

How to Report Safety Incidents Online:
User Manual for Calgary Fire Department

Safety. We're all responsible.



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Where to Report

Log on to CFD/Safety or MyCity/Safety to report an incident.



THE CITY OF CALGARY

Employee Injury/Illness Report (Untreated) ⓘ

Injury/Illness Report (ISC Confidential)

Save Submit Cancel Actions

1 Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are required.
2. If you want to print a copy of this information, you must do so before pressing the 'Submit' button. To print, you must press 'Save' and then Action and then "Print Form."
3. When you have completed all sections, press the 'Submit' button. This information will be sent to the person injured's supervisor.

2 Reporting Information

Person reporting incident (last name, first name): *

Date reported: Time reported:

Incident classification: Job position:

Injured person (last name, first name): *

Supervisor:

BU/DIV/SECTION *

3 Injury Location

City building (select from list):

If not listed or not City building, use fields to the right.

Building number:

Street name:

Incident location:

Street type:

Quadrant:

Other location details (e.g. intersection, road, landmarks, direction travelled):

4 Calgary Fire Department Section (Expand if required)

Fire Department Activities:

Details of Incident

Date occurred: *

Time occurred in a 24 hour clock (eg. 15:31): *

Duties/activities of injured person at the time of the incident: *

Description of incident, illness or injury (including sequence of events which lead to the incident): *

Most significant type of injury/illness:

Most significant part of body:

Most significant side of body (left, right, front, back, both, neither):

How to Report an Employee Injury/Illness (Untreated)

- 1** The “employee injury/illness (untreated)” category is used to report any employee injuries or illnesses that did not result in first aid, medical aid and/or lost time, including exposure for recording purposes only.
Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.
Read the instructions at the top of the form and complete all necessary fields.

2 Reporting Information Section

Person Reporting: Under the “reporting information” section, enter the name of the person who is submitting the report. Click on the magnifying glass icon to choose a name from the list or start typing the last name of the employee. A list will appear and you can select a name from the dropdown menu.

Injured Person: Next enter the name of the person who was injured. Use the magnifying glass icon or start typing the last name for the list to appear.

Supervisor: Based on the person selected, the “Job Position”, “Supervisor” and “BU/DIV/SECTION” fields will automatically populate with information. You can change this content by clicking on the icons beside the field or starting to type an alternate last name in the field.

Please note, if you are a member of Fire Operations (A, B, C, D platoon) you **must** ensure the supervisor name is the On Duty District Chief. Confirm the name of the person either by checking the “move list” or by phoning the District Chief.

3 Injury Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Calgary Fire Department Activities Section

All Calgary Fire Department employees must click on the arrow in the header to expand the Calgary Fire Department activities section.

Fire Department Activities: Use the tree icon to complete the fire department activities field. Response activities refer to activities during any emergency response calls (hot or cold calls).

Calgary Fire Department Section (Expand if required)

Fire Department Activities

5 Details of Incident

Date occurred: *

Time occurred in a 24 hour clock (eg. 15:31): *

Duties/activities of injured person at the time of the incident: *

Description of incident, illness or injury (including sequence of events which lead to the incident): *

Most significant type of injury/illness:

Most significant part of body:

Most significant side of body (left, right, front, back, both, neither):

6 Additional Incident Information

Question	Response	Comment
<p>1. Was there damage (property, personal, vehicle)?</p> <p>1.1 Describe the damage:</p> <p>2. Police Report Number (if applicable):</p> <p>3. Describe personal protective equipment worn (put "None" if none):</p> <p>4. Did the personal protective equipment perform as expected? If no, provide details:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
<p>5. Did this incident involve an exposure?</p> <p>5.1 Length of exposure (hours, minutes)</p> <p>5.2 Was the injured person exposed to any respiratory hazard while not wearing respiratory protection?</p> <p>5.3 Is this a known or suspected infectious patient? Please provide details:</p> <p>5.4 Who else could have been exposed (list of co-workers, emergency response personnel, etc.)</p> <p>5.5 Was decontamination done on-scene?</p> <p>5.6 Type of body fluid and details of exposure</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p>	

6. The information you are providing to The City of Calgary is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c), the Occupational Health & Safety Act, Sections 18 & 19 and, the Workers Compensation Act, Sections 32 & 33. The information will be used for the purpose of administrating The City of Calgary's incident management program. If you need more information about the collection or use of this information, please contact your Safety Advisor.

Actions

5 Details of Incident

Date Occurred can be entered manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Time Occurred can be entered manually using the 24 hour clock format.

Duties / Activities of injured person at time of the incident can be entered using free text up to 8000 characters. Describe assigned duties or tasks prior and at time of incident.

