the first page of the Online Supervisor's Incident Report. Make any changes.

Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by [your company name] to the provincial worker compensation board.

The Passphrase that was provided to you must be used to report an incident.
To reduce subsequent follow-up, we encouraged that all information be completed accurately and in detail.
Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.

If you need assistance please call [777-777-7777].

Last Modified 25/05/2020 SARA

Text to appear with the signature line on the printed report. You may make the modifications that apply to your organization.

I confirm the information on this form was provided in good faith, to be true and correct, and, represents the facts as I have stated. I agree to promptly amend this incident report if I learn that the facts I have alleged are incorrect. I understand that deliberately misstating the truth of any material fact could subject me to various sanctions including, but not limited to, dismissal of this incident report.

I expressly authorize the staff of, or any authorized agency representing, [your company name] to investigate my incident and take any action to verify this report.

Introduction for Employee's Form

This panel is the text that will show on the initial entry screen of the Employee's Incident Report.

The text below will be the same for each company.

Below is the introduction that will appear on the first page of the Online Employee's Incident Report. Make any changes.

Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by [your company name] to the provincial worker compensation board.

To reduce subsequent follow-up, we encouraged that all information be completed accurately and in detail.
Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.

If you need assistance please call [555-555-555].

Message to appear after submission

This panel contains two parts. Part one is the text that will appear following the Supervisor Form submission. Part two is the text that will appear following submission of the Employee Form.

If taking advantage of the Automatic Corrective Action Email Feature, this area can be used to detail instructions to the supervisors on how to use this form. Alternatively, you can paste the hyperlink (found on the tutorial section of the Resource Page) that will take the supervisor to instructions on replying to a corrective action email.

You can utilize the Message after Instruction field with reminders to the submitting supervisor that they will be receiving an email with a link to reply with their corrective actions at a later date.

003 Supervisor/Employee Submission Message

The text below will be the same for all companies.

Supervisor Report: Message to appear after Supervisor submits the form

(2500 characters)

Employee Report: Message to appear after Employee submits the form

(2500 characters)

Exit F12

Pass-Phrases and Email Recipients

The final step in the set up process is the assigning of Pass-Phrases. Pass-Phrases are used to give supervisors/managers access to the Web Form. A Pass-Phrase may be assigned to a location or an individual. Parklane recommends location.

To add a Pass-Phrase, enter number 1. If adding an additional Pass-Phrase, click on **Enter Next Pass-Phrase**, Esc and enter the next subsequent number. In the next field, identify the Pass-Phrase that will be used by a location. Tab and enter the Location name. Tab and provide an ID that will appear in the "Entered By" field of the incident.

The remaining fields provide email options. Tag the check box if emails are not to be sent when this Pass-Phrase is used. Otherwise, continue by entering a User ID. If a Parklane User, the ID must be entered exactly as it appears in Security. Click the **F1** button and select the User from the list provided. If the recipient is not a Parklane User, tag the check box. Tab and enter the email address of that individual.

CD3A Supervisor's Report Pass-phrases

Pass-phrases must be entered for each company. A person with a Pass-phrase may access the employees in this company only.

F5 Print

SF7 Remove Pass-phrase

1

Enter the Table number from the box on the right or click on Table entry

ABC

Pass-phrase (up to 20 characters)

Location(s) using this Pass-phrase

PLANT

User ID that is to appear in "Entered By" on the incident (in this module) when an incident is added under this Pass-phrase.

PLANT

☐ Check here, if no emails are to be sent when this Pass-phrase is used

OR: Enter the recipients that will receive an email when a record has been recorded under the above Pass-phrase

User ID	Check if recipient is not a User	Email Address
SKANE	<input type="checkbox"/>	s.kane@parklanesys.com
SARAH	<input type="checkbox"/>	s.mccarthy@parklanesys.com
NotAUser	<input checked="" type="checkbox"/>	joe.smith@somewhereco.com
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Enter Next Pass-phrase Esc

Move cursor to User ID above and click blue button to call up table of Parklane Users. Or, if email recipient is not a Parklane user, check box then enter email address.

Last Modified By
SARA
04/04/2017

Locations currently enabled

1.PLANT

2.MAINTENANCE

3.ADMINISTRATION

4.

5.

6.

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22.

23.

Instructions:

Pass-phrase are used to give supervisors/managers access to a Web Form. Pass-phrases are like passwords without using a User ID.

A Pass-phrase may be assigned to one or more individuals or locations. (We recommend location).

For each Pass-phrase, you need the code, a commentary of the individual(s) or location(s) and a list of those who should receive an email when an incident is recorded.

Exit F12

Employee Incident Report

Report An Incident

The employee will access the Employee Incident Report via a short cut on their desktop, or through the company intranet.



Depending on the Form Options setup, the employee will have one of two login options. Either by entering their First Name, Last Name and Birth Date or by entering their Employee ID and Birth Date.

A screenshot of the 'Employee Incident Report' form in the Parklane Systems interface. The form has a blue header with the 'parklane SYSTEMS' logo and the title 'Employee Incident Report'. The main content area is titled 'Introduction' and contains instructions for reporting an incident. Below the introduction, there is a section titled 'Employee Details' which is highlighted with a red rectangular box. This section contains a label 'Employee Name:' followed by a text input field and a 'Lookup' button. Two 'Employee Lookup' pop-up windows are overlaid on the form. The top pop-up is titled 'Employee Lookup' and contains fields for 'First Name:' (with the value 'paulette'), 'Last Name:' (with the value 'abbott'), and 'Birth Date:' (with the value '1963/01/01'). It also includes a 'Search' button and a message: 'Please complete all fields to find your employee record'. The bottom pop-up is also titled 'Employee Lookup' and contains fields for 'Employee ID' (with the value '156') and 'Birth Date (YYYY/MM/DD)' (with the value '1963/01/01'). It also includes a 'Search' button and the same message: 'Please complete all fields to find your employee record'.

