



# BOOTS

BOOSTING OCCUPATIONAL  
OUTCOMES IN TRANSPORTATION

S A F E T Y

## SYSTEM USER GUIDE

Updated May 2025



TRANSPORTATION  
CABINET  
Secretary's Office of Safety

# Contents

Click on Part or Topic name to go directly to that page

<b><i>PART 1: Accessing Boots System</i></b> .....	<b>4</b>
1.1 Licensed User Web URL .....	5
1.2 Licensed User Mobile Forms .....	7
1.3 Creating a Desktop Shortcut .....	11
1.4 Non-Licensed User/Enterprise User - Desktop PC.....	17
1.5 Non-Licensed User/Enterprise User - Mobile Device .....	18
1.6 Fixing Log-In Issues .....	20
1.7 Using Home screen “Tasks, Investigations, Corrective Actions” .....	24
<b><i>PART 2: Data Search Basics</i></b> .....	<b>25</b>
2.1 Searching for Equipment – Vehicle Numbers.....	26
2.2 Searching for Employees – Name .....	30
<b><i>PART 3: Incident &amp; Safety Opportunity Reporting</i></b> .....	<b>33</b>
3.1 Accessing Incident Reporting as a Non-Licensed / Enterprise User .....	34
3.2 Accessing Incident Reporting as a Licensed User .....	35
3.3 Entering an Injury or Illness involving a Regular KYTC Employee .....	36
3.4 Entering an Injury or Illness involving Contract / Temporary Staff.....	46
3.5 Entering a State Property Damage Incident as Non-Licensed user .....	57
3.6 Entering a State Equipment/Vehicle Incident as a Licensed User .....	62
3.7 Entering a Private Property Damage Incident as Non-Licensed User .....	66
3.8 Entering a Private Property Incident as a Licensed User .....	72
3.9 Entering a Safety Opportunity Report (SOR) as a Non-Licensed User.....	76
3.10 Entering a Safety Opportunity Report (SOR) as a Licensed User .....	80
<b><i>PART 4: Workers Comp &amp; OSHA 300 Log</i></b> .....	<b>83</b>
4.1 Completing Workers Compensation Sections .....	84
4.2 Sending EE Signature, RX Forms, and Sending to RMSC.....	86
4.3 Incident Lost Time Detail – Creating a New Event .....	88
4.4 Lost Time Detail – Deleting a Detail Event.....	91
4.5 Lost Time Detail – Updating/Editing an Event .....	92
4.6 Updating Incident WC info / Sending Update to RMSC.....	93
4.7 Associating a Workers Comp Claim number to an injury incident.....	96

4.8 How to obtain an OSHA 300 Log Report from BOOTS.....	98
4.9 IA-1 First Report Of Injury Form – Creation & Attachment to Incident .....	103
4.10 Associating a Workers Comp Claim number to an injury incident .....	105
<b><i>PART 5: Incident Investigation.....</i></b>	<b><i>107</i></b>
5.1 Completing and Delegating a Supervisor Investigation .....	108
5.2 Completing Supervisor Investigation Delegated to You.....	113
5.3 Delegation Access -Resend Link or Reassign .....	117
5.4 Reassigning Supervisor, Safety Coordinator / Administrator .....	119
5.5 Safety Coordinator/Administrator Information.....	123
<b><i>PART 6: Safety Observations / Audits / Inspections.....</i></b>	<b><i>125</i></b>
6.1 Safety Observation / Inspections – Licensed User in website .....	126
6.2 Safety Observation / Inspections – Non-Licensed User ... <i>Error! Bookmark not defined.</i>	
6.3 Creating & Editing Corrective Actions .....	136
6.4 Completing Corrective Actions – Licensed User in Website.....	139
<b><i>PART 7: Tasks / Corrective Action Dashboard.....</i></b>	<b><i>142</i></b>
7.1 “Tasks” & “Corrective Actions” Dashboard.....	143
7.2 Creating & Editing “Tasks” .....	144

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## **PART 1: Accessing Boots System**

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## 1.1 Licensed User Web URL

1. As a Licensed User you can access the Boots system through 2 easy methods. The first of these methods is using the link you receive in an incident notification.

This Message Originated from Outside the Organization  
This Message Is From an External Sender.

Report Suspicious

A new Safety Incident Report has been submitted and is available for review and investigation.

Incident Type: KYTC Vehicle and Equipment Damage  
Incident #: 2023~0365-2  
Incident Date: 8/8/2023  
Incident Time: 3:45 PM  
Report Date: 8/10/2023  
Reported By: Highway Technician II  
Location: District 09  
Primary Cause of Damage: Object Dropped On Vehicle  
Vehicle ID#:  
State Vehicle or Equipment Status: Drivable / Operable  
State Property (Other Than Vehicle or Equipment) Involved: none  
Link to Incident Report: [https://live.origamirisk.com/Origami/Incidents/view/85881?\\_account=KYTC](https://live.origamirisk.com/Origami/Incidents/view/85881?_account=KYTC)

The second method to access the BOOTS system is using the link found on the Secretary's Office of Safety Intranet page. This can be found at <https://business.kytc.ky.gov/work/SOS/layouts/15/start.aspx#/SitePages/Home.aspx>. Scroll down on the home page until you get this view and click the link for licensed users only.

BOOTS  
BOOSTING OCCUPATIONAL  
OUTCOMES IN TRANSPORTATION  
S A F E T Y

BOOTS System User Training Resources - Videos etc >>Link  
User Guide can be found here [BOOTS SYSTEM USER GUIDE.pdf](#)

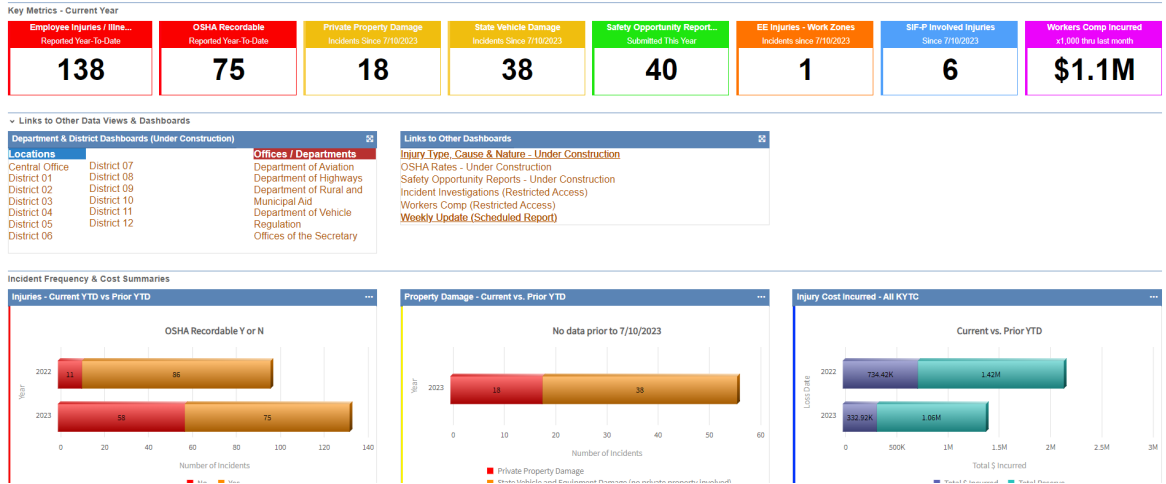
**BOOTS Access for Non-Licensed / Enterprise Users**  
To login from PC >>>> <https://bit.ly/kytc-boots>  
OR Scan QR code

**If you are a licensed user use this link only >>>BOOTS Homescreen 2.0**  
For questions, comments, or help send an e-mail to [kytc.boots@ky.gov](mailto:kytc.boots@ky.gov)

Using the intranet link you will be taken to the home screen. However, the link given to you from the email will take you that incident where you can navigate to the home screen by clicking on the home button in the top ribbon.

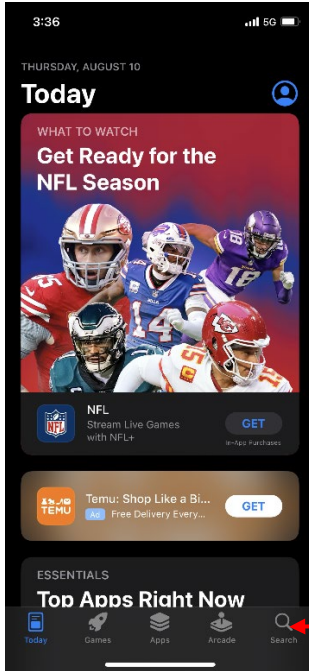
Home Incidents & Claims Safety Meetings & JHAs Work Permits & Checklists Safety Observations SDS/HazCom Analytics People & Equipment Documents Admin

2. Your new home screen, titled Home screen 2.0, will look like the screen below:

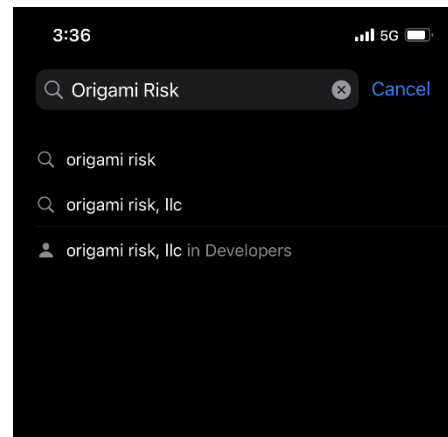
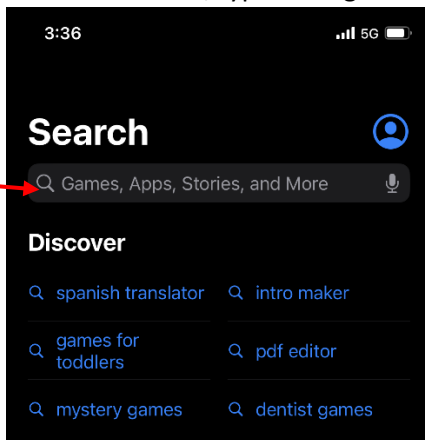


## 1.2 Licensed User Mobile Forms

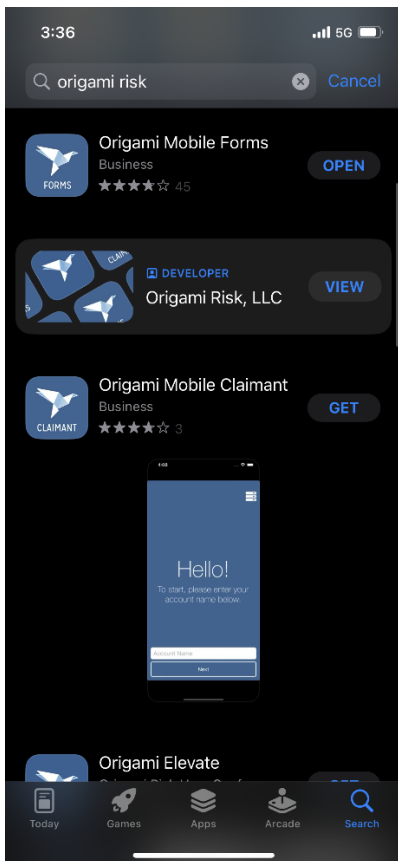
1. First you will need to download the mobile forms app in the App Store.
2. Once you have opened the app store on your mobile device, in the bottom right select the search tab.



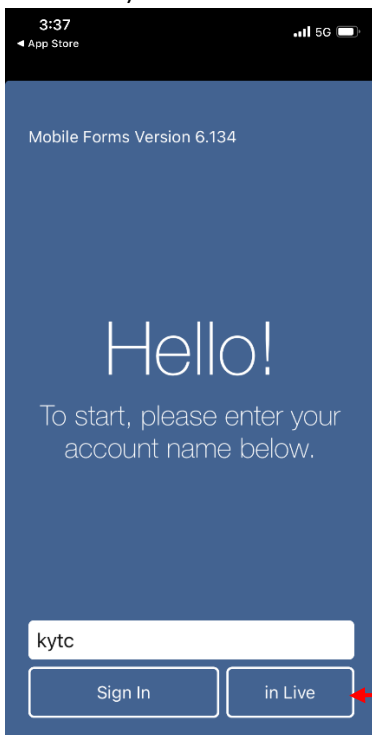
3. In the search bar, type in Origami Risk and hit search.



4. Select the Origami Mobile Forms app and install it on your device.



5. Once the app has downloaded, open the app, and enter the account name KYTC (NOT CASE SENSITIVE). Ensure that it is set to in Live and hit sign in

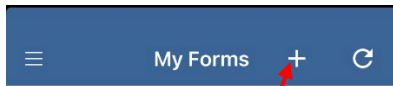


**MAKE SURE THIS IS SET TO IN LIVE**

6. Select the option I have a 6-digit code.
7. Enter the access code: 847352. Then hit log in.



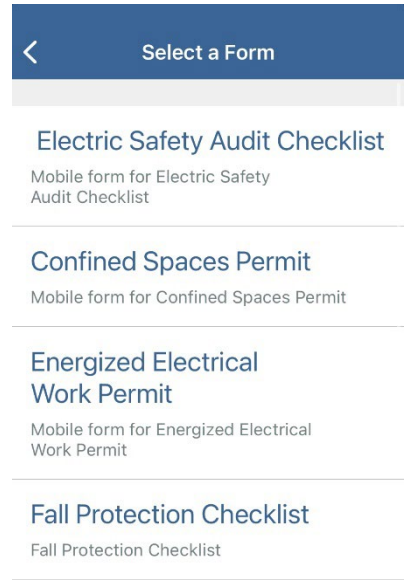
8. You will now be logged in and can navigate freely. In order to find all mobile forms that are available on the app hit the plus sign in the top right corner



Tap this plus sign. You will see a list with all available mobile forms.



No saved forms



List of Mobile Forms you will see after tapping the plus sign.

## 1.3 Creating a Desktop Shortcut

1. Open google chrome to the origami website using the link:

<https://live.origamirisk.com/Origami/Account/Login/login?account=KYTC&sso=allow>

2. This should bring you to a dashboard like the one shown below:

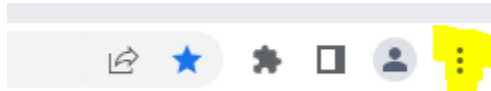
The screenshot shows the BOOTS dashboard interface. At the top, there is a navigation bar with links for Incidents & Claims, Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDSHazCom, Analytics, People, Assets, & Vehicles, Document Controls, and Admin. Below this is a header area with the user's name 'Nick Harano currently working in KYTC' and options for Search, Help, and Sign Out. The main content area displays several key performance indicators (KPIs) for the current month to date:

Report Type	Value
Safety Opportunity Report... (Month To Date)	2
Safety Opportunity Report... (Year To Date)	47
Employee Injury/Illness (Month To Date)	7
Employee Injury/Illness (Year To Date)	127
YTD Employee Injury/Illness (w/ Non-KYTC Employees)	176
Property Damage Incidents... (Month To Date)	9

Below the KPIs, there is a warning banner: "WARNING: DATA SHOWN IS USED FOR TEST PURPOSES ONLY. DO NOT USE FOR REPORTING OR DECISION MAKING AT THIS TIME". The dashboard is divided into several sections:

- KYTC Departments:** A list of departments including Aviation, Highways, Rural and Municipal Aid, Vehicle Regulation, and the Secretary's Office.
- Tasks List:** A table with columns for Description, Due Date, and Completed. It shows several test entries with completion dates and checkmarks.
- District Dashboards:** A list of districts from 01 to 12, plus Central Office.
- Open Incidents by District:** A section showing open incidents for each district.
- Links to Other Dashboards:** A list of other important dashboards such as All Department Data, Employee Health, JSA Dashboard, OSHA, OSHA Rates, Safety Meetings, and SIF Exposure.