Description of incident, illness or injury: Enter using free text (up to 8000 characters). Provide detailed explanation of how the injury occurred, including sequence of events leading up to the incident.

Most significant type of injury/illness: Enter by clicking on the magnifying glass icon to the right of the field to show list.

Most significant part of body: Enter by clicking on the magnifying glass icon to the right of the field to show list.

Most significant side of body: A free text field to define left, right, front, back, both or neither.

6 Additional Incident Information

Was there damage? must be answered by clicking yes or no checkbox. If the yes checkbox is selected, a series of other questions will appear.

Police Report Number can be completed using free text.

Describe Personal Protective Equipment Worn can be entered using free text.

Describe PPE malfunction if applicable can be completed using free text.

Did this incident involve exposure must be answered by clicking yes or no checkbox. If the yes checkbox is selected, a series of other questions will appear.

Save, Print and Submit

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select "No", the screen will return to the completed form view.

If you select "Yes", the report will be submitted, email notifications will be triggered and the "Thank you" screen will appear.

The window can now be closed. To submit another incident, use the same mycity/safety link or click the browser back button.

Employee Injury/Illness Report (Untreated) ⓘ

Injury/Illness Report (ISC Confidential)

Save Submit Cancel Actions

Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are req
2. If you want to print a copy of this information, you must do so before pressing the 'Submit' b

Tips:

Once the report is saved, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.

http://tsidms01/gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

Welcome: Anonymous_ISR | Event Reporting



THE CITY OF CALGARY

Employee Injury/Illness Report

Injury/Illness Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions

1 Instructions

- Please provide as much information about the safety event as possible. Yellow fields are required.
- If you want to print a copy of this information, you must do so before pressing the 'Submit' button. To print, you must press 'Save' and then select Action and then "Print Form."
- When you have completed all sections, press the 'Submit' button. This information will be sent to the Person involved's supervisor.

2 Reporting Information

Person reporting incident (last name, first name): * Banks, Chadwick (**479)

Date reported: 06/19/2015 Time reported: 10:08

Incident classification: * PDOR (Property Damage Occurrence Report) No.

Injured person (last name, first name): * Job position:

Supervisor: * BU/DIV/SECTION *

3 Injury Location

City building (select from list): Building number:

If not listed or not City building, use fields to the right.

Incident location: Street name:

Street type: Quadrant:

Other location details (e.g. intersection, road, landmarks, direction travelled):

4 Calgary Fire Department Section (Expand if required)

Fire Department Activities:

5 Details of Incident

Date Occurred * 06/19/2015

Time occurred in a 24 hour clock (eg. 15:31): * HH:MM (24h)

What duties / activities was injured person doing at the time of the incident? *

What happened to cause the incident (including sequence of events which lead to the incident)? *

Most significant type of injury/illness: *

Most significant part of body: * Ankle (ANKLE)

Most significant side of body (left, right, front, back, both, neither): * Left 7996

Please describe any secondary injuries including type, body part and side if applicable:

Did an ambulance attend to the injured person? No (COC002)

Where was medical treatment sought? (clinic, hospital, family doctor)?

Did the injury develop over time? * No (COC002)

Is this an aggravation of a previous injury? * No (COC002)

Type of exposure:

- No Selection
- No exposure
- Biohazard low- in presence
- Biohazard moderate - on outerwear or unbroken skin
- Biohazard high - contact with broken skin or mucus membrane
- Smoke
- Extreme temperature
- Noise
- Chemical
- Other

How to Report an Employee Injury/Illness (First Aid, Medical Aid, Lost Time)

- 1** This category should be selected to report any employee injuries or illnesses that resulted in first aid, medical aid and/or lost time.

After you have clicked on the “employee injury/illness (first aid, medical aid, lost time)” title on the selection screen, the form will appear.

Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.

Read the instructions at the top of the form and complete all necessary fields.

Remember that when a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

Remember to submit WCB C-060 if the injury resulted in medical aid or lost time.

2 Reporting Information Section

Person Reporting: Under the “reporting information” section, enter the name of the person who is submitting the report. Click on the magnifying glass icon to choose a name from the list or start typing the last name of the employee. A list will appear and you can select a name from the dropdown menu.

Injured Person: Next enter the name of the person who was injured. Use the magnifying glass icon or start typing the last name for the list to appear.

Supervisor: Based on the person selected, the “Job Position”, “Supervisor” and “BU/DIV/SECTION” fields will automatically populate with information. You can change this content by clicking on the icons beside the field or starting to type an alternate last name in the field.

Please note, if you are a member of Fire Operations (A, B, C, D platoon) you **must** ensure the supervisor name is the On Duty District Chief. Confirm the name of the person either by checking the “move list” or by phoning the District Chief.