Click Search. Once the employee's name appears to the right of the entry fields, click on the name to open the blank incident record.

Employee Lookup

Employee ID: 156

Birth Date (YYYY/MM/DD): 1963/01/01

1 person was found. Displaying page 1 of 1

PAULETTE ABBOTT
ADMIN - CLERK 3

Search

The image shows a web form titled 'Employee Lookup'. It has two input fields: 'Employee ID' with the value '156' and 'Birth Date (YYYY/MM/DD)' with the value '1963/01/01'. To the right of these fields, it says '1 person was found. Displaying page 1 of 1'. Below this, the name 'PAULETTE ABBOTT' and title 'ADMIN - CLERK 3' are displayed. A red circle highlights the 'Search' button, and another red circle highlights the employee name, with an arrow pointing from the button to the name.

The employee should enter the name of his/her supervisor and the contact information.

The process for describing an incident will vary with the type of incident involved. The panel below shows the information that will appear on the panel.

Employment Details

Supervisor:

Reporting Information

Your Telephone Number:

Your Email Address:

The image shows a form with two sections. The first section is 'Employment Details' with a 'Supervisor' label and a text input field. The second section is 'Reporting Information' with labels for 'Your Telephone Number' and 'Your Email Address', each followed by a text input field.

Incident Description

Incident Classification

- ☐ I am reporting a hazardous situation or near miss, where there was no personal injury.
- ☐ I was injured. I did not receive first aid or I received first aid from someone other than a physician or other health care professional. I returned or will be returning to work.
- ☐ I was injured. I received medical attention at a hospital or at a medical clinic or at a doctor's office. I returned or will be returning to work.
- ☐ I was injured and I will be off from work as the result of my injuries.

Date of Incident: YYYY/MM/DD

Time of Incident:

The image shows a form titled 'Incident Description'. It has a section 'Incident Classification' with four radio button options. Below this, there are two input fields: 'Date of Incident' with a placeholder 'YYYY/MM/DD' and a 'Today' button, and 'Time of Incident' with a text input field and a 'Pick' button.

If there is a witness the information can be added here. Additional witnesses can be also added or deleted.

Incident Details

Witness(es) of Incident

Witness(es) of Incident

Name:

Address:

The image shows a form titled 'Incident Details'. It has a section 'Witness(es) of Incident' with a text input field and an 'Add a Witness' button. Below this, there is a detailed view of a witness entry with labels for 'Name' and 'Address', each followed by a text input field. There are also 'Delete Witness' and 'Add a Witness' buttons.

Areas are provided to enter details of the location, further detail of what happened and any other detail which might be pertinent to the incident. Comments in each box are limited to 960 characters.

Location where incident occurred

What were you doing at the time of this incident?
(ex. cutting open a box, pushing cart, etc., provide more detail)

You have 960 characters left

What happened to cause this incident?
(Contributing factors related to people, process, equipment, materials, and environment)

You have 960 characters left

Additional Information: Provide details that are relevant or significant.
Examples:
-Was there a specific incident to cause the injury?
-Description and weight being lifted or moved (kg or lbs)
-How long was the task being performed on the day of the injury?
-How long was the task performed in the last hour leading up to the reported injury?

If this was a Hazardous incident, the **Submit** button will appear at this point. If the incident was a First Aid, Health Care or Lost Time, the employee must complete additional information prior to submission.

If continuing, the **Injury Detail** is entered by selecting a description of the injury from the drop down menu and checking the affected area(s) of the body.

Injury Details

Describe your injury

Affected Areas (check all that apply)

<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Lower Back
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Upper Back	

Left <input type="checkbox"/> Shoulder	Left <input type="checkbox"/> Hand	Left <input type="checkbox"/> Lower Leg
Right <input type="checkbox"/> Arm	Right <input type="checkbox"/> Fingers	Right <input type="checkbox"/> Ankle
<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot
<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toes
<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	

Other

Continue by indicating whether **Medical** treatment was sought.

Medical

Did you seek medical treatment? ☒ Yes ☐ No ☐ Unknown

First Aider / Medical Attendant

Telephone Number

Date of First Aid

If Yes, indicate where treatment was provided.

Medical

Did you seek medical treatment? ☒ Yes ☐ No ☐ Unknown

Where were you treated?

☐ On Site Clinic

☐ Ambulance

☐ Health Professional Office

☐ Medical Clinic

☐ Emergency

☐ Admitted to Hospital

Date Employee Sought Medical Treatment:


Date Employer Learned:

If the employee was treated by a Health Care Professional, enter that person's name

Health Professional's Address

Enter Additional Comments

Upon completion, click on the **Submit** button. If any fields are incomplete the employee will receive a warning and also the missed information field will be outlined in red.

 You missed 6 fields. Please correct and try again

Date of Incident

If all fields are correct and the Submit button is selected, the employee will receive a Print Report Confirmation. If a message was entered under **More> Options> Supervisor/Employee Report Options> Message to appear after submission**, that message will be included in the confirmation. In addition, there is an option to include that same message on the printed copy of the report.

Message to Employee-Print Report Confirmation

Your incident has been submitted.