3. On the chrome search bar, you will see 3 vertical dots all the way to the right of the screen.



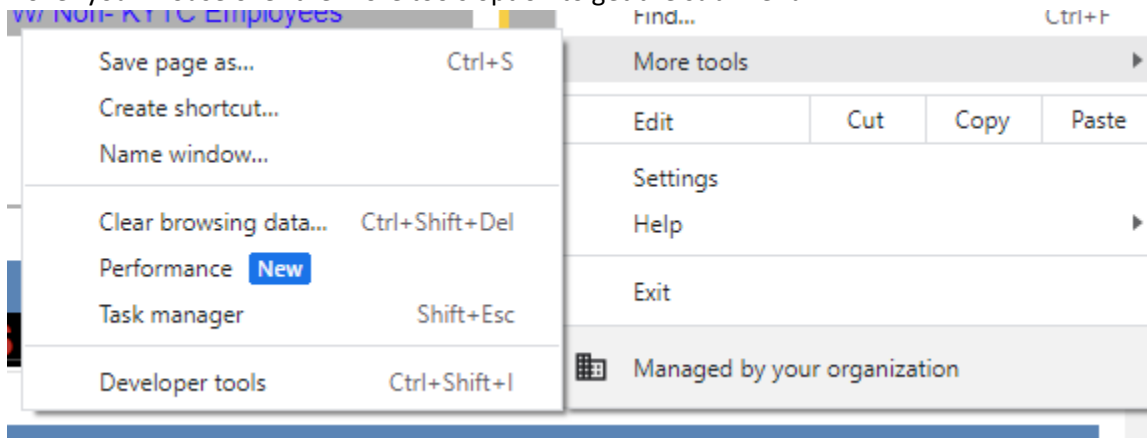
4. If you click on those you will see this, drop down menu:

The image shows the Chrome menu dropdown menu. The options listed are:

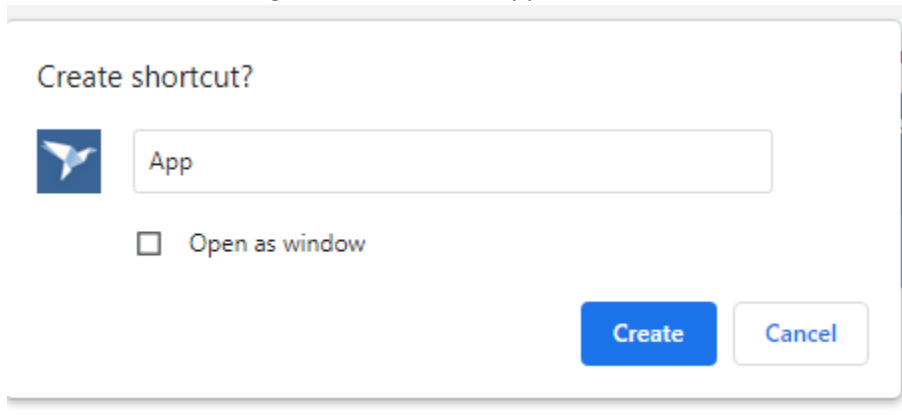
- New tab (Ctrl+T)
- New window (Ctrl+N)
- New Incognito window (Ctrl+Shift+N)
- History
- Downloads (Ctrl+J)
- Bookmarks
- Extensions
- Zoom: - 100% +
- Print... (Ctrl+P)
- Cast...
- Find... (Ctrl+F)
- More tools
- Edit, Cut, Copy, Paste
- Settings
- Help
- Exit

At the bottom of the menu, it says "Managed by your organization".

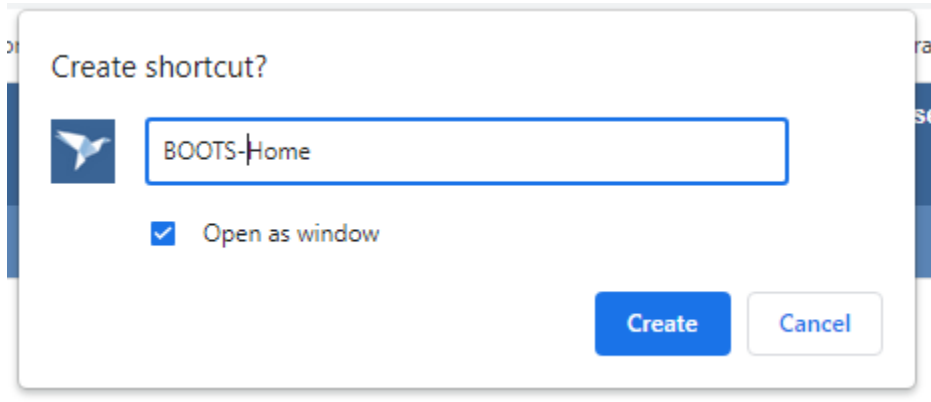
5. Hover your mouse over the more tools option to get the sub-menu:



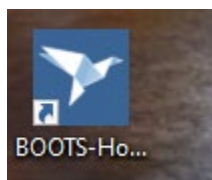
6. Hit create shortcut to get this window to appear:



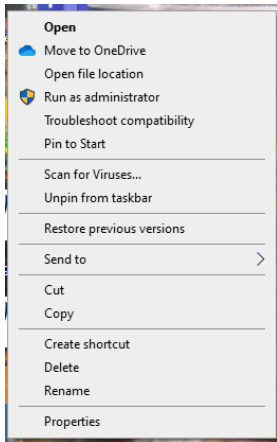
7. Name the shortcut whatever you want. And make sure to check the open as window box for this to truly become an app.



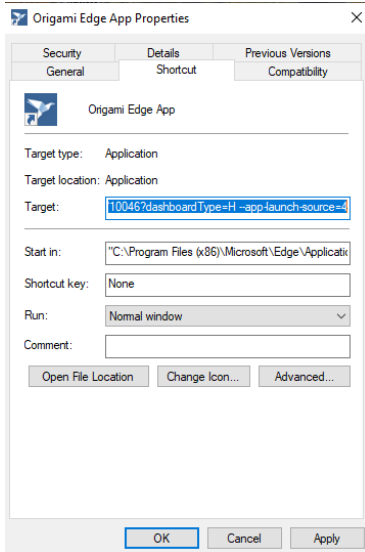
8. You will now have this icon on your desktop for quick and easy access into the system:



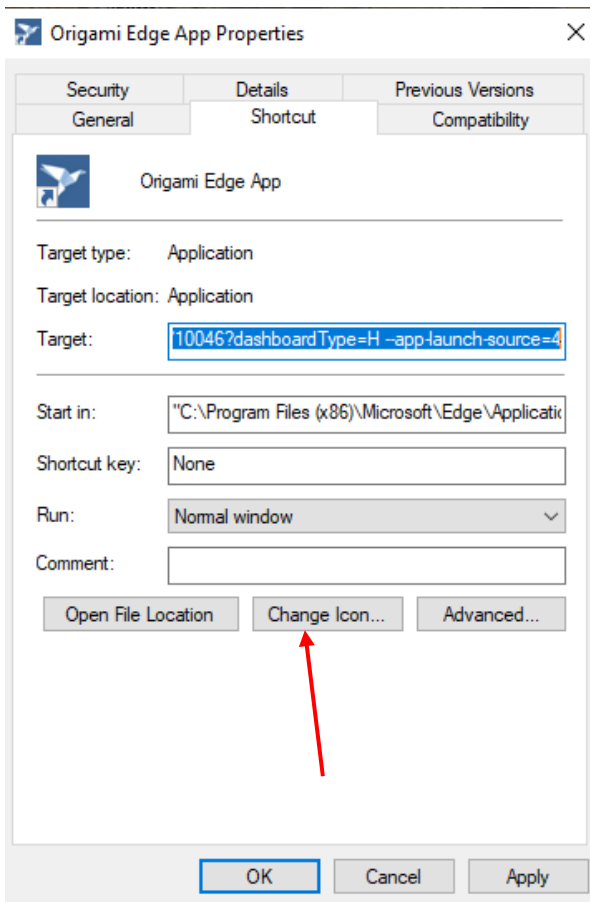
9. If you want to use the BOOTS Icon, you will need to download the Icon File from the Secretary's Office of Safety Intranet page, under the BOOTS SMS System User Training Resource page.
10. Once you have done that navigate back to your desktop to find the shortcut created previously. Right Click on the Shortcut. You will get this pop-up window.



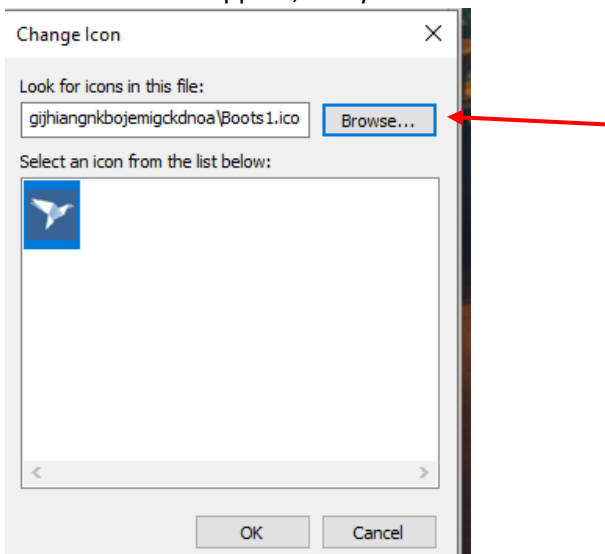
11. Select the very last option called properties. You will be taken to this window.



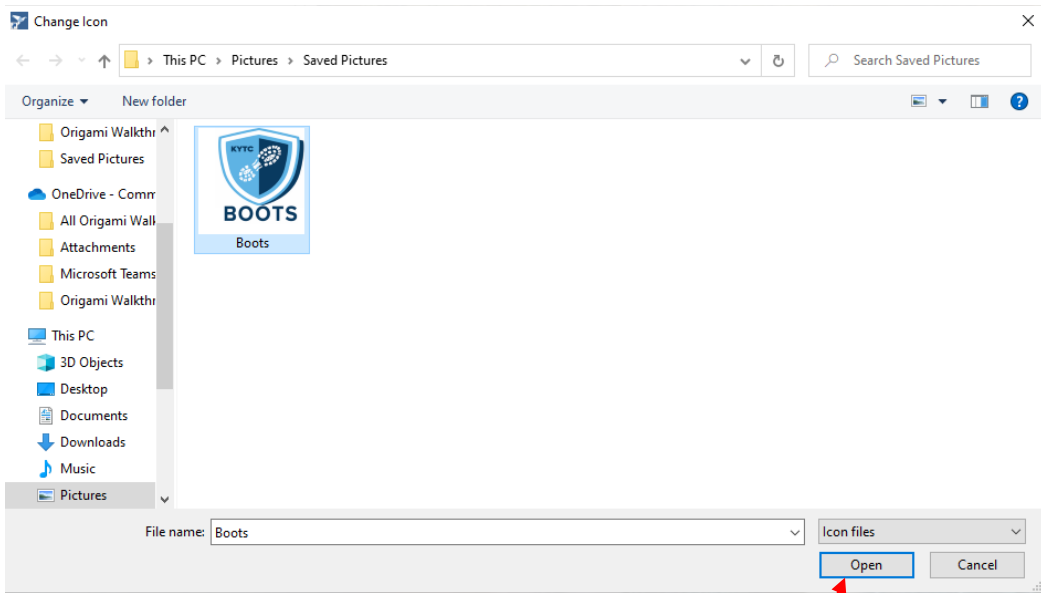
12. Select Change Icon.



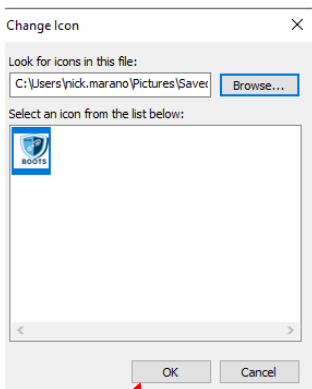
13. This window will appear, and you will need to hit browse to locate the icon file you have saved.



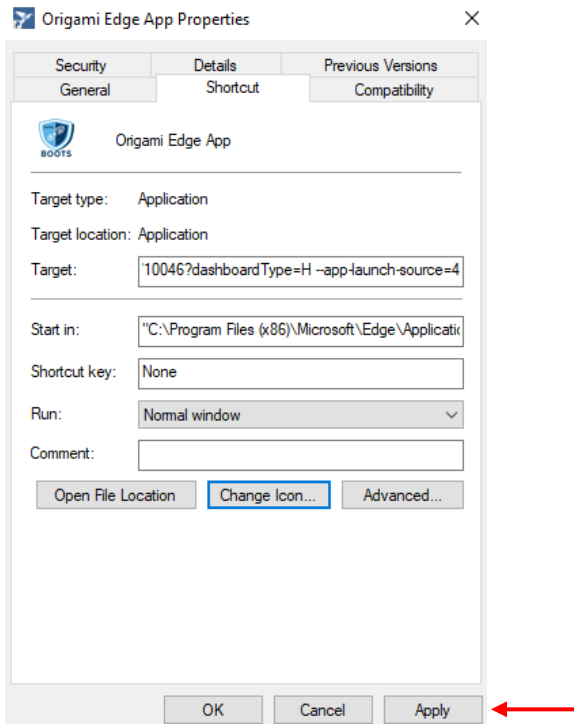
14. Find where you have saved the icon file, select it, and hit open.



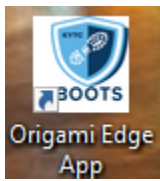
15. Hit OK.



16. Hit Apply.



17. You will now see this on your desktop.



## 1.4 Non-Licensed User/Enterprise User - Desktop PC

1. As a non-licensed user, you will need to use the link below to log in to the enterprise portal.

<https://bit.ly/kytc-boots>

2. You can also find this link on the Secretary's Office of Safety intranet page.

Home

**Mission**  
To eliminate employee injuries by creating and communicating a culture of safety through servant leadership that encourages everyone at KYTC to make safe choices.

**Objectives**  
To partner with our employees to prevent employee injuries and incidents by proactively providing solutions to keep everyone safe and build trust through planning, training, communication and service.

**BOOTS**  
BOOSTING OCCUPATIONAL  
OUTCOMES IN TRANSPORTATION  
SAFETY

BOOTS System User Training Resources - Videos etc >> [Link](#)  
User Guide can be found here [BOOTS SYSTEM USER GUIDE.pdf](#)

**BOOTS Access for Non-Licensed / Enterprise Users**  
To login from PC >>>> <https://bit.ly/kytc-boots> ←



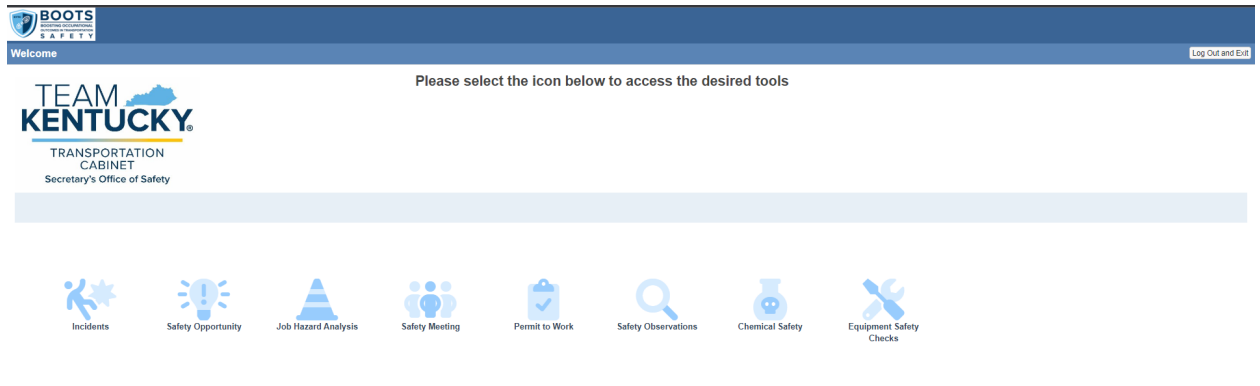
3. This link will take you directly to the enterprise portal homepage that will look like the image below.

Welcome Log Out and Exit

Please select the icon below to access the desired tools

**TEAM KENTUCKY**  
TRANSPORTATION CABINET  
Secretary's Office of Safety

Incidents   Safety Opportunity   Job Hazard Analysis   Safety Meeting   Permit to Work   Safety Observations   Chemical Safety   Equipment Safety Checks

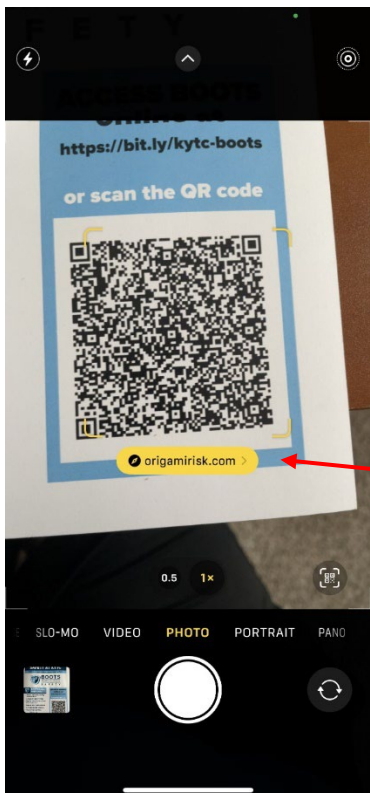


## 1.5 Non-Licensed User/Enterprise User - Mobile Device

1. Using a mobile device, you can access the enterprise portal from anywhere you have cell phone data coverage or Wi-Fi.
2. Somewhere inside of your vehicle or work location you will have a poster or a sticker that will have QR code to access the enterprise portal or the poster pictured below with the QR code.