3 Injury Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Calgary Fire Department Activities Section

All Calgary Fire Department employees must click on the arrow in the header to expand the Calgary Fire Department activities section.

Fire Department Activities: Use the tree icon to complete the fire department activities field. Response activities refer to activities during any emergency response calls (hot or cold calls).

5 Details of Incident

Date Occurred can be entered manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Biological hazard - contact with broken skin or mucus membrane
 Smoke
 Extreme temperature
 Noise
 Chemical
 Other

6 Witnesses

Witness 1 name: 83

Witness contact information:

Witness 2 name:

Witness contact information:

7 Attach Documents

If you have attachments, please scroll up to 'Attach Documents' Tab and upload documents.

7 Additional Incident Information

Question	Response	Comment
1. Was there damage (property, personal, vehicle)? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1.1 Describe the damage:	<input type="text"/>	
2. Police Report Number (if applicable):	<input type="text"/>	
3. Describe personal protective equipment worn (put "None" if none):	<input type="text"/>	
4. Did the personal protective equipment perform as expected? If no, provide details:	<input type="text"/>	
5. Scheduled Hours of Work on the date of the incident:		
5.1. Shift start time in 24 hour clock (e.g. 15:31): *	<input type="text"/>	
5.2. Shift end time in 24 hour clock (e.g. 15:31): *	<input type="text"/>	
6. Will the injured person be off work longer than the remainder of the shift of the incident?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Date of the first missed shift if known:	<input type="text" value="mm/dd/yyyy"/>	
8. Did the injured person receive first aid treatment at the site? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Did this incident involve an exposure? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. By Submitting this form, the information you are providing to The City of Calgary is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c) and the Occupational Health & Safety Act, Sections 18 & 19 and the Workers Compensation Act, Sections 32 & 33. The information will be used for the purpose of administrating The City of Calgary's incident management program, if you require further information regarding the collection or use of this information, please contact The City of Calgary, Human Resources at 403-268-8110.

Actions

Time Occurred can be entered manually using the 24 hour clock format.

Duties / Activities of injured person at time of the incident can be entered using free text up to 8000 characters. Describe assigned duties or tasks prior and at time of incident.

Description of incident, illness or injury: Enter using free text (up to 8000 characters). Provide detailed explanation of how the injury occurred, including sequence of events leading up to the incident.

Most significant type of injury/illness: Enter by clicking on the magnifying glass icon to the right of the field to show list.

Most significant part of body: Enter by clicking on the magnifying glass icon to the right of the field to show list.

Most significant side of body: A free text field to define left, right, front, back, both or neither.

6 Witnesses Section

Were there witnesses to the incident? Enter witness name or names and corresponding contact information.

7 Additional Incident Information

Was there damage? must be answered by clicking yes or no checkbox. If the yes checkbox is selected, a series of other questions will appear.

Police Report Number can be completed using free text.

Describe Personal Protective Equipment Worn can be entered using free text.

Describe PPE malfunction if applicable can be completed using free text.

Scheduled Hours of Work on the date of the incident has a from and to field to identify the hours worked. The 24-hour clock time should be entered into each field. Enter your regularly scheduled shift even if you were injured while staying late.

Will the injured person be off work longer than the remainder of the shift of the incident? Identify using the yes or no checkbox.

Date of the first shift if missed if known should have the date chosen from the calendar icon or by entering the date format provided mm/dd/yyyy.

Did the injured person receive first aid treatment at the site? Identify by checking the yes or no checkbox. If the yes checkbox is selected, additional questions will appear.

Did this incident involve exposure must be answered by clicking yes or no checkbox. If the yes checkbox is selected, a series of other questions will appear.

Save and Print

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.

<http://tsidms01/gx2test/safetyincidentselfreport/displaystandalone.rails?argEventReportType> Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

Employee Injury/Illness Report ⓘ

Injury/Illness Report (ISC Confidential) Attach Documents

Documents

View: Documents for This Event Report

Description ↑	Document Type	Document Date	Received From
Go To Top Showing 0 - 0 of 0			

<http://tsidms01/gx2test/SafetyDocument/New.rails?argReferenceId=554&argReferenceType> Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

Safety Documents (Event Report) ⓘ

Document

Layouts: Safety Documents (Event Report) (COC-000997ER)

Details

Document type: * Image / Photo (PHOTO)
 Document date: * 06/19/2015

Description:

Source: Safety Event Reporting Source Id: 554

Import file: * E:\City of Calgary\Screen Caps\City Images\2009-0665_0001141

8 Attach Documents to Incident Report

Scroll up to the top of your completed incident report and click the “attach documents” tab. The document list screen will appear.

Tip: All documents need to be attached to the incident before the “Submit” button is clicked.

Click “New” to add a document. Complete the document type field using the magnifying glass icon. The document date must also be completed using the calendar icon or by typing the date in the month-day-year format.