If you have not done so already, please ensure you notify your supervisor or contact Occupational Health and Safety at extension 2227.
Should you have any questions about the incident reporting process, contact Joe Safety at j.safety@company.ca

Thank you,
Occupational Health and Safety Services

☐ Include message on printed report?

The Parklane Employee Report has been submitted.

Would you like to print a copy of the report?

Once the employee has made their print option selection the system will indicate the submission is complete, provide a submission ID number and options to proceed. If the options to include the message on the printed report was selected, that will also appear on the submission complete panel.

Submission Complete

Your submission ID is **27967**

This report has now been submitted. You can either print a copy of the submitted report, or return to the home page.

Message to Employee

Your incident has been submitted.

If you have not done so already, please ensure you notify your supervisor or contact Occupational Health and Safety at extension 2227.
Should you have any questions about the incident reporting process, contact Joe Safety at j.safety@company.ca

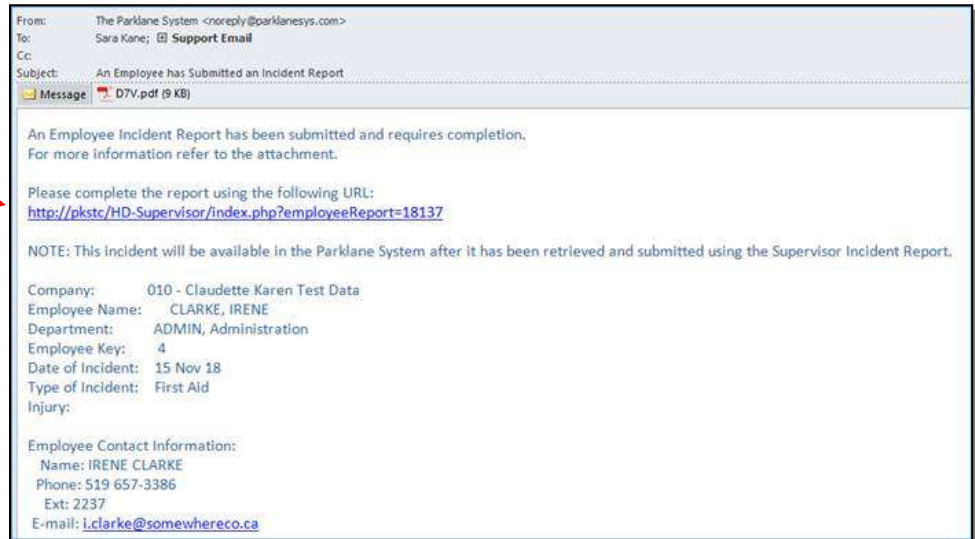
Thank you,
Occupational Health and Safety Services

A successful completion will also generate an email to the supervisor for further detail.

Retrieving An Employee Incident

The Supervisor login screen can be accessed by clicking on the link in the email from the employee,

or also via the short cut on the desktop. The administrator of the Parklane system will have set up a Pass-Phrase the supervisor will enter here.



parklane SYSTEMS Supervisor Incident Report

Language: English Accessibility Settings

Introduction

Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by 3052 - Karen to the provincial worker compensation board.

The Passphrase that was provided to you must be used to report an incident.

To reduce subsequent follow-up, we encourage that all information be completed accurately and in detail.

Any information, on the following pages, with a red title is mandatory and must be completed before you may submit the form.

If you need assistance please call 519-657-3386 X2240

3051

Login

Please enter the passphrase required to access the Supervisor Incident Report Web Form

Pass-Phrase

Login

An attachment is included which provides additional incident details.

parklane SYSTEMS Supervisor Incident Report

Accessibility Settings Logout

All required fields are red

Employee Details

(click 'Lookup' or 'Retrieve an Employee Report' to search for an employee/report)

Employee Name Employee Lookup

Retrieve an Employee Report

Employee Report Retrieval

☐ Search By ID
☒ Search By Employee
☐ Search By Incident Date

First Name:
 Last Name:
 Employee ID:
 Department: ☐

Employee Report Retrieval

☒ Search By ID

Submission ID

Or, if the Supervisor search options were unchecked, the Employee Report Retrieval will default to the **Submission ID** number which is noted on the email notification.

The supervisor will now have access to the completed Employee Incident Report by clicking **Retrieve an Employee Report**.

Employee Details

This employee report was submitted by JOHN HURT

To begin, select the "Lookup" button below. A window will appear to allow you to search for the employee.

Employee Name:

Employee ID	<input type="text" value="275"/>	City	<input type="text" value="CAMBRIDGE"/>	Birth Date	<input type="text" value="1973/07/02"/>
Job Class / Position	<input type="text" value="TEAM MEMBER"/>	Gender	<input type="text" value="Male"/>	Hire Date	<input type="text" value="2007/01/01"/>
Employee Union	<input type="text" value="NON UNION"/>				

The Incident panel allows for the entry of the type of incident. The process for describing an incident will vary with the type of incident involved. Each selection will generate an additional appropriate panel for completion.

Incident Description

Incident Classification

- ☒ Hazardous Situation/Near Miss, with no injury involved
- ☐ First Aid was given, but didn't involve a Health Care Professional
- ☐ Health Care was provided by a physician or Health Care Professional. The employee was not off work.
- ☐ Employee was Injured and is / will be off work
- ☐ Employee was Critically Injured and is / will be off work
- ☐ Employee has an Occupational Illness and will be off work.
- ☐ Incident resulted in a Fatality

Date of Incident
2020/05/25
Today

Time of Incident
14:42
Pick

Date Reported to Supervisor / Manager
YYYY/MM/DD
Today

Time Reported
Pick

Selection of the First Aid was given radio button will generate the following screen.