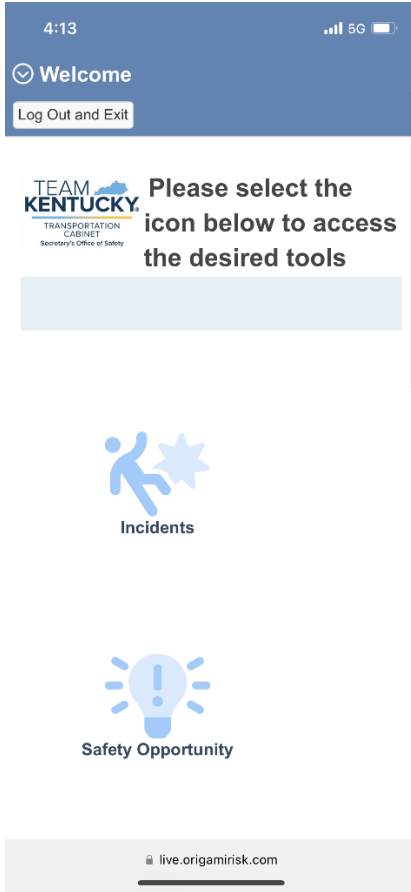


3. All you need to do in order to scan the QR code is open up your camera and point the camera directly at the QR code. It will look like the image below when you have properly scanned the QR code.



**Tap on this box.**

- Once you have hit the yellow box, you will be taken to the enterprise portal mobile homepage which looks like the image below and you have successfully logged into the enterprise portal on your mobile device. You are ready to enter any incident you need to.



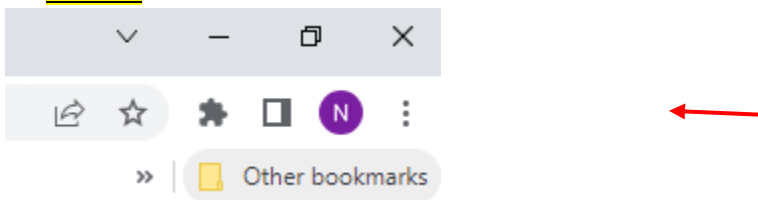
## 1.6 Fixing Log-In Issues

If you receive an error similar to the one below when logging in this step-by-step guide will teach you how to correct the error using either Google Chrome or Microsoft Edge.

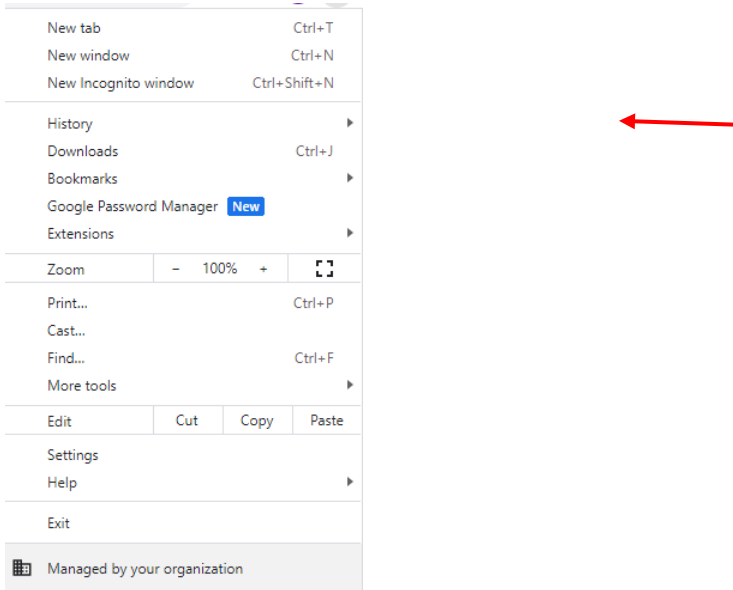


The first thing you will need to do is find your browsing history.

1. On **Chrome** use the three dots



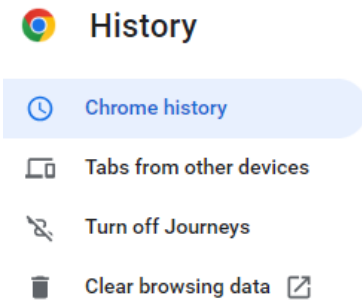
2. Once you click and receive this list hover your mouse on the history option



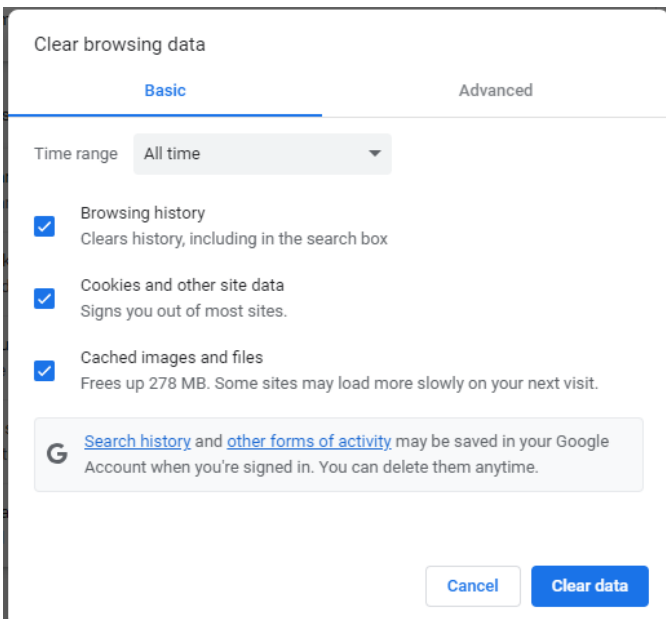
3. Click on the history option in the side menu.



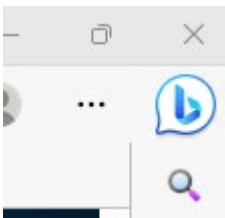
- This pulls up your complete browsing history. On the left-hand side, you will see a list of options. Select clear browsing data.



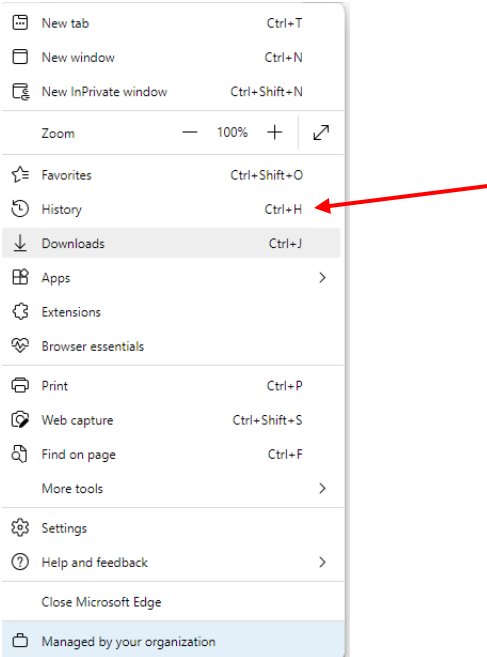
- Make sure that all options are selected before you clear your browsing data and set the time range to all time.



- On **Microsoft Edge** find the three dots in the top right corner of the screen



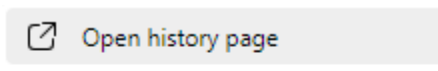
2. Select the history option in the menu.



3. Hit the three dots on the history menu.



4. Select open history page.



Show history button in toolbar

Show duplicate pages

5. Select "Clear Browsing data" at top of the page.



6. Make sure that Browsing History, Cookies and other site data, and Cached images and files is selected the hit clear now.

Clear browsing data ×

Time range

Last hour ▾

- Browsing history**  
1 item. Includes autocompletions in the address bar.
- Download history**  
None
- Cookies and other site data**  
From 41 sites. Signs you out of most sites.
- Cached images and files**  
Frees up less than 320 MB. Some sites may load more

[Clear browsing data for Internet Explorer mode](#)

This will clear your data across all your synced devices signed in to nick.marano@ky.gov. To clear browsing data from this device only, [sign out first](#).

**Clear now** Cancel

## 1.7 Using Home screen “Tasks, Investigations, Corrective Actions”

The panel shown below has been added to the default Home screen (2.0) for all BOOTS licensed user to help find all items that need your action in one place. The results shown will be only those which YOU have assigned to you, and which need action by YOU, based on your user login credentials.

Tasks, Investigations, Corrective Actions				
<b>My Open Incident Reviews</b> 1				
<b>My Open Tasks</b> 2				
Description	Due Date	Completed		
Security Follow-up - Madisonville DDL office	12/15/2023		✓	
<b>My Open Corrective Actions</b> 3				
Question	Audit Category	Action Required	Assigned To User	Due Date
Other	Outside Facility	Need further evaluation of physical security concerns related to entry lobby and front of building.	Jon Lam	

See the detail below for each list:

### 1 My Open Incident Reviews

This will list any open incident safety reviews assigned to you or delegated to you that are not yet completed. For Safety Coordinators and Administrators this may also include incidents that are assigned to you but still have a preceding action by another user that is incomplete, thereby the incident is not yet ready for your action. The incident needing your action can be accessed by using the [link in brown text](#). (In this example, the logged in user had no open incident reviews to show)

My Open Incident Reviews	...
--------------------------	-----

### My Open Tasks

- 2 This will list any open or incomplete tasks assigned to you or delegated to you. Tasks may be opened and assigned from Safety Observations, as follow-up actions from incident reviews, work permit review or approvals, and many other areas of the BOOTS system. The task needing your action and the incident where it originated can be accessed by using the [link in brown text](#).

My Open Tasks			
Description	Due Date	Completed	
Security Follow-up - Madisonville DDL office	12/15/2023		✓

### 3 My Open Corrective Actions

This will list any open or incomplete corrective actions assigned to you or delegated to you. Corrective actions are assigned from Safety Observations only at this time. The corrective action needing your action and the Safety Observation where it originated can be accessed by using the [link in brown text](#).

My Open Corrective Actions				
Question	Audit Category	Action Required	Assigned To User	Due Date
Other	Outside Facility	Need further evaluation of physical security concerns related to entry lobby and front of building.	Jon Lam	

Completion of the actions should automatically remove the item from the respective list.

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## **PART 2: Data Search Basics**

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## 2.1 Searching for Equipment – Vehicle Numbers

### Option 1

You know the entire equipment / vehicle number.

> General Incident Details

#### KYTC Property Damage Information

Vehicle ⓘ	<input type="text" value="7805593"/>
Vehicle Year:	<input type="text" value="7805593 (7805593)"/>
Vehicle Make:	<input type="text"/>
Vehicle Model:	<input type="text"/>
Vehicle Tag:	<input type="text"/>
VIN:	<input type="text"/>
Vehicle Type:	<input type="text" value="- None Selected -"/>
Vehicle Registration Class:	<input type="text"/>

Start typing in the number and it should predict what you want and offer a suggestion in blue. Click to confirm and it will use that number to populate the remaining fields.

Employee Involved Information

### Option 2

You know the last 4 digits of the equipment or vehicle number.

Reporter

> General Incident Details

#### KYTC Property Damage Information

Vehicle ⓘ	<input type="text" value="5593"/>
Vehicle Year:	<input type="text" value="5655931 (5655931)"/>
Vehicle Make:	<input type="text" value="7805593 (7805593)"/>
Vehicle Model:	<input type="text"/>
Vehicle Tag:	<input type="text"/>
VIN:	<input type="text"/>
Vehicle Type:	<input type="text" value="- None Selected -"/>
Vehicle Registration Class:	<input type="text"/>

Enter at least the first 3 digits of the equipment / vehicle number. Use a 0 instead of "O" when necessary.

Employee Involved Information

Option 3

If you know at least the first 3 digits of the equipment / vehicle number and the location (unit) where it is assigned.

Enter at least the first 3 digits of the equipment / vehicle number. Use a 0 instead of "O" when necessary.

The screenshot shows a table of vehicles with columns: Vehicle Number, Make, Model, Year, Location, NAFA Group, CostCenterFromOMS, Location, Tag Number, Accumulated Odometer, and Vehicle Type. A 'Filter By' dropdown menu is open, showing a search for '780' in the Vehicle Number field and 'bell' in the Location field. The dropdown list includes 'Bell County Unit (3562511322)' as the selected option.

Vehicle Number	Make	Model	Year	Location	NAFA Group	CostCenterFromOMS	Location	Tag Number	Accumulated Odometer	Vehicle Type
7805935	VANGUARD	F1402V	2022	3562508362 - Wayne County Unit	Non-Self Propelled (NAFA Code 0)	3562508362	3562508362 - Wayne County Unit		0	Non-CMV
7805934	VANGUARD	F1402V	2022	3562508322 - Russell County Unit	Non-Self Propelled (NAFA Code 0)	3562508322	3562508322 - Russell County Unit		0	Non-CMV
7805933	VANGUARD	F1402V	2022	3562508344 - Rockcastle County Unit	Non-Self Propelled (NAFA Code 0)	3562508344	3562508344 - Rockcastle County Unit		0	Non-CMV
7805932	VANGUARD	F1402V	2022	3562508302 - Pulaski County Unit	Non-Self Propelled (NAFA Code 0)	3562508302	3562508302 - Pulaski County Unit		0	Non-CMV
7805931	VANGUARD	F1402V	2022	3562508384 - McCreary County Unit	Non-Self Propelled (NAFA Code 0)	3562508384	3562508384 - McCreary County Unit		0	Non-CMV
7805930	VANGUARD	F1402V	2022	3562508342 - Lincoln County Unit	Non-Self Propelled (NAFA Code 0)	3562508342	3562508342 - Lincoln County Unit		0	Non-CMV

In the Location field, start typing "bell" and it should predict Bell County Unit, and you can click that in the choices offered.

The screenshot shows the same table as above, but now filtered to show only vehicles in Bell County Unit. The 'Filter By' dropdown menu is still open, showing '3562511322 - Bell County Unit' selected in the Location field.

Vehicle Number	Make	Model	Year	Location	NAFA Group	CostCenterFromOMS	Location	Tag Number	Accumulated Odometer	Vehicle Type
7805593	JOHN DEERE	1025R	2015	3562511322 - Bell County Unit	Off Road and Construction (NAFA Code 9)	3562511322	3562511322 - Bell County Unit		223	Non-CMV
7805527	ALAMO	SH06	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7805526	ALAMO	SH06	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV

After clicking the [Search] button you should get a list of all equipment starting with "780" in the Bell County Unit. Click the red ID # for the one you want.

**Option 4 A**

If you know the Unit the equipment is assigned to (Bell County Unit) but you have an incomplete, or no vehicle / equipment number available. You have 2 ways to look at all the equipment or vehicle assigned to Bell County Unit

In the search tool, click the magnifying glass icon next to the "Location" field. This will open up the list of all KYTC locations shown below.

**Location**

More

Name   all	#	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z
Location Number	Name	Street1	City	FSU 1	FSU 2	FSU 3	FSU 4	Districts and Central Office - District / CO	Districts and Central Office - Districts	Districts and Central Office - Branches	Districts and Central Office - Sections																
3562508324	Adair County Unit	103 Service Rd.	Columbia	Kayla Frye	Stewart Gilreath	James Jones	James Ballinger	Districts	District 08	D8 PD and P Branch 2	D8 Russell Springs Section																
3562503362	Allen County Unit	702 S. Gallatin Rd.	Scottsville	Casey Pedigo	Justin Young	Joe Plunk	James Ballinger	Districts	District 03	D3 PD and P Branch 2	D3 Scottsville Section																
3562507364	Anderson County Unit	1631 Harrodsburg Rd.	Lawrenceburg	Nick Lester	Jonathan Taylor	Kelly Baker	James Ballinger	Districts	District 07	D7 PD and P Branch 2	D7 Danville Section																
3562501304	Ballard County Unit	P.O. Box 374	LaCenter	Dustin Turner	Everett Wilson	Kyle Poat	James Ballinger	Districts	District 01	D1 PD and P Branch 1	D1 Paducah Section																
3562503322	Barren County Unit	351 Cavalry Drive	Glasgow	Blake Williams	Justin Young	Joe Plunk	James Ballinger	Districts	District 03	D3 PD and P Branch 2	D3 Glasgow Section																
3562509344	Bath County Unit	1563 West Hwy 36	Owingsville	Shane Ramey	David Leach	Steve Gunnell	James Ballinger	Districts	District 09	D9 PD and P Branch 1	D9 Morehead Section																
3562511322	Bell County Unit	P.O. Box 398	Pineville	Robert Perkins	David Fuson	Chris Jones	James Ballinger	Districts	District 11	D11 PD and P Branch 2	D11 Pineville Section																
3562508342	Boone County	3640 O'Hara Rd																									

Filter By

Location Number

Name

City

State

All

Is Active

[Select to filter]

District / Central Office

All

Search Clear

Filter By Hierarchy

Districts and Central Office

Kentucky Transportation Cabl

Central Office

Click on the Location name you want to search – example is Bell County Unit. That will bring up a list of all vehicles and equipment assigned to the Bell County Unit for you to pick the one you want.