Add a description of the document and any important notes in their respective text fields.

Choose the file by clicking the browse button beside the import file field. Once all fields are completed, click save at the top of the screen to save the entry and load the files.

Click the U-turn button. *Tip: Don't hit the back button on your browser! Use the U-turn button.*

A paperclip icon will appear next to the “Import File” field when the document is loaded.

Click on the Employee Injury/Illness tab to return to the main incident report.

Tip: Don't hit the back button on your browser! Use the U-turn button.

Submit the Report

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select “No”, the screen will return to the completed form view.

If you select “Yes”, the report will be submitted, email notifications will be triggered and the “Thank you” screen will appear.

Employee Injury/Illness Report

THE CITY OF CALGARY

Employee Injury/Illness Report

Injury/Illness Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions

Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are req

2. If you want to print a copy of this information, you must do so before pressing the 'Submit' b

Tips:

Once the report is submitted, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.

http://tisdms01.gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

GX2-Safety Near Miss ⓘ

Near Miss Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions

1 Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are required information.

2. To print a copy, press "Save" and then Action and then "Print Form". This will display a print preview screen. Right-click your mouse to print. You must do this before pressing the "Submit" button.

3. When you are finished, press "Submit" button. This information will be sent to your supervisor.

2 Reporting Information

Person reporting (last name, first name): * Tyson, Amaya (**801) BU/Division/Section TT-Transportation-GM(11257)

Date reported: 06/19/2015 Time reported: 11:34

Were any employees injured? No

3 Incident Location

City building (select from list): Building number:

If City building is not listed, complete fields to the right.

Street name: Street type: Quadrant:

Other location details (e.g. intersection, road, landmarks, direction travelled):

4 Event Details

Date occurred: * 06/19/2015

Describe what happened: *

Describe any initial actions

11:36 AM

How to Report a Near Miss (Event with No Damage or Injury)

1 Near miss (event with no damage or injury) should be chosen to report any incidents that did not result in property damage or an injury but had the potential to become one of these incidents.

After you have clicked on the “near miss (event with no damage or injury)” title on the selection screen, the form will appear.

Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.

Read the instructions at the top of the form and complete all necessary fields.

Tip: When a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

2 Reporting Information Section

Person Reporting Incident: The person who is completing the report. The person must be selected from the provided list. The list can be accessed by clicking on the icon to the right of the field OR starting to type the last name of the employee to reveal a short list and selecting the name from the drop down.

BU/DIV/SECTION: Auto-populates for the Person Reporting based on the employee data fed to the system nightly. However, this field can be overridden by selecting a value from the pick list. To open the pick list, click on the icon to the right and expand the applicable values using the + to drill down to a low level:

Date Reported is a read-only field and cannot be altered.

Time Reported is a read-only field and cannot be altered.

Were any employees injured? A drop down selection menu that is set to no as a default. If you change this to yes, the system will take you out of the Near Miss report and move you to the Employee Injury Reporting screen.

3 Injury Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Event Details Section

Date Occurred: Enter manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Describe what happened: Use to describe the near miss up to 8000 characters.

Describe any initial actions taken to fix the situation: Use to enter text to describe any actions that were completed immediately after the near miss incident up to 8000 characters.

http://tisdm01/gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

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GX2-Safety Near Miss ⓘ

Near Miss Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions **5**

▶ Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are required information.

http://tisdm01/gx2test/safetyincidentsselfreport/display.rails?id=554&argEventReportType Medgate GX2m Patch C

Welcome: Anonymous_ISR | Event Reporting



THE CITY OF CALGARY

Employee Injury/Illness Report ⓘ **7**

Near Miss Report (ISC Confidential) Attach Documents **6**

Documents

New Delete Actions View Documents for This Event Report Create View

Description ↑ ⓘ	Document Type	Document Date	Received From
<input type="checkbox"/> [blank]	Image / Photo	06/19/2015	

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5 Save and Print

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.

6 Attach Documents to Incident Report

Scroll up to the top of your completed incident report and click the "attach documents" tab. The document list screen will appear.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.

Click "New" to add a document. Complete the document type field using the magnifying glass icon. The document date must also be completed using the calendar icon or by typing the date in the month-day-year format.

Add a description of the document and any important notes in their respective text fields.

Choose the file by clicking the browse button beside the import file field. Once all fields are completed, click save at the top of the screen to save the entry and load the files.

7 Click the U-turn button. *Tip: Don't hit the back button on your browser! Use the U-turn button.*

A paperclip icon will appear next to the "Import File" field when the document is loaded.

Click on the Employee Injury/Illness tab to return to the main incident report.

Tip: Don't hit the back button on your browser! Use the U-turn button.