Incident Classification

- ☐ Hazardous Situation/Near Miss, with no injury involved
- ☒ First Aid was given, but didn't involve a Health Care Professional
- ☐ Health Care was provided by a physician or Health Care Professional. The employee was not off work.

To your knowledge has the worker had a previous similar injury? ☐ Yes ☐ No ☒ Unknown

Was any individual who does not work for you, totally or partially responsible for the injury? ☐ Yes ☐ No ☒ Unknown

Do you have any reason to doubt the injury is work related? ☐ Yes ☐ No ☒ Unknown

Has the worker been on Modified Duties? ☐ Yes ☐ No ☒ Unknown

As a result of the incident, were Modified Duties offered to the employee? ☐ Yes ☐ No ☒ Unknown

Has the Employee Returned to Modified Duties? ☐ Yes ☐ No ☒ Unknown

Incident Classification

- ☐ Hazardous Situation/Near Miss, with no injury involved
- ☐ First Aid was given, but didn't involve a Health Care Professional
- ☐ Health Care was provided by a physician or Health Care Professional. The employee was not off work.
- ☒ Employee was Injured and is / will be off work
- ☐ Employee was Critically Injured and is / will be off work
- ☐ Employee has an Occupational Illness and will be off work.
- ☐ Incident resulted in a Fatality

Selection of the Employee was injured and is/will be off work radio button will generate the following screens.

Date of Incident	2020/05/25	Today		Time of Incident	14:42	Pick
Date Reported to Supervisor / Manager	YYYY/MM/DD	Today		Time Reported		Pick
Last Date Worked	YYYY/MM/DD	Today		Last Time Worked		Pick
First Day Off	YYYY/MM/DD	Today				
Date employee returned to regular work	YYYY/MM/DD	Today		Time employee returned to regular work		Pick
Date of expected return to regular work	YYYY/MM/DD	Today				

To your knowledge has the worker had a previous similar injury?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Was any individual who does not work for you, totally or partially responsible for the injury?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Do you have any reason to doubt the injury is work related?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Has the worker been on Modified Duties?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
As a result of the incident, were Modified Duties offered to the employee?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Has the Employee Returned to Modified Duties?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

Click on the dropdown to see the available Incident Type.

Incident Details

Type of Incident
Cause(s) of Incident
Witness(es) of Incident
Location where incident occurred

Struck Against/Contact With
Struck or Contact By
Caught In, On, or Between
Slip, Trip, or Fall
Over Exertion
Exposure
Repetitive Strain
No Injury

Click on the Cause(s) dropdown to select the cause.

Incident Details

Type of Incident

Cause(s) of Incident

Witness(es) of Incident

Location where incident occurred

Provide details if machinery, equipment or a motor vehicle was totally or partially responsible for the injury

Operating Without Authority
Failure To Secure Or Warn
Working At Unsafe Speed
Unsafe Equipment
Unsafe Loading, Placing, Mixing, Combining, etc.
Unsafe Position or Posture
Working on Moving or Dangerous Equipment
Distracting, Teasing, Wilful Misconduct
Failure To Use Personal Protective Devices
Wheeled Equipment Operation
Not Guarded or Improperly Guarded
Employee Action
Inadequate Illumination
Fire, Explosion, Atmospheric Hazard
Unsanitary Personnel Attire

Delete Cause

Additional causes can be added with the **Add a Cause** button.

Cause(s) of Incident

Add a Cause

Witnesses can be added or deleted.

Witness(es) of Incident

Name:

Address:

Delete Witness

Add a Witness

Enter the location where the incident occurred. Click the drop down for machinery, equipment or vehicle that was involved.

Location where incident occurred

Provide details if machinery, equipment or a motor vehicle was totally or partially responsible for the injury

The two fields entered by the employee which describe what the worker was doing and what happened to cause the incident will appear here. These fields cannot be changed from the original submission of the employee.

What was the worker doing at the time of this incident?
(ex. cutting open a box, pushing cart, etc., provide more detail)

You have 960 characters left

What happened to cause this incident?
(Contributing factors related to people, process, equipment, materials, and environment)

You have 960 characters left

The additional detail information field can be edited at this point.

Additional Information: Provide details that are relevant or significant.

Examples:

- Was there a specific incident to cause the injury?
- Description and weight being lifted or moved (kg or lbs)
- How long was the task being performed on the day of the injury?
- How long was the task performed in the last hour leading up to the reported injury?

You have 960 characters left

If an injury was selected in the Incident Description panel, the following will appear as the employee completed.

Injury Details

Injury Description

Affected Areas:

<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Lower Back
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Upper Back	

Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Lower Leg			
<input type="checkbox"/> Arm	<input type="checkbox"/> Fingers	<input type="checkbox"/> Ankle			
<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Foot			
<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toes			
<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee				
<input type="checkbox"/> Other <input type="text"/>					

If medical treatment was involved, **Yes** on this panel will provide an area to enter further detail.

Medical

Did the employee seek medical treatment?

☒ Yes ☐ No ☐ Unknown

Where was the employee treated?

☐ On Site Clinic
☐ Ambulance
☐ Health Professional Office
☐ Medical Clinic
☐ Emergency
☐ Admitted to Hospital

Date Employee Sought Medical Treatment:

Date Employer Learned

If the employee was treated by a Health Care Professional, enter that person's name

Health Professional's Address

Enter Additional Comments

^

v

You have 960 characters left

First Aider / Medical Attendant

Telephone Number

Date of First Aid

Selection of **Yes** on the Accident Investigation Report will provide an area to complete further details.