**Option 5 B**

More ▾

**Filter By**

Vehicle Number

Make

Model

Location

Is Active  
 Any Status ▾

Vehicle Type  
 All ▾

NAFA Group  
 All ▾

Search Clear

---

**Recently Viewed**

0KB3806: 2015 FORD ESCAPE 4X4

In the Location field, start typing the name of the location you want, here if you start typing "Bell" it should predict you are looking for Bell County Unit and offer it as a suggestion in a blue box for you to confirm by clicking it.

Once Bell County Unit is in this white Location box, hit the [Search] button to go to the list below.

That should open up the list below showing all equipment and vehicles assigned to the Bell County Unit – just click the Vehicle Number (red) for the unit you want.

Vehicle

New Vehicle More ▾

Vehicle Number ▾	Make	Model	Year	Location	NAFA Group	CostCenterFromOMS	Location	Tag Number	Accumulated Vehicle Odometer	Vehicle Type
8500349	DELTA	480000	2013	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
8500298	DELTA	480000	2011	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
8500197				3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7805593	JOHN DEERE	1025R	2015	3562511322 - Bell County Unit	Off Road and Construction (NAFA Code 9)	3562511322	3562511322 - Bell County Unit		223	Non-CMV
7805527	ALAMO	SH90	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7805526	ALAMO	SH90	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7502992	LITTLE GIANT LADDERS	18509-243	2022	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7502813	DUMP-LOK	UDL-105WT	2022	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7502740	ALKOTA	423X4X	2021	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7502429	ALKOTA	423X4X	2018	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7502388	MILLERMATIC	252	2017	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7501836	LINCOLN	274216	2012	3562511322 - Bell	Non-Self Propelled (NAFA	3562511322	3562511322 - Bell		0	Non-CMV

Filter By

Vehicle Number

Make

Model

Location

Is Active  
 Any Status ▾

Vehicle Type  
 All ▾

NAFA Group  
 All ▾

Search Clear

---

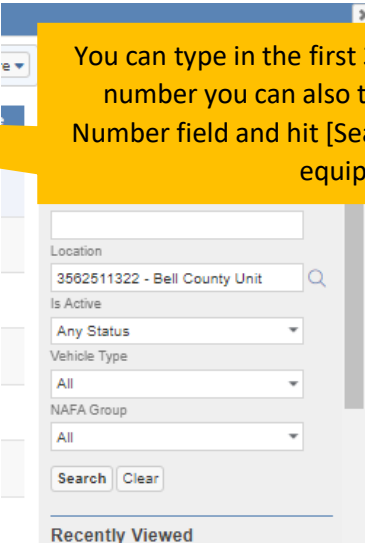
**Recently Viewed**

0KB3806: 2015 FORD ESCAPE 4X4  
 0KB4657: 2019 FORD F150 4X4  
 7500502: 1994 SHOP  
 7501021: 1999 SHOP  
 7501128: 1999 SHOP  
 7501877: 2013 CHAMPION RB65 8500215:  
 7805446: 2012 ALAMO SH90  
 7805793: 2019 JOHN DEERE 950M  
 8000042: 2008 SNAPON KRL7003B

Option 6

You only know the first part of the vehicle or equipment number.

You can type in the first 3 digits of the equipment number you can also type that in the Vehicle Number field and hit [Search] to narrow the list of equipment.



Location  
3562511322 - Bell County Unit

Is Active  
Any Status

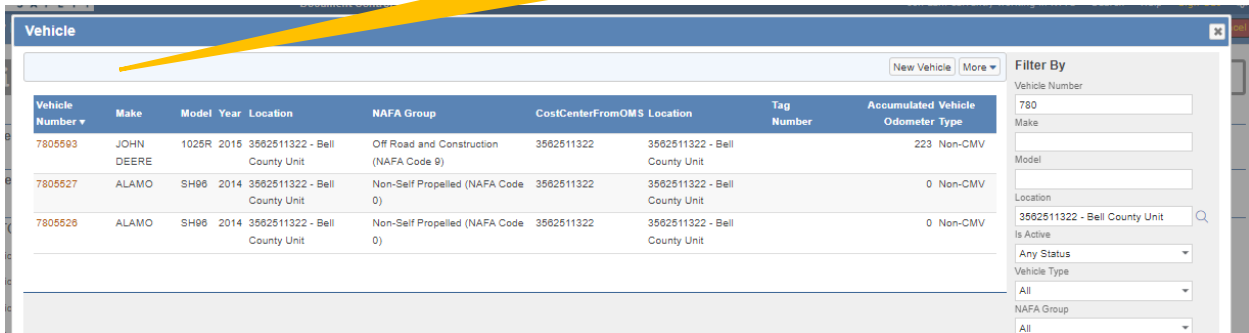
Vehicle Type  
All

NAFA Group  
All

Search Clear

Recently Viewed



That should open up the list below showing all equipment and vehicles assigned to the Bell County Unit that have a vehicle number starting with "780" – just click the Vehicle Number (red) for the unit you want.





Vehicle Number	Make	Model	Year	Location	NAFA Group	CostCenterFromOMS	Location	Tag Number	Accumulated Vehicle Odometer	Vehicle Type
7805593	JOHN DEERE	1025R	2015	3562511322 - Bell County Unit	Off Road and Construction (NAFA Code 9)	3562511322	3562511322 - Bell County Unit		223	Non-CMV
7805527	ALAMO	SH06	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV
7805526	ALAMO	SH06	2014	3562511322 - Bell County Unit	Non-Self Propelled (NAFA Code 0)	3562511322	3562511322 - Bell County Unit		0	Non-CMV

## 2.2 Searching for Employees – Name

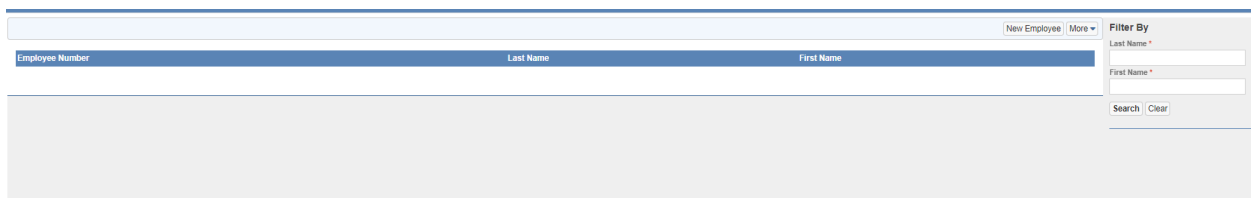
1. In order to search for an employee whether entering a new incident or delegating a supervisor investigation, you will need to follow the same steps.
2. When entering an incident you will need to search by clicking on the magnifying glass next to the box for “Reported by.”

Reported by ⓘ \*   

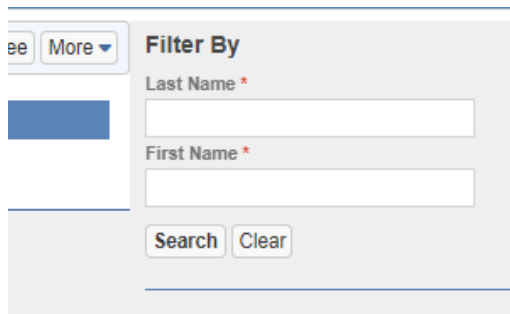
For delegating a supervisor investigation, you will click on the magnifying glass next to the box for “Delegated Supervisor.”

Delegated Supervisor:   

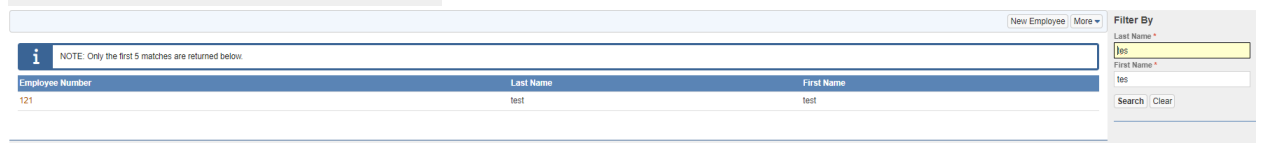
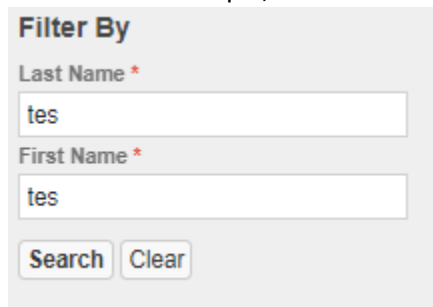
3. When you click on the magnifying glass you will see this screen.



4. On the far right of this window, you will see text boxes for entering the employee’s last name then first name.



5. You will only need to enter the first 3 letters of the last name and the first 3 letters of the first name. As an example, I will show this using a test user.



6. In order to select the desired employee please select the red employee number.

**Employee Number**

121

7. This will then fill out all additional information about the employee.

Reported by ⓘ *	<input type="text" value="test, test"/>	<input type="button" value="Q"/>
Reported By Phone Number: *	<input type="text" value=""/>	ext <input type="text" value=""/>
Reported By Email:	<input type="text" value=""/>	
Reported By Title:	<input type="text" value=""/>	

---

## **PART 3: Incident & Safety Opportunity Reporting**

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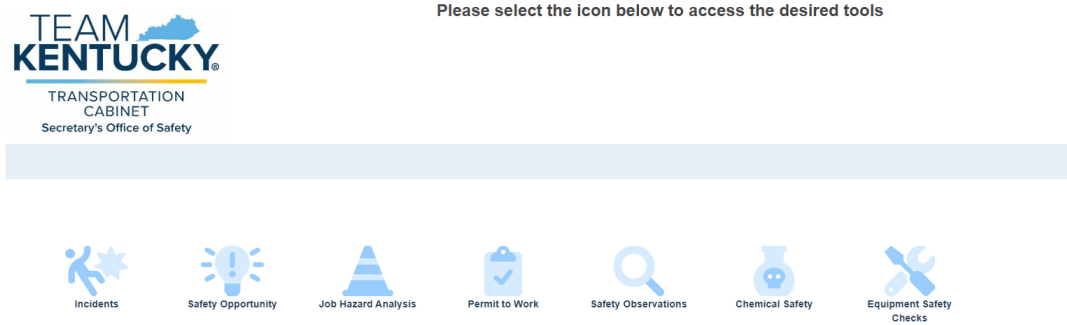
### 3.1 Accessing Incident Reporting as a Non-Licensed / Enterprise User

Unless you have been set-up as a licensed user (Supervisor, Workers Comp, Safety) you will always access BOOTS as an “Enterprise” user. This may also be used by Licensed Users if accessing BOOTS from a personal mobile device or PC outside the @ky.gov environment.

1. You will need to access the non-Licensed portal using any of these options:
  - a. Click on this link: <https://live-anon.origamirisk.com/Origami/IncidentEntry/Welcome>
  - b. Type this URL in your browser: [bit.ly/kytc-boots](https://bit.ly/kytc-boots)
  - c. Scan this QR code with your mobile device



2. You will see a dashboard page that looks like this if using a PC:



Or this from a phone:



Click this icon for injury/illness or property damage incidents

Click this icon for safety opportunity reporting.



## 3.2 Accessing Incident Reporting as a Licensed User

1. Log onto the BOOTS system the way you typically would.
2. You will see a dashboard page that looks like this:

The screenshot shows the BOOTS system dashboard. At the top, there is a navigation bar with the BOOTS logo and several menu items: Incidents & Claims, Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDS/HazCom, Analytics, People, Assets, & Vehicles, and Document Controls. Below the navigation bar, there is a "Demo Homescreen" section with a search bar and a "Sign Out" button. The main content area displays several key performance indicators (KPIs) for the current month to date:

Report Type	Value
Safety Opportunity Report... (Month To Date)	2
Safety Opportunity Report... (Year To Date)	47
Employee Injury/Illness (Month To Date)	7
Employee Injury/Illness (Year To Date)	127
YTD Employee Injury/Illness (W/ Non-KYTC Employees)	176
Property Damage Incidents... (Month To Date)	9

Below the KPIs, there is a "WARNING" banner that reads: "DATA SHOWN IS USED FOR TEST PURPOSES ONLY. DO NOT USE FOR REPORTING OR DECISION MAKING AT THIS TIME".

The dashboard is divided into several sections:

- KYTC Departments:** Department of Aviation, Department of Highways, Department of Rural and Municipal Aid, Department of Vehicle Regulation, Offices of the Secretary.
- Tasks List:** A table with columns for Description, Due Date, and Completed. It lists several test entries, some with checkmarks indicating completion.
- District Dashboards:** A list of districts from District 01 to District 12, along with Central Office.
- Open Incidents by District:** A section for "District Open Incidents" with a sub-section for Central Office.
- Links to Other Dashboards:** Other Important Dashboards including All Department Data, Employee Health, JSA Dashboard, OSHA, OSHA Rates, Safety Meetings, and SIF Exposure.

3. To submit a new incident, you will need to move your cursor to hover over the Incident and Claims tab at the top of the page. In the drop-down menu the first option is New Incident, click on that option:

The screenshot shows the BOOTS system dashboard with a callout box highlighting the "Incidents & Claims" dropdown menu. The menu is open, showing the following options:

- Home
- Incidents & Claims (selected)
- Incidents
- + New Incident
- + New Safety Opportunity Report
- All Incidents
- All Safety Opportunity Report

### 3.3 Entering an Injury or Illness involving a Regular KYTC Employee

Follow the instructions in Section 1 to reach the incident reporting tool:

- **Section 3.1** – anyone on a PC or mobile device
- **Section 3.2** – for Licensed Users

Once you have opened the “New Incident” to enter follow the directions below:

\* All fields marked with a red asterisk are required and must be completed or answered before the incident can be submitted. An error message should highlight any missing required data when you attempt submission.

1. When you enter a new incident, you must now select whether the person reporting / involved is a KYTC Employee or Contract Staff.
  - If the person is a KYTC employee, either full-time or part-time with a KHRIS number you should select “Regular Permanent Employee”.
  - If the person is NOT a KYTC employee, but is contracted through a staffing agency, regardless of full-time or part-time status select “Contract / Temporary Staffing”.

**Report a New Incident**

Reporter Details

**i** If entering this report for an incident involving another person, use the involved employee name in the “Reported By” field.  
Do not use your name unless you were involved.

KYTC Employee or Contract Staff ⓘ \*  ←

Reported By Phone Number:  ext

Reported By Email: \*

Reported By Title: \*

2. If the incident involves a KYTC employee select “Regular Permanent Employee”

**Report a New Incident**

Reporter Details

**i** If entering this report for an incident involving another person, use the involved employee name in the “Reported By” field.  
Do not use your name unless you were involved.

KYTC Employee or Contract Staff ⓘ \*

Reported By Phone Number:  ext

Reported By Email: \*

Reported By Title: \*

*Correct selection here is critical! You must select Contract” or “Regular” correctly here as once you click the “Next” button below it will drive the format of the incident report for all future steps. Check this now!*

- If you select “Regular Permanent Employee” you will need to use the magnifying glass icon next to the “Reported by” field to open the search box, enter the last name and first name of the involved party, and select from the search results. This will allow you to fill the “Reported by” field.

#### Reporter Details

i

If entering this report for an incident involving another person, use the involved employee name in the “Reported By” field.

Do not use your name unless you were involved.

KYTC Employee or Contract Staff i \*

Reported by i \*  Q

Reported By Phone Number: \*  ext

Reported By Email: \*

Reported By Title: \*

- Complete the “General Incident Details” section:

#### General Incident Details

Incident Date: \*  📅

Incident Time:

Location:  Q

Describe what happened: \*

Thoroughly describe the incident here, no limit on number of characters, the box will expand as needed.