Submit the Report

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select "No", the screen will return to the completed form view.

If you select "Yes", the report will be submitted, email notifications will be triggered and the "Thank you" screen will appear.

Tips:

Once the report is saved, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.

http://tisdms01/gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

Welcome: Anonymous_ISR | Event Reporting



THE CITY OF CALGARY

GX2-Hazardous Condition ⓘ

Hazardous Condition Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions

1 Instructions

- Please provide as much information about the safety event as possible. Yellow fields are required.
- To print, click 'save' and then Action "Print Form". This will display a print preview screen. Right-click your mouse to print. You must do this before pressing the 'Submit' button.
- When you are finished, press Submit button. This information will be sent to your supervisor.

2 Reporting Information

Person reporting (last name, first name) * Montgomery, Lacey (**560) BU/DIV/SECTION * RD-Mgr Construction(10660)

Date reported: 06/19/2015 Time reported: 10:59

Were any employees injured? No

3 Incident Location

City building (select from list):

If City building is not listed or not a City building, use fields to the right:

Building number: Street name: Street type: Quadrant:

Other location details (e.g. intersection, road, landmarks, direction travelled):

4 Event Details

Date occurred: * 06/19/2015

Describe the hazardous condition: *

Describe any initial actions already taken to fix the situation:

Save Submit Cancel Actions [Go To Top](#)

11:05 AM 6/19/2015

How to Report a Hazardous Condition (No Event)

- 1** **Hazardous Condition (No Event)** should be chosen to report any safety conditions identified that did not result in damage or an injury.

After you have clicked on the “Hazardous Condition (No Event)” title on the selection screen, the form will appear.

Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.

Read the instructions at the top of the form and complete all necessary fields.

Tip: When a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

2 Reporting Information Section

Person Reporting Incident: The person who is completing the report. The person must be selected from the provided list. The list can be accessed by clicking on the icon to the right of the field OR starting to type the last name of the employee to reveal a short list and selecting the name from the drop down.

BU/DIV/SECTION: Auto-populates for the Person Reporting based on the employee data fed to the system nightly. However, this field can be overridden by selecting a value from the pick list. To open the pick list, click on the icon to the right and expand the applicable values using the + to drill down to a low level:

Were any employees injured? A drop down selection menu that is set to no as a default. If you change this to yes, the system will take you out of the Hazardous Condition report and move you to the Employee Injury Reporting screen.

3 Injury Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Event Details Section

Date Occurred: Enter manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Describe the Hazardous Condition: Use to enter text to describe the condition found up to 8000 characters.

Describe any initial actions taken to fix the situation: Use to enter text to describe any actions that were completed immediately upon finding the condition up to 8000 characters.

http://tisdms01/gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

GX2-Hazardous Condition ⓘ

Hazardous Condition Report (ISC Confidential) Attach Documents

Save Submit Cancel Actions

Instructions

1. Please provide as much information about the safety event as possible. Yellow fields are required.
2. To print, click 'save' and then Action "Print Form". This will display a print preview screen. Right-click your mouse to print. You must do this before pressing the 'Submit' button.
3. When you are finished, press Submit button. This information will be sent to your supervisor.

Reporting Information

Person reporting (last name, first name) * Montgomery, Lacey (**560) BU/DIV/SECTION * RD-Mgr Construction(10660)

Date reported: 06/19/2015 Time reported: 10:59

Were any employees injured? No

Incident Location

http://tisdms01/gx2test/safetyincidentsselfreport/display.rails?id=554&argEventReportType Medgate GX2m Patch C

Welcome: Anonymous_ISR | Event Reporting



THE CITY OF CALGARY

Employee Injury/Illness Report ⓘ

Hazardous Condition Report (ISC Confidential) Attach Documents

Documents

New Delete Actions View Documents for This Event Report Create View

	Description ↑ ⓘ	Document Type	Document Date	Received From
6	<input type="checkbox"/> [blank]	Image / Photo	06/19/2015	

Go To Top Showing 1 - 1 of 1

Save and Print

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.

5 Attach Documents to Incident Report

Scroll up to the top of your completed incident report and click the "attach documents" tab. The document list screen will appear.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.

6 Click "New" to add a document. Complete the document type field using the magnifying glass icon. The document date must also be completed using the calendar icon or by typing the date in the month-day-year format.

Add a description of the document and any important notes in their respective text fields.

Choose the file by clicking the browse button beside the import file field. Once all fields are completed, click save at the top of the screen to save the entry and load the files.

Click the U-turn button. *Tip: Don't hit the back button on your browser! Use the U-turn button.*

A paperclip icon will appear next to the "Import File" field when the document is loaded.

Click on the Employee Injury/Illness tab to return to the main incident report.

Tip: Don't hit the back button on your browser! Use the U-turn button.