Accident Investigation

Was an accident investigation completed?

☒ Yes ☐ No ☐ Unknown

Person who completed investigation:

Telephone Number:

Email Address:

Page 24

If no Corrective Action were listed, there is an opportunity to add them here.

Corrective Actions

Corrective Action:

Delete Corrective Action

Target Date:

Completion Date:

Person Responsible:

Telephone Number:

Email Address:

Action Taken:

Comments:

You have 960 characters left

Add a Corrective Action

The Supervisor/Manager should enter their name and contact information here.

Reporting Information

Person who filled out this incident report:

First Name:

Telephone Number:

Position / Title:

Last Name:

Email Address:

Normal Working Hours:

Person who reported this incident:

☒ Same as above

First Name:

Telephone Number:

Position / Title:

Last Name:

Email Address:

Normal Working Hours:

Upon completion, click on the **Submit** button. If any fields are incomplete the user will be notified of all missed information fields outlined in red.

Submit

Date of Incident 2020/05/25 Today

Date Reported to Supervisor / Manager YYYY/MM/DD Today

If all fields are correct and the Submit button is selected, the supervisor will receive a Print Report Confirmation. If a message was entered under **More> Options> Supervisor/Employee Report Options> Message to appear after submission**, that message will be included in the confirmation. In addition, there is an option to include that same message on the printed copy of the report.

Message to Supervisor-Print Report Confirmation

Your incident report has been submitted.

If assessed by a physician you should receive a completed copy of the last page of the WSIB Health Professional's Report (Form 8) or the WSIB Program of Care Form (POC) to share with Abilities & Wellness Services to advise of your Return to Work status. Please ensure this report is faxed to our confidential fax number (519-452-2606) or scanned as a .pdf file and sent to medicalnote@tvdsb.ca.

Note: For Worker's Compensation purposes, your lost time from work must be supported by medical.

Failure to notify Abilities & Wellness Services promptly can result in a fine (\$250.00) to your school/department by WSIB.

*If you feel there has been a possible exposure to blood or body fluids, we suggest you see a medical professional for a risk assessment.
added new information

☐ Include message on printed report?

The Parklane Supervisor Report has been submitted.

Would you like to print a copy of the report?

Once the supervisor has made their print option selection the system will indicate the submission is complete, provide a submission ID number and options to proceed. If the option to include the message on the printed report was selected, that will also appear on the submission complete panel.

Submission Complete

This report has now been submitted. You can either print a copy of the submitted report, create a new report, or log out.

Supervisor Incident Report

The Supervisor login screen can be accessed via the short cut on the desktop. The administrator of the Parklane system will have set up a Pass-Phrase the supervisor will enter here.

Accessibility Settings allow for the change of colour/style of the page settings to High Contrast. This can be done while a page/form is open. The form does not need to be reloaded.

The screenshot shows the 'parklane SYSTEMS' logo in the top left and 'Supervisor Incident Report' in the top right. Below the logo is a navigation bar with 'Language: English' and 'Accessibility Settings'. The main content area is titled 'Introduction' and contains instructions: 'Use this form to report a work related incident or accident. Please ensure that you report an incident as soon as it is feasibly possible as incidents causing injury must be reported immediately by 3052 - Karen to the provincial worker compensation board.' A large number '3051' is displayed on the right. Below the instructions is a 'Login' section with the text 'Please enter the passphrase required to access the Supervisor Incident Report Web Form'. It features a 'Pass-Phrase' label, a text input field, and a 'Login' button.

The screenshot shows the 'parklane SYSTEMS' logo in the top left and 'Supervisor Incident Report' in the top right. Below the logo is a navigation bar with 'Accessibility Settings' and 'Logout'. A red message 'All required fields are red' is displayed. The main content area is titled 'Employee Details' and contains the instruction '(click 'Lookup' or 'Retrieve an Employee Report' to search for an employee/report)'. Below this is a red label 'Employee Name' and a button labeled 'Employee Lookup' which is highlighted with a red rectangle.

Select Lookup to access the correct employee.

The supervisor will now see the Employee Details and will begin scrolling down to enter the incident information.

The Incident panel allows for the entry of the type of incident. The process for describing an incident will vary with the type of incident involved. Each selection will generate an additional appropriate panel for completion.

Selection of the First Aid was given radio button will generate the following screen.

Incident Classification

- ☐ Hazardous Situation/Near Miss, with no injury involved
- ☐ First Aid was given, but didn't involve a Health Care Professional
- ☐ Health Care was provided by a physician or Health Care Professional. The employee was not off work.
- ☒ Employee was Injured and is / will be off work
- ☐ Employee was Critically Injured and is / will be off work
- ☐ Employee has an Occupational Illness and will be off work.
- ☐ Incident resulted in a Fatality

Selection of the Employee was injured and is/will be off work radio button will generate the following screens.

Date of Incident: 2020/05/25
 Time of Incident: 14:42

Date Reported to Supervisor / Manager: YYYY/MM/DD
 Time Reported:

Last Date Worked: YYYY/MM/DD
 Last Time Worked:

First Day Off: YYYY/MM/DD
 Time employee returned to regular work:

Date employee returned to regular work: YYYY/MM/DD

Date of expected return to regular work: YYYY/MM/DD

To your knowledge has the worker had a previous similar injury? ☐ Yes ☐ No ☒ Unknown

Was any individual who does not work for you, totally or partially responsible for the injury? ☐ Yes ☐ No ☒ Unknown

Do you have any reason to doubt the injury is work related? ☐ Yes ☐ No ☒ Unknown

Has the worker been on Modified Duties? ☐ Yes ☐ No ☒ Unknown

As a result of the incident, were Modified Duties offered to the employee? ☐ Yes ☐ No ☒ Unknown

Has the Employee Returned to Modified Duties? ☐ Yes ☐ No ☒ Unknown

Click on the dropdown to see the available Incident Type.