- Who was involved
- What were they doing?
- What were they doing it with?
- What happened?
- What may have caused or contributed to it?
- What was the result

- Complete the Police Report Details section

- If no police report was done for this incident click “NO”
- If a police report was done, for example as a result of a vehicle collision or assault, click “YES” and complete the remaining fields

#### Police Report Details

Police Report Completed? \*  Yes  No

Law Enforcement Agency Name: \*

Law Enforcement Officer Name: \*

Police crash report number (if known)

- Complete the “Address of Incident” section

**Address of Incident**

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State: \*

Incident Postal:

Incident Location Description:

Did the incident occur in a signed Traffic Control work zone? \*  Yes  No

Did incident occur outside of scheduled work hours? \*  Yes  No

Did incident occur during snow and ice operations? \*  Yes  No

Use mobile device GPS location if no address known.

If street address known, start typing and select the correct address from the suggestions.

If there is no specific address nearby, use this field to tell where this happened. You can specify a route # and mile point or intersection, etc.

7. Select all incident types you need to report. For this example we need to report the injury of one (1) employee. After checking appropriate box(es) and specifying number of involved, click the NEXT button

**Please select all incident types associated with this incident:**

- Employee Injury or Illness Select number of injured or ill employees
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee



8. After clicking “Next” button, you will find the “Injured Employee Details panel”

In “Injured Employee Details” panel, the employee type will default to match the choice you made in the “Reporter” panel. Don’t change this field.

---

**Injured Employee Details**

Employee or Contractor: \*  ←

Are you the injured employee? \*

Personal Phone:  ext

Email:

Gender: \*

Marital Status:

Number Of Dependents:

9. “Are you the injured employee?” select YES or NO.

---

**Injured Employee Details**

Employee or Contractor: \*

Are you the injured employee? \*

Personal Phone:  ext

Email:

Gender: \*

Marital Status:

Number Of Dependents:

**Yes**

**No**

If you select YES the system will use your name from the “Reporter” field to auto-fill all possible fields for you from the employee database

### Injured Employee Details

Employee or Contractor: \*

Are you the injured employee? \*

Injured Employee ⓘ \*

Personal Phone:

Work Phone:

Email:

Gender: \*

Marital Status:

Number Of Dependents:

If you select NO the system will require that you use the search function to locate & select the "Injured Employee" name. The system should then auto-fill all possible fields from the injured employees database information.

### 10. Complete the "Injury Details" section.

#### Injury Details

Cause: \*

Injury Code: \*

Initial Treatment: \*

Time Employee Began Work:

Use the magnifying glass icon to open a list of codes for the "Cause" and "Injury Code" and select the appropriate choices. You can also start typing and get a list of suggestions to select from.

#### Injury Details

Cause: \*

Injury Code: \*

Initial Treatment: \*

Time Employee Began Work:

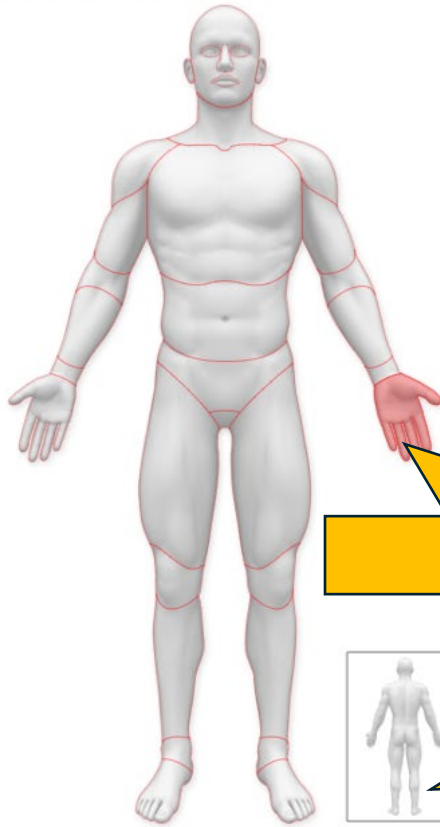
Specify the *initial* level of medical treatment received by the injured person. You can click on this field to open a list to select from.

- Injury area can be selected from
- Injury is unknown, internal, or m

- None Selected -
- No medical treatment
- Minor on-site remedies by employer medical staff
- Minor clinic/hospital medical remedies and diagnostic testing
- Emergency evaluation, diagnostic testing, and medical procedures
- Hospitalization greater than 24 hours
- Future major medical/Lost time anticipated

**11.** Specify the body part(s) that were injured. Note: This is only what you know about at the time of the initial injury report.

- Injury area can be selected from diagram
- Injury is unknown, internal, or multiple areas



Check this button if you want to select the body parts from the diagram. Gender of involved employee will determine display of male or female diagram.

**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Hand

Body Part: \*

Body Part Location:

**!** Make sure that you click Add Part to save the primary injured body part you have selected.

Add Part

Body Part	Body Part Location
-----------	--------------------

Click to highlight the first body part involved

Click on this image to open a posterior view diagram to select from.

After you highlight the general body part you will need to detail it further as shown:

**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Hand

Body Part: \*

Body Part Location:

**!** Make sure that you click on the highlighted "Body Part" have selected.

**!** Select the detailed part on the first highlighted "Body Part"

Body Part: **Body Part**

- Finger(s)
- Hand
- Loss of index finger and metacarpal bone thereof
- Loss of index finger at distal joint
- Loss of index finger at proximal joint
- Loss of index finger at second joint
- Loss of little finger and metacarpal bone thereof
- Loss of little finger at distal joint
- Loss of little finger at proximal joint
- Loss of little finger at second joint
- Loss of middle finger and metacarpal bone thereof
- Loss of middle finger at distal joint
- Loss of middle finger at proximal joint
- Loss of middle finger at second joint
- Loss of ring finger and metacarpal bone thereof
- Loss of ring finger at distal joint
- Loss of ring finger at proximal joint
- Loss of ring finger at second joint
- Loss of thumb and metacarpal bone thereof

Body Area Selected: Hand

Body Part: \* Hand

Body Part Location:

**!** Make sure that you click on the highlighted "Body Part Location" have selected.

**!** Select the "Body Part Location" – in this case "left hand" was suggested based on my diagram highlight.

- Left (L)
- None Selected -
- Bilateral (B)
- Left (L)**
- Right (R)
- Add Part

You can select as many body parts involved as necessary, but after you select and detail each one you MUST click the “Add Part” button to save your selections.

! Make sure that you click Add Part to save the primary injured body part you have selected.

Add Part Click after each “Body Part” to save

Body Part	Body Part Location
Hand	Left (L)

All your “Body Part” selections will be listed here. If you need to delete any of them, click the red X. If you need to change one you will need to delete it then select the replacement.

**12.** Answer the questions below about the severity of the incident. It will prompt you through each question in succession. Your answers are only required to reflect the situation at the time of the incident entry.

**i** Did this involve an employee death?

\*  Yes  No

**i** Did this involve an any of the below?

- Amputation suffered by an employee
- Hospitalization
- Loss of eye

\*  Yes  No

**i** Did this involve an any of the below?

- Loss of Consciousness
- Days away from work, restricted work or transfer
- Medical Treatment beyond First Aid
- Fractured/cracked bones, teeth or punctured eardrums
- Needlestick injury or cut from sharp objects potentially contaminated with blood and OPIM
- Diagnosed work-related cancer, chronic irreversible disease

\*  Yes  No

13. Select any SIF High-hazard task that was involved with the incident from the list.

**i** SIF Exposures - Select all that apply

SIF - High Hazard Task: \*

- Chainsaw use, tree felling or cutting
- Work on or near energized electrical equipment
- Entry into a confined space
- A vehicle collision
- Work at height >4 ft or over water
- Entry into unprotected trench
- Exposure to being struck by a moving vehicle
- Work under or in close proximity to a suspended load
- Exposure to pinch, crush or impact by stored energy or machinery
- Potential for death or life-altering or threatening injury
- None of these listed exposures

Select all that apply

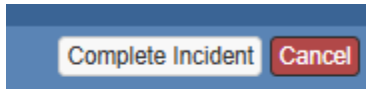
Select if none of the high-hazard exposures were involved.

14. Complete the "Physician Details" section if any of the information is available. Provide as much as possible but don't delay entering initial report if not known.

**Physician Details**

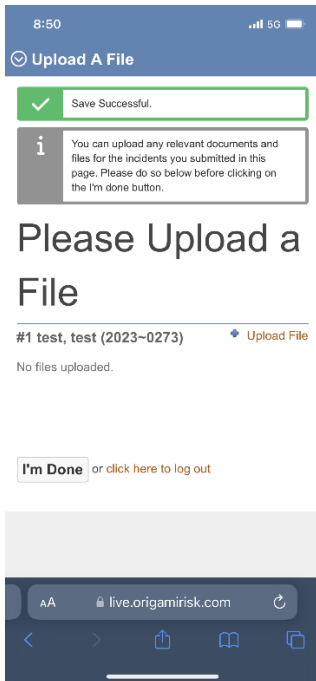
Physician Name:	<input type="text"/>	Hospital Name:	<input type="text"/>
Physician Phone:	<input type="text"/> ext. <input type="text"/>	Hospital Street1:	<input type="text"/>
	Enter digits for 'US' or type + for international numbers.	Hospital City:	<input type="text"/>
Physician Address:	<input type="text"/>	Hospital State:	- None Selected -
Physician City:	<input type="text"/>	Hospital Postal:	<input type="text"/>
Physician State:	<input type="text"/>		
Physician Postal Code:	<input type="text"/>		

15. Click the “Complete Incident” button to finish the incident



After this you will be given the opportunity to upload or add any files you want to include with the report and these can be photos, documents, etc. You are encouraged to add everything that may be relevant or helpful.

If entering this from a mobile device you should see something similar to this:



If entering from a PC you will see the below where you can upload single or multiple files.



You have completed entry of the incident.

### 3.4 Entering an Injury or Illness involving Contract / Temporary Staff

Follow the instructions in Section 1 to reach the incident reporting tool:

- **Section 3.1** – anyone on a PC or mobile device
- **Section 3.2** – for Licensed Users

Once you have opened the “New Incident” to enter follow the directions below:

\* All fields marked with a red asterisk are required and must be completed or answered before the incident can be submitted. An error message should highlight any missing required data when you attempt submission.

1. When you enter a new incident, you must now select whether the person reporting / involved is a KYTC Employee or Contract Staff.
  - If the person is a KYTC employee, either full-time or part-time with a KHRIS number you should select “Regular Permanent Employee”.
  - If the person is NOT a KYTC employee, but is contracted through a staffing agency, regardless of full-time or part-time status select “Contract / Temporary Staffing”.

**Report a New Incident**

**Reporter Details**


**i** If entering this report for an incident involving another person, use the involved employee name in the “Reported By” field.  
Do not use your name unless you were involved.

KYTC Employee or Contract Staff **i** \*

Reported By Phone Number:  ext

Reported By Email: \*

Reported By Title: \*



2. If the incident involves a contracted worker select “Contract / Temporary Staffing”

**Report a New Incident**

**Reporter Details**

**i** If entering this report for an incident involving another person, use the involved employee name in the “Reported By” field.  
Do not use your name unless you were involved.

KYTC Employee or Contract Staff **i** \*   
  
 ext

Reported By Phone Number: \*

Reported By Email: \*

Reported By Title: \*

*Correct selection here is critical! You must select “Contract” or “Regular” correctly here as once you click the “Next” button below it will drive the format of the incident report for all future steps. Check this now!*

3. If you select “Contract/Temporary Staffing ” you will not be able to search for the name as with Regular KYTC employees. Instead you must enter the name of the involved staff member in the “Reported by” field. You must also enter information in all of the remaining fields in the Reporter Details section.

KYTC Employee or Contract Staff ⓘ \*

Reported By: \*

Reported By Phone Number: \*  ext

Reported By Email: \*

Reported By Title: \*

4. Complete the “General Incident Details” section:

**General Incident Details**

Incident Date: \*

Incident Time: \*

Please Select Central Office or the District: \*

▾

- None Selected -
- Central Office
- District 01
- District 02
- District 03
- District 04
- District 05
- District 06
- District 07
- District 08
- District 09
- District 10
- District 11
- District 12
- NA

Hover on this field to open a list of options and select “Central Office or the District where the involved employee works.

Location:

Describe what happened: \*

**Police Report Details**

Police Report Completed? \*

For the “Location” field you have a couple of options:

You can start typing the name of the location and the system may suggest a choice you confirm by clicking

Location:

**Marshall County Unit (3562501364)**

Describe what happened: \*

or

Click here to open a list of Locations within the selected District or Central Office, then click to select the location where the person works

Location:



Describe what happened: \*

Click to lookup value

Thoroughly describe the incident here, no limit on number of characters, the box will expand as needed.

- Who was involved
- What were they doing?
- What were they doing it with?
- What happened?
- What may have caused or contributed to it?
- What was the result

### 5. Complete the Police Report Details section

- If no police report was done for this incident click “NO”
- If a police report was done, for example as a result of a vehicle collision or assault, click “YES” and complete the remaining fields

#### Police Report Details

Police Report Completed? \*  Yes  No

Law Enforcement Agency Name: \*

Law Enforcement Officer Name: \*

Police crash report number (if known)

**6. Complete the “Address of Incident” section**

**Address of Incident**

Use mobile device GPS location if no address known.

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State: \*

Incident Postal:

Incident Location Description:

Did the incident occur in a signed Traffic Control work zone? \*  Yes  No

Did incident occur outside of scheduled work hours? \*  Yes  No

Did incident occur during snow and ice operations? \*  Yes  No

If street address known, start typing and select the correct address from the suggestions.

If there is no specific address nearby, use this field to tell where this happened. You can specify a route # and mile point or intersection, etc.

**7. Select all incident types you need to report. For this example we need to report the injury of one (1) employee. After checking appropriate box(es) and specifying number of involved, click the NEXT button**

**Please select all incident types associated with this incident:**

Employee Injury or Illness Select number of injured or ill employees

State Vehicle and Equipment Damage (no private property involved)

Private Property Damage (could involve a state vehicle)

Injury to non-KYTC employee

←

**8. After clicking “Next” button, you will find the “Injured Employee Details panel”**

In “Injured Employee Details” panel, the employee type will default to match the choice you made in the “Reporter” panel. Don’t change this field.

### Injured Employee Details

Employee or Contractor: \*  ←

Are you the injured employee? \*

Email: \*

Gender: \*

9. "Are you the injured employee?" select YES or NO.

### Injured Employee Details

Employee or Contractor: \*

Are you the injured employee? \*

Email: \*

Gender: \*

If you select YES the system will use your name and phone number from the "Reporter" section. It will not display here however during incident entry.

### Injured Employee Details

Employee or Contractor: \*

Are you the injured employee? \*

Email: \*

Gender: \*

You will need to re-enter your email address and select gender

### Injured Employee Details

Employee or Contractor: \*

Are you the injured employee? \*

Injured Contract Employee: \*

Work Phone: \*  ext

Email: \*

Gender: \*

If you select NO the system will require that enter the injured employee name, phone number, email address and select their gender.

10. Complete the "Injured Employee Home Address" section

#### Injured Employee Home Address

Address 1: \*

Address 2:

City: \*


State: \*


Postal Code: \*

Temporary / Contract staff home address will not auto-fill, so you must enter this information

**11.** Complete the “Injury Details” section.

**Injury Details**

Cause: \*  


Injury Code: \*  


Initial Treatment: \*

Time Employee Began Work:

Use the magnifying glass icon to open a list of codes for the “Cause” and “Injury Code” and select the appropriate choices. You can also start typing and get a list of suggestions to select from.

**Injury Details**

Cause: \*  

Injury Code: \*  

Initial Treatment: \*

Time Employee Began Work:

Specify the *initial* level of medical treatment received by the injured person. You can click on this field to open a list to select from.