Submit the Report

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select "No", the screen will return to the completed form view.

If you select "Yes", the report will be submitted, email notifications will be triggered and the "Thank you" screen will appear.

The window can now be closed. To submit another incident, use the same mycity/safety link or click the browser back button.

Tips:

Once the report is submitted, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.

http://tisdms01/gx2test/safetyincidentsselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

GX2-Safety Hazardous Condition Anonymous ⓘ

Anonymous Event Report (ISC Protected) Attach Documents

Save Submit Cancel Actions

Instructions **1**

1. Please provide as much information about the safety event as possible. Yellow fields are required information.
2. To print click 'save' then Action "Print Form" and then this will display a print preview screen. Right-click your mouse to print. You must do this before pressing the 'Submit' button.
3. When you are finished, click the 'Submit' button. This information will be sent to your supervisor.

Reporting Information

Person reporting: * ANONYMOUS, EMPLOYEE (*****235) x BU/DIV/SECTION * [Yellow Field]

Date reported: 06/19/2015 Time reported: 11:16

Were any employees injured? No [v]

Incident Location **2**

City building (select from list): [Field]

If City Building not listed, complete fields to right.

Building Number: [Field]
 Street name: [Field]
 Street type: [Field]
 Quadrant: [Field]

Other location details (e.g. intersection, road, landmarks, direction travelled): [Field]

Event Details

Date Occurred * 06/19/2015 [Calendar Icon]

Describe the hazardous condition: * [Yellow Field]

Describe any initial actions [Field]

11:17 AM 6/19/2015

How to Report a Hazardous Condition Anonymously (No Event)

1 *Hazardous Condition Report Anonymously (No Event)* should be chosen to report any safety conditions identified that did not result in damage or an injury. This category allows for the reporter to remain anonymous. The report is forwarded to the Safety Advisor for the identified location for initial review.

After you have clicked on the “Hazardous Condition Report Anonymously (No Event)” title on the selection screen, the form will appear.

Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.

Read the instructions at the top of the form and complete all necessary fields.

Tip: When a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

2 Reporting Information Section

Under the “reporting information” section, the “Person Reporting Incident” field is set to anonymous by default.

Refer to the Hazardous Condition (No Event) section for additional information on how to complete this form.

The only difference is the option to not share your name. All other steps are the same.

After you click “submit”, the report goes to the Safety Advisor for the BU/DIC/Section identified and they decide who should complete the investigation.

Tips:

Once the report is submitted, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.



THE CITY OF CALGARY

GX2-Safety Damage Only

Damage Report (ISC Protected) Attach Documents

Save Submit Cancel Actions

Instructions 1

1. Please provide as much information about the safety event as possible. Yellow fields are required.
2. If you want to print a copy of this information, you must do so before pressing the 'Submit' button. To print, you must press 'Save' and then Action and then "Print Form."
3. When you have completed all sections, press the 'Submit' button. This information will be sent to your supervisor.

Reporting Information 2

Person reporting (last name, first name): * Palmer, Claudia (**959) BU/DIV/SECTION * TT-SWRR Integration(12240)

Date reported: 06/19/2015 Time reported: 11:42

Were any employees injured? No

Damage Location 3

City building (select from list): Building number: Street name: Street type: Quadrant:

If not listed or not City Building, use fields to the right.

Other location details (e.g. intersection, road, landmarks, direction travelled):

Details of Event 4

Date occurred: * 06/19/2015

Time occurred in a 24 hour clock (eg. 15:31): HH:MM (24h)

What happened? What was damaged? Who/What caused the damage? *

How to Report Damage Only (Event with No Injury)

1 *Damage Only (Event with No Injury)* should be chosen report any property damage events that did not include any injuries.

After you have clicked on the “Damage Only (Event with No Injury)” title on the selection screen, the form will appear.

Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern.

Read the instructions at the top of the form and complete all necessary fields.

Tip: When a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

2 Reporting Information Section

Person Reporting Incident: The person who is completing the report. The person must be selected from the provided list. The list can be accessed by clicking on the icon to the right of the field OR starting to type the last name of the employee to reveal a short list and selecting the name from the drop down.

BU/DIV/SECTION: Auto-populates for the Person Reporting based on the employee data fed to the system nightly. However, this field can be overridden by selecting a value from the pick list. To open the pick list, click on the icon to the right and expand the applicable values using the + to drill down to a low level:

Were any employees injured? A drop down selection menu that is set to no as a default. If you change this to yes, the system will take you out of the Hazardous Condition report and move you to the Employee Injury Reporting screen.

3 Damage Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Details of Event Section

Date Occurred: Enter manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Time Occurred: Enter the time of the event using a 24-hour clock. Keep in mind midnight is zero hundred (00:00).