Incident Details

Type of Incident	Struck Against/Contact With Struck or Contact By Caught In, On, or Between Slip, Trip, or Fall Over Exertion Exposure Repetitive Strain No Injury
Cause(s) of Incident	
Witness(es) of Incident	
Location where incident occurred	

Click on the Cause(s) dropdown to select the cause.

Incident Details

Type of Incident

Cause(s) of Incident

Witness(es) of Incident

Location where incident occurred

Provide details if machinery, equipment or a motor vehicle was totally or partially responsible for the injury

Operating Without Authority
Failure To Secure Or Warn
Working At Unsafe Speed
Unsafe Equipment
Unsafe Loading, Placing, Mixing, Combining, etc.
Unsafe Position or Posture
Working on Moving or Dangerous Equipment
Distracting, Teasing, Wilful Misconduct
Failure To Use Personal Protective Devices
Wheeled Equipment Operation
Not Guarded or Improperly Guarded
Employee Action
Inadequate Illumination
Fire, Explosion, Atmospheric Hazard
Unsanitary Personnel Attire

Delete Cause

Additional causes can be added with the **Add a Cause** button.

Cause(s) of Incident

Add a Cause

Witnesses can be added or deleted.

Witness(es) of Incident

Name:

Address:

Delete Witness

Add a Witness


Enter the location where the incident occurred. Click the drop down for machinery, equipment or vehicle that was involved.

Location where incident occurred

Provide details if machinery, equipment or a motor vehicle was totally or partially responsible for the injury

Describe what the worker was doing and what happened to cause the incident.


What was the worker doing at the time of this incident?
(ex. cutting open a box, pushing cart, etc., provide more detail)

 This field cannot be changed

x

You have 960 characters left

What happened to cause this incident?
(Contributing factors related to people, process, equipment, materials, and environment)

 This field cannot be changed

x

You have 959 characters left

Enter any additional detail information.

Additional Information: Provide details that are relevant or significant.

Examples:

- Was there a specific incident to cause the injury?
- Description and weight being lifted or moved (kg or lbs)
- How long was the task being performed on the day of the injury?
- How long was the task performed in the last hour leading up to the reported injury?

You have 960 characters left

From the drop down, select the Injury Description and tag the corresponding checkbox for the Affected Area(s).

Injury Details

Injury Description:

Affected Areas:

<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Lower Back
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Upper Back	

Left	Right	Left	Right	Left	Right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	Hand	Lower Leg			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm	Fingers	Ankle			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	Hip	Foot			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forearm	Thigh	Toes			
<input type="checkbox"/>	<input type="checkbox"/>				
Wrist	Knee				
<input type="checkbox"/>					
Other <input type="text"/>					

If medical treatment was involved, **Yes** on this panel will provide an area to enter further detail.

Medical

Did the employee seek medical treatment? ☒ Yes ☐ No ☐ Unknown

Where was the employee treated?

☐ On Site Clinic
☐ Ambulance
☐ Health Professional Office
☐ Medical Clinic
☐ Emergency
☐ Admitted to Hospital

Date Employee Sought Medical Treatment:

Date Employer Learned

If the employee was treated by a Health Care Professional, enter that person's name

Health Professional's Address

Enter Additional Comments

You have 960 characters left

First Aider / Medical Attendant

Telephone Number

Selection of **Yes** on the Accident Investigation Report will provide an area to complete further details.

Accident Investigation

Was an accident investigation completed? ☒ Yes ☐ No ☐ Unknown


Person who completed investigation:


Telephone Number:

Email Address:

If no Corrective Action(s) were listed, there is an opportunity to add them here.

Corrective Actions


No Corrective Actions have been associated with this incident


Add a Corrective Action

The supervisor has the opportunity here to either assign corrective actions to someone, or indicate their own plans for corrective actions once they find out more about the incident. Supervisors can add their email address and name to the Person Responsible field. Then detail their plans for action in the Recommendation/Plan text field. If no action has been completed yet (as in most cases), then they will have the ability to reply at a later time (if feature is activated). Therefore, for this reason, it is recommended that the Corrective action and the Completion date fields be set as NOT mandatory.

If the completion date field and the corrective action field *are* complete at time of submission, the email will not be sent.

Corrective Actions

Corrective Action
Corrective Action Plan

Target Date
29/11/2022

Completion Date
dd/mm/yyyy

Person Responsible
Sarah McCarthy

Email Address
s.mccarthy@parklanesys.com


Telephone Number

Corrective Action Recommendation/Plan
Will investigate incident and respond with my corrective actions within the week.