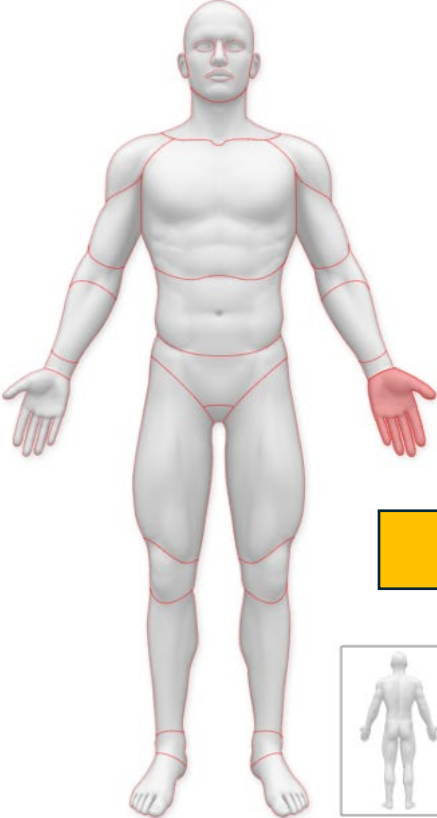
- Injury area can be selected from
- Injury is unknown, internal, or m

- None Selected -
- No medical treatment
- Minor on-site remedies by employer medical staff
- Minor clinic/hospital medical remedies and diagnostic testing
- Emergency evaluation, diagnostic testing, and medical procedures
- Hospitalization greater than 24 hours
- Future major medical/Lost time anticipated

**12.** Specify the body part(s) that were injured. Note: This is only what you know about at the time of the initial injury report.

Injury area can be selected from diagram  
 Injury is unknown, internal, or multiple areas

**Check this button if you want to select the body parts from the diagram. Gender of involved employee will determine display of male or female diagram.**



**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Hand

Body Part: \*

Body Part Location: Left (L)


**!** Make sure that you click Add Part to save the primary injured body part you have selected.

Add Part

Body Part	Body Part Location
-----------	--------------------

**Click to highlight the first body part involved**

**Click on this image to open a posterior view diagram to select from.**



After you highlight the general body part you will need to detail it further as shown:

**i** Use the Body Part Diagram to select a general area of the body where the primary injury occurred. This will narrow the selection of Body Part codes to choose from.

Body Area Selected: Hand

Body Part: \*

Body Part Location:

Make sure that you click have selected.

Body Part

- Finger(s)
- Hand
- Loss of index finger and metacarpal bone thereof
- Loss of index finger at distal joint
- Loss of index finger at proximal joint
- Loss of index finger at second joint
- Loss of little finger and metacarpal bone thereof
- Loss of little finger at distal joint
- Loss of little finger at proximal joint
- Loss of little finger at second joint
- Loss of middle finger and metacarpal bone thereof
- Loss of middle finger at distal joint
- Loss of middle finger at proximal joint
- Loss of middle finger at second joint
- Loss of ring finger and metacarpal bone thereof
- Loss of ring finger at distal joint
- Loss of ring finger at proximal joint
- Loss of ring finger at second joint
- Loss of thumb and metacarpal bone thereof

Select the detailed part on the first highlighted "Body Part"

Body Area Selected: Hand

Body Part: \* Hand

Body Part Location:

Make sure that you click have selected.

- Left (L)
- None Selected -
- Bilateral (B)
- Left (L)
- Right (R)
- Add Part

Select the "Body Part Location" – in this case "left hand" was suggested based on my diagram highlight.

You can select as many body parts involved as necessary, but after you select and detail each one you MUST click the “Add Part” button to save your selections.

! Make sure that you click Add Part to save the primary injured body part you have selected.

Add Part Click after each “Body Part” to save

Body Part	Body Part Location
Hand	Left (L) <span style="color: red;">✘</span>

All your “Body Part” selections will be listed here. If you need to delete any of them, click the red X. If you need to change one you will need to delete it then select the replacement.

**13.** Answer the questions below about the severity of the incident. It will prompt you through each question in succession. Your answers are only required to reflect the situation at the time of the incident entry.

**i** Did this involve an employee death?

\*  Yes  No

**i** Did this involve an any of the below?

- o Amputation suffered by an employee
- o Hospitalization
- o Loss of eye

\*  Yes  No

**i** Did this involve an any of the below?

- o Loss of Consciousness
- o Days away from work, restricted work or transfer
- o Medical Treatment beyond First Aid
- o Fractured/cracked bones, teeth or punctured eardrums
- o Needlestick injury or cut from sharp objects potentially contaminated with blood and OPIM
- o Diagnosed work-related cancer, chronic irreversible disease

\*  Yes  No

14. Select any SIF High-hazard task that was involved with the incident from the list.

**i** SIF Exposures - Select all that apply

SIF - High Hazard Task: \*

- Chainsaw use, tree felling or cutting
- Work on or near energized electrical equipment
- Entry into a confined space
- A vehicle collision
- Work at height >4 ft or over water
- Entry into unprotected trench
- Exposure to being struck by a moving vehicle

Select all that apply

- Work under or in close proximity to a suspended load
- Exposure to pinch, crush or impact by stored energy or machinery
- Potential for death or life-altering or threatening injury
- None of these listed exposures

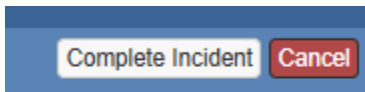
Select if none of the high-hazard exposures were involved.

15. Complete the "Physician Details" section if any of the information is available. Provide as much as possible but don't delay entering initial report if not known.

**Physician Details**

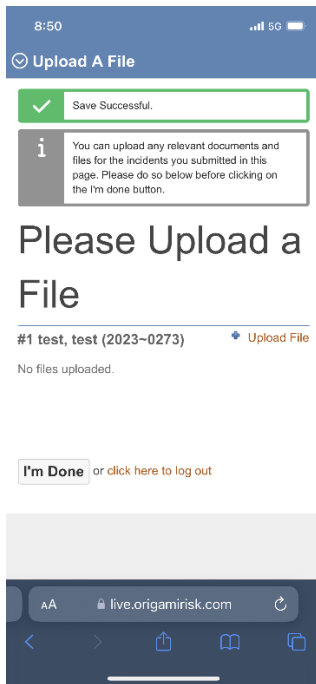
Physician Name:	<input type="text"/>	Hospital Name:	<input type="text"/>
Physician Phone:	<input type="text"/> ext <input type="text"/>	Hospital Street1:	<input type="text"/>
	Enter digits for 'US' or type + for international numbers.	Hospital City:	<input type="text"/>
Physician Address:	<input type="text"/>	Hospital State:	- None Selected -
Physician City:	<input type="text"/>	Hospital Postal:	<input type="text"/>
Physician State:	<input type="text"/>		
Physician Postal Code:	<input type="text"/>		

16. Click the “Complete Incident” button to finish the incident



After this you will be given the opportunity to upload or add any files you want to include with the report and these can be photos, documents, etc. You are encouraged to add everything that may be relevant or helpful.

If entering this from a mobile device you should see something similar to this:



If entering from a PC you will see the below where you can upload single or multiple files.



You have completed entry of the incident.

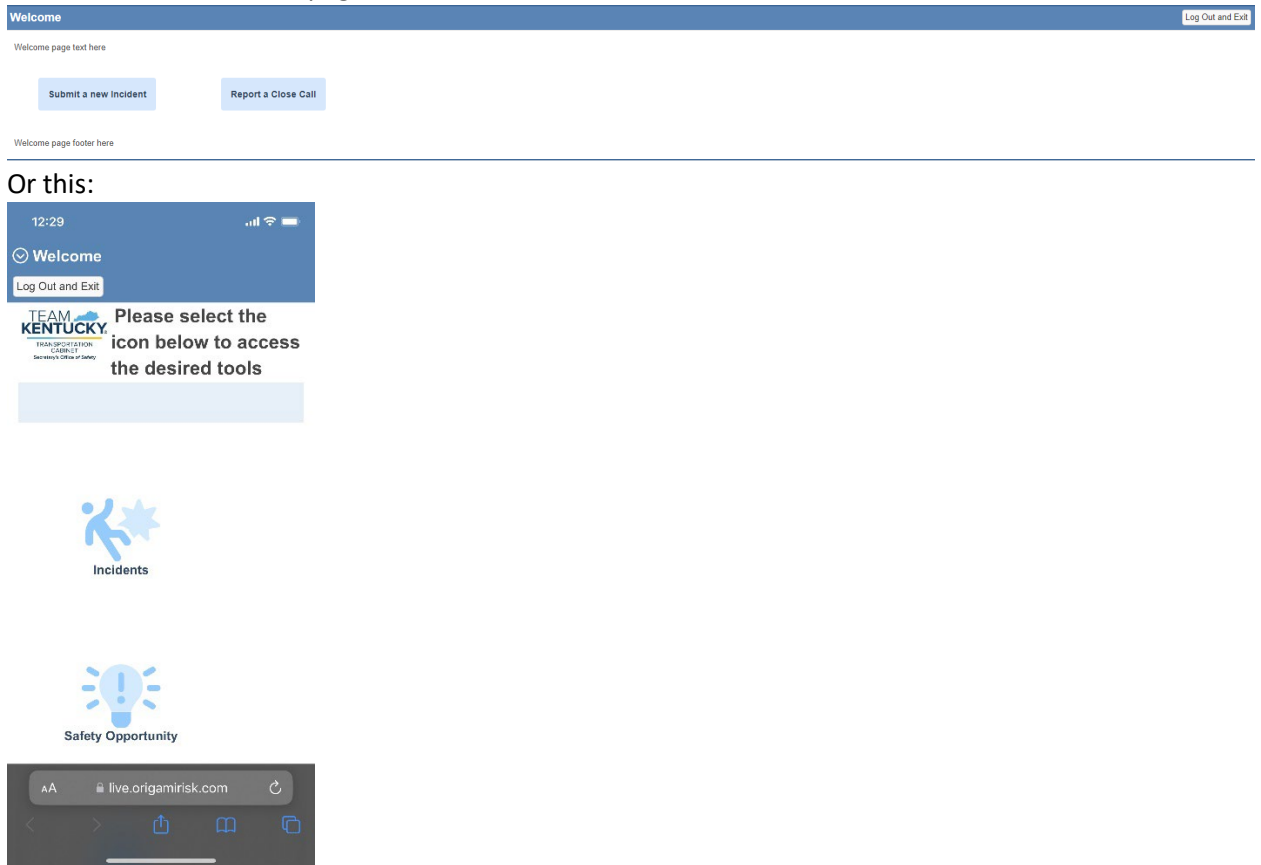
### 3.5 Entering a State Property Damage Incident as Non-Licensed user

1. You will need to access the non-Licensed portal using the link or with the attached QR code:

<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=15IV4ToPeho6iB3LefHzo0Od15g4LF6feRepjfaZvez8TE5B1JnawkP%2FLDAGf3%2FtVcTX0Zxnhv%2F1WIX5E01zORvcFudpiSpa2R3crQ0T24V%2FQQ5QvWmO482rnQa%2BMAJ2>



2. You will see a dashboard page that looks like this:



3. To submit a new incident, you will use this button:

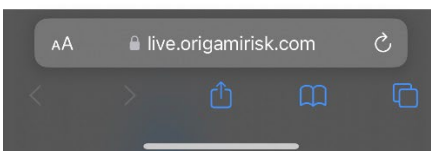
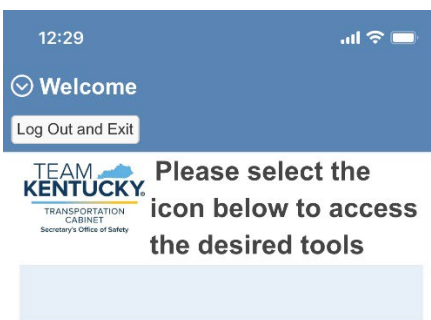
# Welcome

Welcome page text here

Submit a new Incident

Report a Close Call

Welcome page footer here



4. Fill out all forms with all of the information that is available. The fields denotated with red asterisks are required to complete report.

- a. For all Incident addresses please enter a specific address if available, however, if not use the incident description to provide a street name, intersection, mile marker, or use the lookup address button. **For the reported by only fill out your first and last name.**

**Report a New Incident**

**Reporter Details**

Reported by

Reported By Phone Number:  ext

Reported By Email:

Reported By Title:

**General Incident Details**

Incident Date: \*

Incident Time:

Describe what happened: \*

Equipment, Materials, Chemicals Employee Using:

Were safeguards or safety equipment provided? \*  Yes  No

Were safeguards or safety equipment used? \*  Yes  No

**Address of Incident**

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State: \*

Incident Postal:

Incident Location Description:

Did the incident occur in a signed Traffic Control work zone? \*  Yes  No

Did incident occur outside of scheduled work hours? \*  Yes  No

Did incident occur during snow and ice operations? \*  Yes  No

5. Next you will select which type of incident occurred, Employee injury, state property damage, private property damage, or non-KYTC employee injury:

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

5.a. For both State equipment or Property damage AND Private Property Damage make sure to complete the follow-up question before continuing by letting the system know how many vehicles or equipment was damaged.

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)  Select number vehicles or equipment units involved
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

6. The first question you will see is SIF exposure. Select the appropriate SIF Exposure if there is one, if not select none.

**i** SIF Exposure - Select all that apply

SIF Exposure: \*

**KYTC Property Damage Information**

Vehicle ⓘ

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Tag:

VIN:

Chainsaw use, tree felling or cutting

Energized electrical equipment

A confined space

A vehicle collision

Work at height

A trench or excavation

Being struck or nearly struck by a moving vehicle

Work below a suspended load

Pinched between or in the

- For KYTC Property or Equipment damage please fill out the information on the vehicle by searching for the vehicle in with the search button.

### KYTC Property Damage Information

Vehicle ⓘ  

- The rest of the vehicle information will autogenerate by doing so.
- Please fill out the following questions related to the incident (it will help locate and assess all damage to the vehicle):

Primary Cause of Damage:

State Vehicle or Equipment Status:  Drivable / Operable  Undriveable / Inoperable

Where is Vehicle Currently Located:

State Property (other than Vehicle or Equipment) ⓘ

Additional Information: 

Details about damage, box will expand.

- Fill out the required questions at the bottom of the page.

---

## Employee Involved Information

Was a KYTC Employee Involved? \*  Yes  No

---

## Law Enforcement Details

Police Report Required? \*  Yes  No

9.a. If a police report was required fill out all follow up questions:

### Law Enforcement Details

Police Report Required? \*  Yes  No

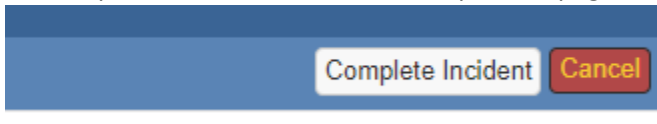
Law Enforcement Agency Name: \*

Law Enforcement Officer Name: \*

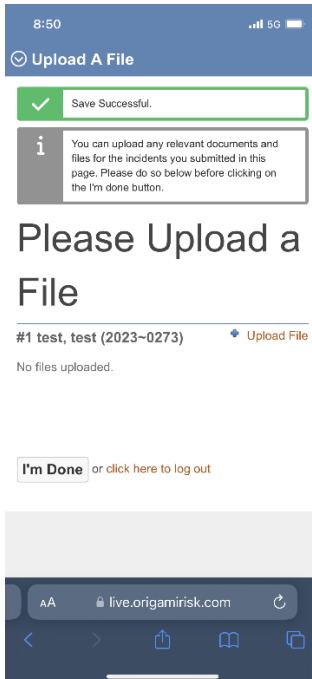
Police crash report number (if known)

---

10. Hit complete incident button at the top of the page.



10.a. If on mobile, you will be taken to this screen for you to add any pictures taken of the accident.



## 3.6 Entering a State Equipment/Vehicle Incident as a Licensed User

1. Log into the boots system like you normally would. You should be met with a home screen that will look like the one below.

The screenshot shows the BOOTS system home screen. At the top, there is a navigation bar with the BOOTS logo and several menu items: Incidents & Claims, Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDSHazCom, Analytics, People, Assets, & Vehicles, Document Controls, and Admin. Below the navigation bar, there is a "Demo Homescreen" header and a "Data as of 3 days ago | Refresh Data | Set Auto-Refresh" link. The main content area features six summary cards for "Current Month To Date": Safety Opportunity Report (Month To Date) with a value of 2, Safety Opportunity Report (Year To Date) with a value of 47, Employee Injury/Illness (Month To Date) with a value of 7, Employee Injury/Illness (Year To Date) with a value of 127, YTD Employee Injury/Illness (W/ Non-KYTC Employees) with a value of 176, and Property Damage Incidents (Month To Date) with a value of 9. Below these cards is a red warning banner that reads: "WARNING DATA SHOWN IS USED FOR TEST PURPOSES ONLY. DO NOT USE FOR REPORTING OR DECISION MAKING AT THIS TIME". The bottom section contains three expandable panels: "KYTC Departments" listing various departments, "District Dashboards" listing districts from 01 to 12, and "Links to Other Dashboards" listing various reports like Employee Health, JSA Dashboard, OSHA, OSHA Rates, Safety Meetings, and SIF Exposure. There is also a "Tasks List" table with columns for Description, Due Date, and Completed.