What happened? What was the damage? Who/what caused the damage? Describe using the free text field provided.

Actions

Question

Response

Comment

1. Did this incident involve a motor vehicle? *

- Yes
- No

2. Police Report Number (if applicable):

3. Facility owner:

4. Job number:



5. Contractor Company Details:

6. WATER SERVICES SECTION:

7. More than 1 utility?

- Yes
- No

8. Foreman's name:

9. Utility / Plant Damaged:

- Trunk
- Service
- Main
- Underground
- Surface
- Aerial
- Other

10. Foreman present?

- Yes
- No

11. Type of incident:

- Dig Up
- Circ
- High Load
- Natural Elements
- Other

12. CLRS Contacted:

- Yes - In Person
- Yes - Voicemail
- No

13. CLRS Contacted Comments:

14. By Whom:

15. Date of CLRS Contact

16. Contact Authorized

- Yes
- No

17. Activity:

- Backhoe / Trackhoe Excavation
- Grader / Dozer / Scraper Excavation
- Demolition / Breakout
- Horizontal Augering / Boring
- Bobcat / Loader Excavation
- Ditch Shaping
- Snow Removal
- Hand Excavation
- Trencher Excavation
- Saw Cutting / Jackhammer
- Vertical Augering / Drilling
- Other

18. Locates Requested?

- Yes
- No

19. Locates Done?

- Yes
- No

20. Locates accurate:

- Yes
- No

21. Hand Exposed?

- Yes
- No

22. Was Utility inside dig area as designated on locate slips?

- Yes
- No

23. Locate Ticket No:

24. Utility Depth

25. Excavation depth

26. Excavation Size

27. If location was incorrect, by how much and which direction?

28. Date Located:

29. Facility Marked By:

- Flags
- Stakes
- Verbally
- Paint
- Maps
- Not Marked

30. Did the utility slips indicate standby needed?

- Yes
- No

31. Was the utility standby person on-site at time of incident?

- Yes
- No

32. Was there a tailgate meeting prior to digging?

- Yes
- No

5 **Damage Report**

Did this incident involve a motor vehicle? A required question and a response must be provided by checking Yes or No checkboxes.

Police Report Number: Enter if available.

Facility Owner: Manually entered here using text if available.

Job Number: Manually entered here using text or numbers if available.

Contractor Company Details: Expanded by clicking on the + sign if this section is applicable further questions will be revealed. The following information can be entered manually.

Water Services Section: Do not complete.

Save and Print

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Tip: All documents need to be attached to the incident before the "Submit" button is clicked.



http://tisdms01/gx2test/safetyincidentselfreport/display.rails?id=557&argEventReportType= Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

GX2-Safety Damage Only ⓘ

Damage Report (ISC Protected) **Attach Documents**

6

Documents

New Delete Actions View Documents for This Event Report Create View

Description	Document Type	Document Date	Received From
[blank]	Image / Photo	06/19/2015	

Go To Top Showing 1 - 1 of 1

http://tisdms01/gx2test/safetyincidentselfreport/displaystandalone.rails?argEventReportTyp Medgate GX2m Patch C

Welcome: **Anonymous_ISR** | Event Reporting



THE CITY OF CALGARY

GX2-Hazardous Condition ⓘ

Hazardous Condition Report (ISC Confidential) **Attach Documents**

Save Submit Cancel Actions **7**

Instructions Print Form

1. Please provide as much information about the safety event as possible. Yellow fields are required.
2. To print, click 'save' and then Action "Print Form". This will display a print preview screen. Right-click your mouse to print. You must do this before pressing the 'Submit' button.
3. When you are finished, press Submit button. This information will be sent to your supervisor.

6 Attach Documents to Incident Report

Scroll up to the top of your completed incident report and click the “attach documents” tab. The document list screen will appear.

Tip: All documents need to be attached to the incident before the “Submit” button is clicked.

Click “New” to add a document. Complete the document type field using the magnifying glass icon. The document date must also be completed using the calendar icon or by typing the date in the month-day-year format.

Add a description of the document and any important notes in their respective text fields.

Choose the file by clicking the browse button beside the import file field. Once all fields are completed, click save at the top of the screen to save the entry and load the files.

Click the U-turn button. *Tip: Don't hit the back button on your browser! Use the U-turn button.*

A paperclip icon will appear next to the “Import File” field when the document is loaded.

Click on the Employee Injury/Illness tab to return to the main incident report.

Tip: Don't hit the back button on your browser! Use the U-turn button.

7 Submit the Report

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select “No”, the screen will return to the completed form view.

If you select “Yes”, the report will be submitted, email notifications will be triggered and the “Thank you” screen will appear.

The window can now be closed. To submit another incident, use the same mycity/safety link or click the browser back button.