You have 878 characters left

Corrective Action Taken

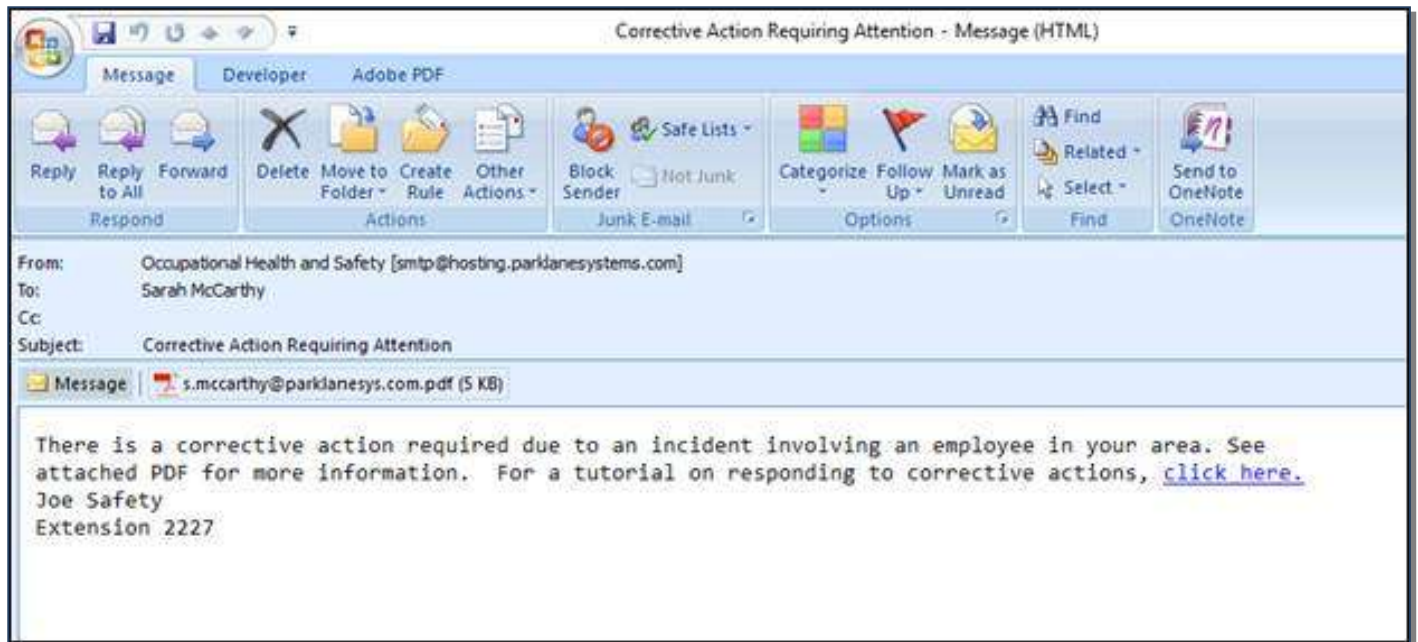
You have 960 characters left


Add a Corrective Action

Sample of Email Received

The supervisor (or other recipient) will receive an email with a PDF attached. The text of the email and text in the PDF is customized in the **Email Template** section of Incident Reporting Options.

Your custom text will be here:



Sample of Email Attachment

The sample below is of the PDF attachment which accompanies the email. The bottom section of this PDF is customized in the **Email Templates** section as well.

A hyperlink is included, which will open up a browser to allow for responding with corrective actions at a later date.

Parklane Systems Inc - ON	
Corrective Action	
Corrective Action due by 29 Nov 22	
<hr/>	
To: Sarah McCarthy	
Module: Incident Reporting	
Company: 001 - Parklane Systems Inc - ON	
You have a Corrective Action regarding the following:	
Employee Name:	PETER SUMMERTON
Incident Date:	21 Nov 22
Incident Type:	Exposure
Injury:	Burn (Heat)
Location:	Cafeteria
Equipment Involved:	
Corrective Action:	Corrective Action Plan
Corrective Action #:	0001
Target Date:	29 Nov 22
Recommended Action:	Will investigate incident and respond with my corrective actions within the week.
 http://pkdev16.parklanesystems.com/Test3062/hd-response/index.php?type=a&response=001-65-001217-0001-00	
<ol style="list-style-type: none">1. Review the recommended action associated with the incident described above.2. Once you have completed the action, click on the hyperlink to reply.3. Reply with your name, the date of the corrective action and what action you took.4. Should you have any questions, call Joe Safety at 2227.	
 Please note that we are unable to respond to any replies to this email.	

Sample of the Corrective Action Response

On this webpage the supervisor can describe the action taken after they have investigated the incident. This response will populate in the **Corrective Action** field of the incident.

Any attachments included will be automatically added to **Document Links**.

Corrective Action Response

Please describe the actions you took regarding the Corrective Action

Corrective Action ID

009-29-000924-0001-00

Submitted By

Sara Kane

Describe the Action Taken

Maintenance has replaced the temperature sensor on the deep fryer and run a safety check to ensure exterior housing does not exceed standards