2. Move your mouse to the top of the screen and hover over the Incidents and Claims tab.

This screenshot shows the top navigation bar of the BOOTS system. The "Incidents & Claims" tab is highlighted in yellow, indicating it is the active or selected tab. Other tabs include Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDSHazCom, Analytics, People, Assets, & Vehicles, and Admin. The BOOTS logo is on the left, and the user name "Nick Marano currently working in KYTC" is on the right.

3. In the dropdown you will see new Incident. Click on that.
4. Fill out all forms with all of the information that is available. The fields denotated with red asterisks are required to complete report.
  - a. For all Incident addresses please enter a specific address if available, however, if not use the incident description to provide a street name, intersection, mile marker, or use the lookup address button. **For the reported by only fill out your first and last name.**

**Report a New Incident**

**Reporter Details**

Reported by:

Reported By Phone Number:  ext

Reported By Email:

Reported By Title:

**General Incident Details**

Incident Date:

Incident Time:

Describe what happened:

Equipment, Materials, Chemicals Employee Using:

Were safeguards or safety equipment provided?  Yes  No

Were safeguards or safety equipment used?  Yes  No

**Address of Incident**

Lookup Address

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State:

Incident Postal:

Incident Location Description:

Did the incident occur in a signed Traffic Control work zone?  Yes  No

Did incident occur outside of scheduled work hours?  Yes  No

Did incident occur during snow and ice operations?  Yes  No

5. Next you will select which type of incident occurred, Employee injury, state property damage, private property damage, or non-KYTC employee injury:

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

5.a. For both State equipment or Property damage AND Private Property Damage make sure to complete the follow-up question before continuing by letting the system know how many vehicles or equipment was damaged.

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved) Select number vehicles or equipment units involved
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

6. The first question you will see is SIF exposure. Select the appropriate SIF Exposure if there is one, if not select none.

**i** SIF Exposure - Select all that apply

SIF Exposure: \*

**KYTC Property Damage Information**

Vehicle ⓘ

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Tag:

VIN:

Chainsaw use, tree felling or cutting

Energized electrical equipment

A confined space

A vehicle collision

Work at height

A trench or excavation

Being struck or nearly struck by a moving vehicle

Work below a suspended load

Pinched between or in the

- For KYTC Property or Equipment damage please fill out the information on the vehicle by searching for the vehicle in with the search button.

### KYTC Property Damage Information

Vehicle ⓘ  

- The rest of the vehicle information will autogenerate by doing so.
- Please fill out the following questions related to the incident (it will help locate and assess all damage to the vehicle):

Primary Cause of Damage:

State Vehicle or Equipment Status:  Drivable / Operable  Undrivable / Inoperable

Where is Vehicle Currently Located:

State Property (other than Vehicle or Equipment) ⓘ

Additional Information: 

Details of damage, box will expand.

- Fill out the required questions at the bottom of the page.

### Employee Involved Information

Was a KYTC Employee Involved? \*  Yes  No

### Law Enforcement Details

Police Report Required? \*  Yes  No

- If a police report was required fill out all follow up questions:

## Law Enforcement Details

Police Report Required? \*  Yes  No

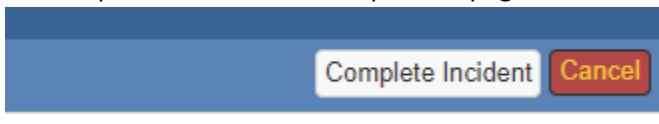
Law Enforcement Agency  
Name: \*

Law Enforcement Officer  
Name: \*

Police crash report number (if  
known)

---

11. Hit complete incident at the top of the page.



Complete Incident Cancel

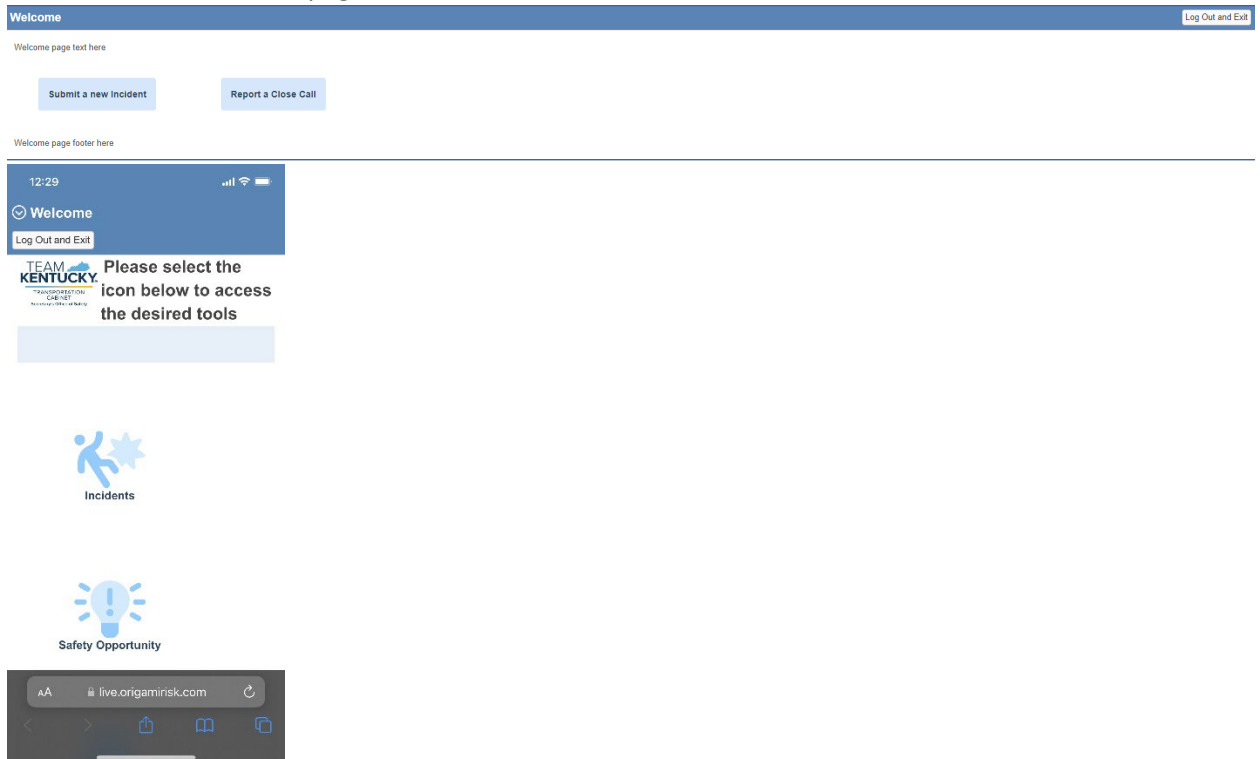
## 3.7 Entering a Private Property Damage Incident as Non-Licensed User

1. You will need to access the non-Licensed portal using the link or with the attached QR Code:

<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=15IV4ToPeho6iB3LefHzo0Od15g4LF6feRepjfaZvez8TE5B1JnawkP%2FLDAGf3%2FtVcTX0Zxnhv%2F1WIX5E01zORvcFudpiSpa2R3crQ0T24V%2FQQ5QvWmO482rnQa%2BMAJ2>



2. You will see a dashboard page that looks like this:



3. To submit a new incident, you will use this button:

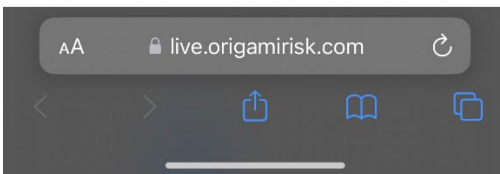
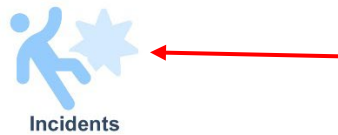
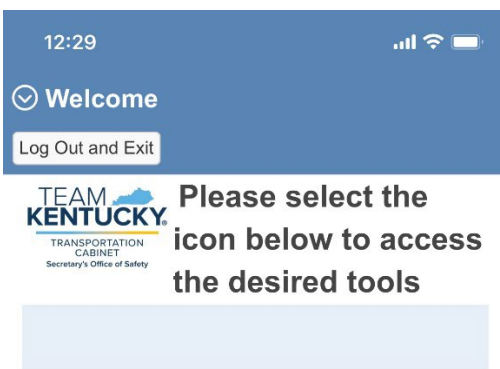
# Welcome

Welcome page text here

Submit a new Incident

Report a Close Call

Welcome page footer here



4. Fill out all forms with all of the information that is available. The fields denotated with red asterisks are required to complete report.

- a. For all Incident addresses please enter a specific address if available, however, if not use the incident description to provide a street name, intersection, mile marker, or use the lookup address button. **For the reported by only fill out your first and last name.**

**Report a New Incident**

**Reporter Details**

Reported by:

Reported By Phone Number:  ext

Reported By Email:

Reported By Title:

**General Incident Details**

Incident Date:

Incident Time:

Describe what happened:

Equipment, Materials, Chemicals Employee Using:

Were safeguards or safety equipment provided?  Yes  No

Were safeguards or safety equipment used?  Yes  No

**Address of Incident**

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State:

Incident Postal:

Incident Location Description:

Did the incident occur in a signed Traffic Control work zone?  Yes  No

Did incident occur outside of scheduled work hours?  Yes  No

Did incident occur during snow and ice operations?  Yes  No

5. Next you will select which type of incident occurred, Employee injury, state property damage, private property damage, or non-KYTC employee injury:

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

5.a. For both State equipment or Property damage AND Private Property Damage make sure to complete the follow-up question before continuing by letting the system know how many vehicles or equipment was damaged.

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle) Select number of private vehicles or properties damaged
- Injury to non-KYTC employee

6. The first question you will see is SIF exposure. Select the appropriate SIF Exposure if there is one, if not select none.

**i** SIF Exposure - Select all that apply

SIF Exposure: \*

**Private Property Information**

Type of Property Damaged: \*

Damage Description or Additional Information:

**Owner Details**

Owner or Company Name:

Street 1:

Chainsaw use, tree felling or cutting  
 Energized electrical equipment  
 A confined space  
 A vehicle collision  
 Work at height  
 A trench or excavation  
 Being struck or nearly struck by a moving vehicle  
 Work below a suspended load  
 Pinched between or in the

7. Answer the required question to identify the type of property damaged.

### Private Property Information

Type of Property Damaged: \*  Private Vehicle  Utilities  Other Private Property

8. Please describe the damaged occurred and provide information of the property owner.

Damage Description or Additional Information:

### Owner Details

Owner or Company Name:

Street 1:

Street 2:

City:

State:

Postal Code:

Phone:  ext

Is the Private Property Owner the same as the Driver?  Yes  No  N/A

9. Answer if a KYTC vehicle was involved.



### KYTC Property Damage Information

Was a KYTC Vehicle Involved? \*  Yes  No


9.a. if yes more questions about the KYTC vehicle will appear, please search for the vehicle using the magnifying glass. The rest of the information will autogenerate.

## KYTC Property Damage Information

Was a KYTC Vehicle Involved? \*  Yes  No

Vehicle 	<input type="text"/>	
Vehicle Year:	<input type="text" value="- None Selected -"/>	
Vehicle Make:	<input type="text"/>	
Vehicle Model:	<input type="text"/>	
Vehicle Tag:	<input type="text"/>	
VIN:	<input type="text"/>	
Vehicle Type:	<input type="text" value="- None Selected -"/>	
Vehicle Registration Class:	<input type="text"/>	

10. Please fill out the following questions related to the incident (it will help locate and assess all damage to the vehicle):

Primary Cause of Damage:	<input type="text" value="- None Selected -"/>
State Vehicle or Equipment Status:	<input type="radio"/> Drivable / Operable <input type="radio"/> Undriveable / Inoperable
Where is Vehicle Currently Located:	<input type="text"/>
State Property (other than Vehicle or Equipment) 	<input type="text"/>
Additional Information:	<div style="border: 1px solid black; padding: 5px;">Details of damage, box will expand.</div>

11. Fill out the required questions at the bottom of the page.

---

## Employee Involved Information

Was a KYTC Employee Involved? \*  Yes  No

---

## Law Enforcement Details

Police Report Required? \*  Yes  No

11.a. If a police report was required fill out all follow up questions:

### Law Enforcement Details

Police Report Required? \*  Yes  No

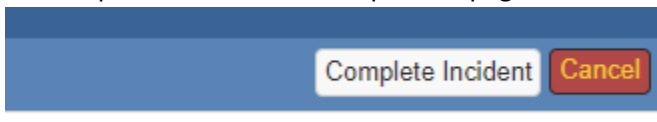
Law Enforcement Agency Name: \*

Law Enforcement Officer Name: \*

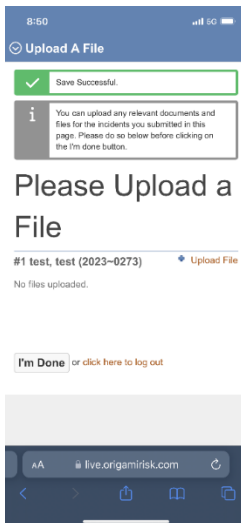
Police crash report number (if known)

---

12. Hit complete incident at the top of the page.



12.a. If on mobile, you will be taken to this screen for you to add any pictures taken of the accident.



## 3.8 Entering a Private Property Injury Incident as a Licensed User

1. Log into the boots system like you normally would. You should be met with a home screen that will look like the one below.

2. Move your mouse to the top of the screen and hover over the Incidents and Claims tab.

3. In the dropdown you will see new Incident. Click on that.
4. Then you will fill out the required fields denotedated by a red star next to the field. **For the reported by only fill out your first and last name.**

5. Next you will select which type of incident occurred, Employee injury, state property damage, private property damage, or non-KYTC employee injury:

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle)
- Injury to non-KYTC employee

5.a. For both State equipment or Property damage AND Private Property Damage make sure to complete the follow-up question before continuing by letting the system know how many vehicles or equipment was damaged.

**Please select all incident types associated with this incident:**

- Employee Injury or Illness
- State Vehicle and Equipment Damage (no private property involved)
- Private Property Damage (could involve a state vehicle) Select number of private vehicles or properties damaged
- Injury to non-KYTC employee

6. Answer the required question to identify the type of property damaged.

---

**Private Property Information**

Type of Property Damaged: \*  Private Vehicle  Utilities  Other Private Property

7. The first question you will see is SIF exposure. Select the appropriate SIF Exposure if there is one, if not select none.

The screenshot shows a form titled "SIF Exposure - Select all that apply". Below the title, there is a section for "SIF Exposure: \*" with a dropdown menu. The dropdown menu is open, showing a list of options: "Chainsaw use, tree felling or cutting", "Energized electrical equipment", "A confined space", "A vehicle collision", "Work at height", "A trench or excavation", "Being struck or nearly struck by a moving vehicle", "Work below a suspended load", and "Pinched between or in the". To the left of the dropdown, there are other form fields: "Private Property Information", "Type of Property Damaged: \*", "Damage Description or Additional Information:", "Owner Details", "Owner or Company Name:", and "Street 1:".

8. Please describe the damaged occurred and provide information of the property owner.

Damage Description or Additional Information:

**Owner Details**

Owner or Company Name:

Street 1:

Street 2:

City:

State:

Postal Code:

Phone:  ext

Is the Private Property Owner the same as the Driver?  Yes  No  N/A

9. Answer if a KYTC vehicle was involved.

### KYTC Property Damage Information

Was a KYTC Vehicle Involved? \*  Yes  No

9.a. if yes more questions about the KYTC vehicle will appear, please search for the vehicle using the magnifying glass. The rest of the information will autogenerate.

### KYTC Property Damage Information

Was a KYTC Vehicle Involved? \*  Yes  No

Vehicle ⓘ

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Tag:

VIN:

Vehicle Type:

Vehicle Registration Class:

10. Please fill out the following questions related to the incident (it will help locate and assess all damage to the vehicle):

Primary Cause of Damage:

State Vehicle or Equipment Status:  Drivable / Operable  Undriveable / Inoperable

Where is Vehicle Currently Located:

State Property (other than Vehicle or Equipment) ⓘ

Additional Information:

Details of damage, box will expand.