Tips:

Once the report is submitted, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.

How to Report an Incident Involving Citizen

1 *Incident Involving Citizen* should be chosen if a citizen was involved including citizen injury or illnesses. After you have clicked on the “Incident Involving Citizen” title on the selection screen, the form will appear. Fields in yellow and marked with an asterisk must be completed. Please fill in all other fields applicable to your report. More information helps create a more accurate picture of the incident or concern. Read the instructions at the top of the form and complete all necessary fields.

Tip: When a Yes/No question is answered, other questions may appear based on the previous answer. Once the answer is selected, the screen will refresh showing the additional questions to be answered.

2 Reporting Information Section

Person Reporting Incident: The person who is completing the report. The person must be selected from the provided list. The list can be accessed by clicking on the icon to the right of the field OR starting to type the last name of the employee to reveal a short list and selecting the name from the drop down.

BU/DIV/SECTION: Auto-populates for the Person Reporting based on the employee data fed to the system nightly. However, this field can be overridden by selecting a value from the pick list. To open the pick list, click on the icon to the right and expand the applicable values using the + to drill down to a low level:

Date Reported and **Time Reported** are read-only fields that cannot be altered.

3 Injury Location Section

City Building: Complete this field if the injury occurred on City property by using the icon to the right of the field and expand to using the + symbol to see the list of buildings. Click on the desired building entry.

If the incident occurred at a location other than a City building, complete the following:

Building Number: Complete with a number for building not listed in the Building pick list.

Street Name: Complete with text up to 50 characters if building not listed in the Building pick list.

Street Type: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Quadrant: Complete by selecting a value from the pick list. To open the pick list click on the magnifying glass icon to the right of the field and click on the desired code.

Incident Location Type: Use icon to see a list of selections. For City buildings, enter specific location. For public buildings, select type of building or location.

4 Details of Event Section

Date Occurred: Enter manually using mm/dd/yyyy format or can be selected from the calendar icon to the right of the field.

Time Occurred: Enter the time of the event using a 24-hour clock. Keep in mind midnight is zero hundred (00:00).

Describe the Incident: Describe using the free text field provided.

5 Witnesses Section

Were there witnesses to the incident? Enter witness name or names and corresponding contact information.

▶ Incident Location

City building (select from list):  Building #:

If not listed or not City building, use fields to the right: Street name:
 Street type:
 Quadrant:

Other location details (e.g. intersection, road, landmarks, direction travelled):

▶ Details of Event

Date occurred: * 

Time occurred in a 24 hour clock (e.g. 15:31)

Describe the incident *

▶ Witness Information

Witness 1 Witness1 Statement:

Witness 2 Witness2 Statement:

▶ Attachments

If you have attachments, please scroll up to 'Attach Documents' Tab to upload documents.

▶ Additional Information: 6

Actions	Question	Response	Comment
	1. Was treatment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6 Additional Incident Information

Was treatment provided? Must be manually answered by checking the “yes” or “no” checkbox. If the yes checkbox is selected, a series of other questions will appear.

Save and Print

Once all fields are completed, click the save button at the top of the screen. Once the save button is clicked, the system will validate the fields and bring up any information entry errors. Correct all errors.

If you would like to print a copy of the form, click the actions button and choose print form.

A printer-friendly pop-up window will open. Right click in the window and choose print or press Ctrl+p.

The pop-up window can be closed once the printing is completed.

Tip: All documents need to be attached to the incident before the “Submit” button is clicked.

Attach Documents to Incident Report

Scroll up to the top of your completed incident report and click the “attach documents” tab. The document list screen will appear.

Tip: All documents need to be attached to the incident before the “Submit” button is clicked.

Click “New” to add a document. Complete the document type field using the magnifying glass icon. The document date must also be completed using the calendar icon or by typing the date in the month-day-year format.

Add a description of the document and any important notes in their respective text fields.

Choose the file by clicking the browse button beside the import file field. Once all fields are completed, click save at the top of the screen to save the entry and load the files.

Click the U-turn button. *Tip: Don't hit the back button on your browser! Use the U-turn button.*

A paperclip icon will appear next to the “Import File” field when the document is loaded.

Click on the Employee Injury/Illness tab to return to the main incident report.

Tip: Don't hit the back button on your browser! Use the U-turn button.

Submit the Report

Click the submit button to complete the report.

The system will provide a chance to confirm if the report is truly complete with a prompt:

If you select “No”, the screen will return to the completed form view.

If you select “Yes”, the report will be submitted, email notifications will be triggered and the “Thank you” screen will appear.

Tips:

Once the report is submitted, only users with a username and password will be able to access the report.

The report must be completed in one session.

Email notifications are not sent out until the report has been submitted.