You have 859 characters left

Date Completed

2022/11/14

12 Today

File Upload

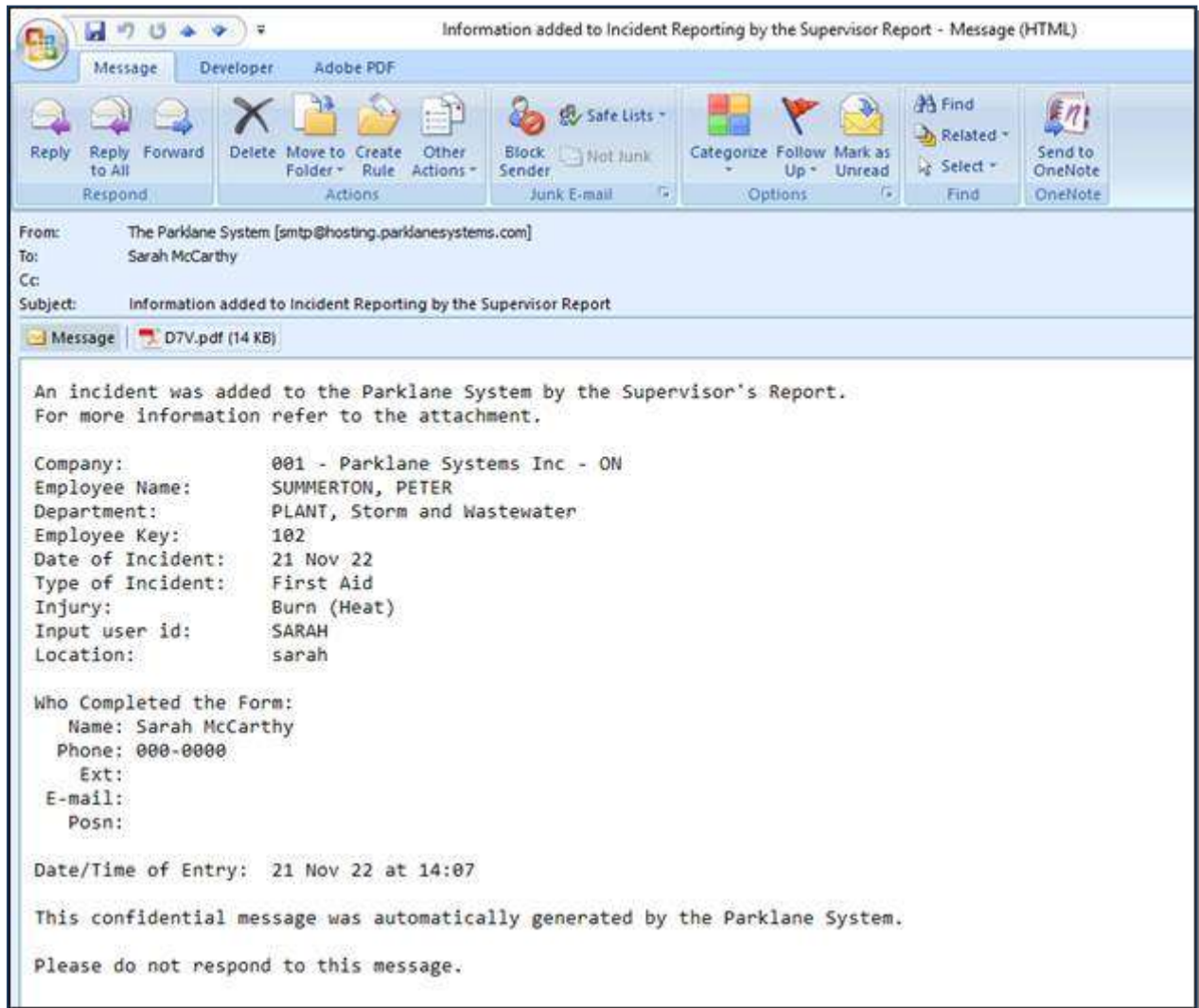
Choose File

No file chosen

Upload

Submit Response


The supervisor will also receive a copy of their incident submission (if enabled in Parklane)



The Supervisor/Manager should enter their name and contact information here.

Reporting Information			
Person who filled out this incident report			
First Name:	Telephone Number:	Position / Title:	
Last Name:	Email Address:	Normal Working Hours:	
Person who reported this incident			
<input checked="" type="checkbox"/> Same as above			
First Name:	Telephone Number:	Position / Title:	
Last Name:	Email Address:	Normal Working Hours:	

Upon completion, click on the **Submit** button. If any fields are incomplete the user will be notified of all missed information fields outlined in red.

 **Submit**

Accident Investigation Report

Was an accident investigation report completed?

Person who Completed Report:

Telephone Number:

If all fields are correct, the user will receive a successful completion notification. There is also the option here to print out a copy of the completed incident.

Date of Incident

Date Reported to Supervisor / Manager

If all fields are correct and the Submit button is selected, the supervisor will receive a Print Report Confirmation. If a message was entered under **More> Options> Supervisor/Employee Report Options> Message to appear after submission**, that message will be included in the confirmation. In addition, there is an option to include that same message on the printed copy of the report.

Message to Supervisor-Print Report Confirmation

Your incident report has been submitted.

If assessed by a physician you should receive a completed copy of the last page of the WSIB Health Professional's Report (Form 8) or the WSIB Program of Care Form (POC) to share with Abilities & Wellness Services to advise of your Return to Work status. Please ensure this report is faxed to our confidential fax number (519-452-2606) or scanned as a .pdf file and sent to medicalnote@tvdsb.ca.

Note: For Worker's Compensation purposes, your lost time from work must be supported by medical.

Failure to notify Abilities & Wellness Services promptly can result in a fine (\$250.00) to your school/department by WSIB.

*If you feel there has been a possible exposure to blood or body fluids, we suggest you see a medical professional for a risk assessment.
added new information

☐ Include message on printed report?

The Parklane Supervisor Report has been submitted.

Would you like to print a copy of the report?


☒ Yes


☐ No


Once the supervisor has made their print option selection the system will indicate the submission is complete, provide a submission ID number and options to proceed. If the option to include the message on the printed report was selected, that will also appear on the submission complete panel.

Submission Complete

This report has now been submitted. You can either print a copy of the submitted report, create a new report, or log out.

 Print Report

 Start a New Report

 Log Out

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ContactUs@parklanesys.com

Access the Parklane web site for more details about Parklane products

www.parklanesys.com