11. Fill out the required questions at the bottom of the page.

**Employee Involved Information**

Was a KYTC Employee Involved? \*  Yes  No

**Law Enforcement Details**

Police Report Required? \*  Yes  No

11.a. If a police report was required fill out all follow up questions:

**Law Enforcement Details**

Police Report Required? \*  Yes  No

Law Enforcement Agency Name: \*

Law Enforcement Officer Name: \*

Police crash report number (if known)

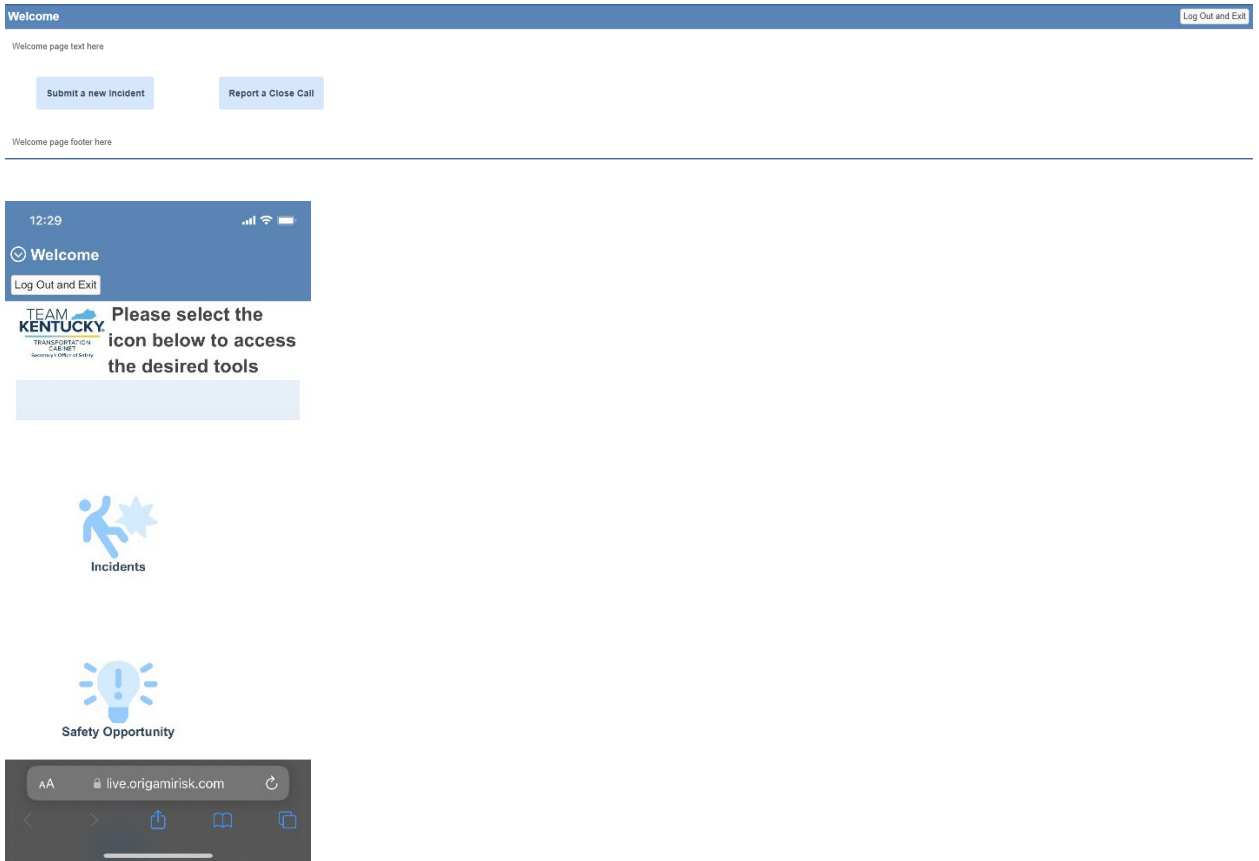
12. Hit complete incident at the top of the page.

### 3.9 Entering a Safety Opportunity Report (SOR) as a Non-Licensed User

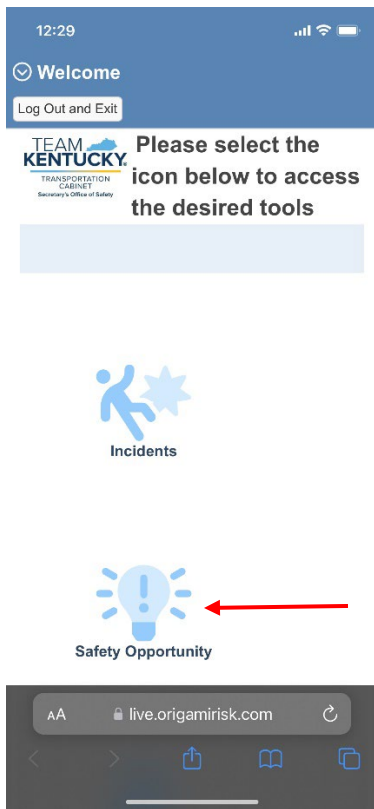
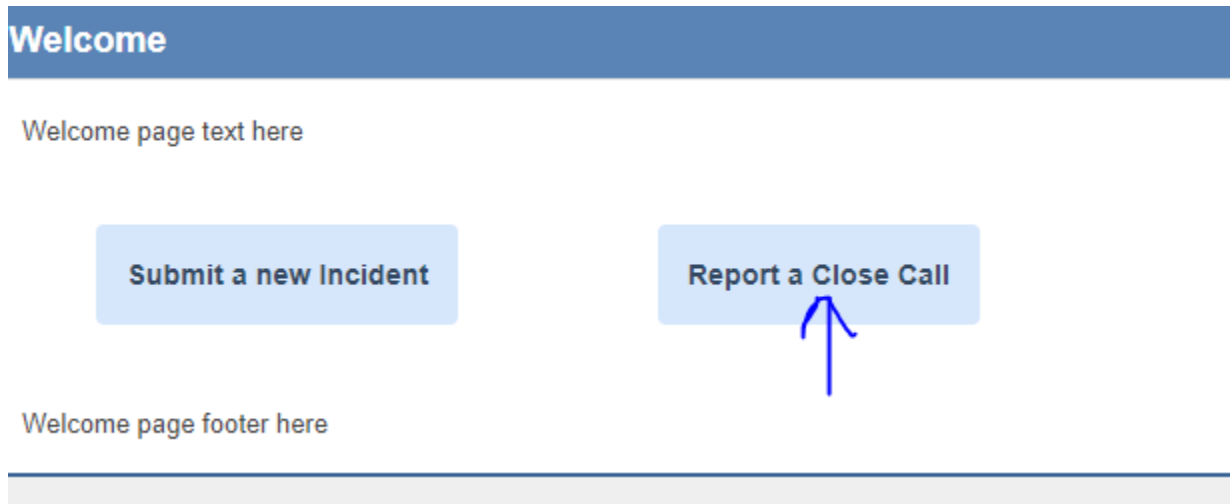
1. Access the Non-Licensed user portal using this link or with the QR Code Attached:  
<https://live.origamirisk.com/Origami/IncidentEntry/Direct?token=15IV4ToPeho6iB3LefHzo0Od15g4LF6feRepjfaZvez8TE5B1Jnawkp%2FLDAGf3%2FtVcTX0Zxnhv%2F1WIX5E01zORvcFudpiSpa2R3crQ0T24V%2FQQ5QvWmO482rnQa%2BMAJ2>



2. You will see a dashboard page that looks like this:



3. To report a Safety Opportunity Report, click on the button “Report a Close Call.”



4. For Safety Opportunity Reports (SORs) you will see that it is not required for you to put who is reporting the SOR

### Reporter

Reported by   


Reported By Phone Number:  ext

Reported By Email:

Reported By Title:

5. Next, fill out any general Incident details you wish to be known, the more information there is the more that can be learned from the incident.

**General Incident Details**

Incident Date:  

Incident Time:

Type of Opportunity you want to report?  
 Opportunity to learn from a close call or incident  
 Opportunity to improve safety in general in our work  
 Opportunity to correct a specific unsafe condition

Equipment, Materials, Chemicals Employee Using:

Were safeguards or safety equipment provided? \*  Yes  No

Were safeguards or safety equipment used? \*  Yes  No

Have you talked to your supervisor about this?  
 Yes, in the past  Yes, at the time of this report  Not Yet  I'm not comfortable doing so

**Address of Incident**

Incident Street1:

Incident Street2:

Incident City:


Incident County:

Incident State:

Incident Postal:

Incident Location Description:

6. Select the appropriate SIF Exposure if there is one, if not select none.

 SIF Exposure - Select all that apply

SIF Exposure: \*

**Near Miss Details**

Describe what happened: \*

Describe Any Safety Procedures that were violated:

**Employee Involved Inform:**

Was a KYTC Employee

7. Describe what happened in the next section.

**Near Miss Details**

Describe what happened: \*

Describe Any Safety Procedures that were violated:

Reason for the Unsafe Act or Condition:

Recommendations to Prevent the Near Miss in the Future:

## KYTC Vehicle or Equipment

Was a KYTC Vehicle Involved?  Yes  No

Vehicle (i)

Vehicle Year:

Vehicle Make:

Vehicle Model:

Vehicle Tag:

VIN:

Vehicle Type:

Vehicle Registration Class:

8. Please let us know if a KYTC employee or Vehicle was involved in the following 2 sections. If you select yes, please fill out the corresponding follow-up questions.

### Employee Involved Information

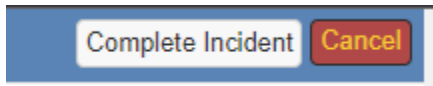
Was a KYTC Employee Involved?  Yes  No

Are you the employee involved?

Involved Employee Email:

Involved Employee Phone:  ext

9. Complete Incident at the top of screen.



- 9.a. If on mobile, you will be taken to this screen for you to add any pictures taken of the accident.



## 3.10 Entering a Safety Opportunity Report (SOR) as a Licensed User

1. Log into the boots system like you normally would. You should be met with a home screen that will look like the one below.

The screenshot shows the BOOTS system home screen. At the top, there is a navigation bar with tabs for Incidents & Claims, Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDSHazCom, Analytics, People, Assets, & Vehicles, Document Controls, and Admin. The user is logged in as Nick Marano. Below the navigation bar, there is a 'Demo Homescreen' section with a date filter set to 'Current Month To Date'. A summary row displays six key metrics: Safety Opportunity Report (Month To Date) with a value of 2, Safety Opportunity Report (Year To Date) with a value of 47, Employee Injury/Illness (Month To Date) with a value of 7, Employee Injury/Illness (Year To Date) with a value of 127, YTD Employee Injury/Illness (W/ Non-KYTC Employees) with a value of 176, and Property Damage Incidents (Month To Date) with a value of 9. A warning banner below the metrics states: 'WARNING DATA SHOWN IS USED FOR TEST PURPOSES ONLY. DO NOT USE FOR REPORTING OR DECISION MAKING AT THIS TIME'. The main content area is divided into three columns: 'KYTC Departments' listing various departments, 'District Dashboards' listing districts from 01 to 12, and 'Links to Other Dashboards' listing various reports like Employee Health and OSHA Rates. A 'Tasks List' table is also visible on the left side.

2. Move your mouse to the top of the screen and hover over the Incidents and Claims tab.

This screenshot shows the top navigation bar of the BOOTS system. The 'Incidents & Claims' tab is highlighted in yellow, indicating it is the active or selected menu item. Other tabs include Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDSHazCom, Analytics, People, Assets, & Vehicles, and Document Controls. The user's name, Nick Marano, is visible on the right side of the navigation bar.

3. In the dropdown you will see new Safety Opportunity Report. Click on that.
4. For Safety Opportunity Reports (SORs) you will see that it is not required for you to put who is reporting the SOR

### Reporter

Reported by 

Reported By Phone Number:  ext

Reported By Email:

Reported By Title:

5. Next, fill out any general Incident details you wish to be known, the more information there is the more that can be learned from the incident.

**General Incident Details**

Incident Date:

Incident Time:

Type of Opportunity you want to report?

Opportunity to learn from a close call or incident	Opportunity to improve safety in general in our work	Opportunity to correct a specific unsafe condition
--	--	--

Equipment, Materials, Chemicals Employee Using:

Were safeguards or safety equipment provided? \*  Yes  No

Were safeguards or safety equipment used? \*  Yes  No

Have you talked to your supervisor about this?

Yes, in the past	Yes, at the time of this report	Not Yet	I'm not comfortable doing so
------------------	---------------------------------	---------	------------------------------

**Address of Incident**

Lookup Address

Incident Street1:

Incident Street2:

Incident City:

Incident County:

Incident State:

Incident Postal:

Incident Location Description:

6. Select the appropriate SIF Exposure if there is one, if not select none.

**SIF Exposure - Select all that apply**

SIF Exposure: \*

**Near Miss Details**

Describe what happened: \*

Describe Any Safety Procedures that were violated:

**Employee Involved Inform:**

Was a KYTC Employee

7. Describe what happened in the next section.

**Near Miss Details**

Describe what happened: \*

Describe Any Safety Procedures that were violated:

Reason for the Unsafe Act or Condition:

Recommendations to Prevent the Near Miss in the Future:

8. Please let us know if a KYTC employee or Vehicle was involved in the following 2 sections. If you select yes, please fill out the corresponding follow-up questions.

**Employee Involved Information**

Was a KYTC Employee Involved?  Yes  No

Are you the employee involved?

Involved Employee Email:

Involved Employee Phone:  ext

**KYTC Vehicle or Equipment**

Was a KYTC Vehicle Involved?  Yes  No

Vehicle <span>(i)</span>	<input type="text"/> <span>Q</span>
Vehicle Year:	- None Selected -
Vehicle Make:	<input type="text"/>
Vehicle Model:	<input type="text"/>
Vehicle Tag:	<input type="text"/>
VIN:	<input type="text"/>
Vehicle Type:	- None Selected -
Vehicle Registration Class:	<input type="text"/>

9. Complete Incident at the top of screen.



---

## **PART 4: Workers Comp & OSHA 300 Log**

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## 4.1 Completing Workers Compensation Sections

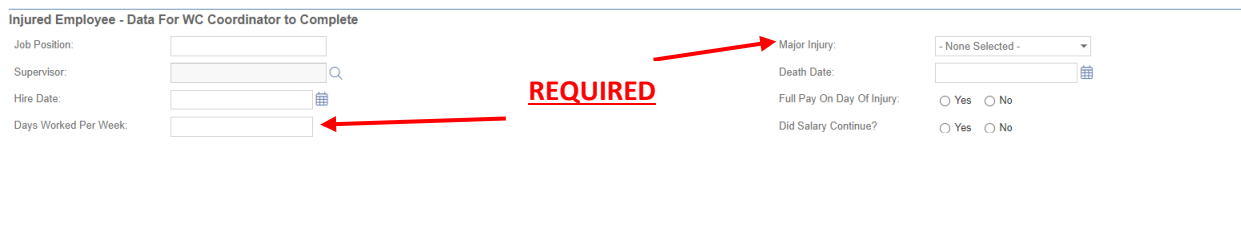
1. You will receive an email, from [notifications@origamirisk.com](mailto:notifications@origamirisk.com), that will contain a link that will take you to the new incident with outstanding workers comp information.
2. In order to fill out this incident you need to hit edit incident at the top of the page.



3. Workers Comp information will be below the diagram describing the injury and the follow-up questions.

Make certain to verify that the Job Position, Supervisor, Hire Date, Days Worked Per Week all pre-filled correctly, and make changes if needed.

Select Major Injury to make it as accurate as possible.



4. Next you will need to fill out the Physician details if they are not already filled out when the incident was created, if not you can come back later to fill it out.

### Physician Details

Physician Name:

Physician Phone:  ext   
Enter digits for 'US' or type + for international numbers.

Physician Address:

Physician City:


Physician State:

Physician Postal Code:

5. Fill out the restricted access data with any information that did not auto generate. **DO NOT FILL OUT THE CARRIER NOTIFICATION DATE.**

**Injured Employee - Restricted Access Data**

Social Security:

Birth Date:  

Wage Rate:


Wage Rate Type:

 DO NOT ENTER DATE HERE - SYSTEM WILL FILL DATE WHEN INCIDENT IS SUBMITTED TO RMSC


Carrier Notification Date:  

6. Next you will need to fill out the remaining restricted access data for RMSC to have everything they need. **THESE FIELDS ARE REQUIRED BY RMSC.**

**Injured Employee - Restricted Access Data**

**REQUIRED** 

Social Security:

Birth Date:  

Wage Rate:

Wage Rate Type:

7. Next fill out the OSHA questions. If you are unsure if it is OSHA recordable or not, just say yes.

**OSHA**


 Defaults to YES -- must be changed by Workers Comp Admin if Non-Recordable

OSHA Recordable:  Yes  No

OSHA Recordable Criteria:

OSHA: \*

OSHA Privacy Case:

OSHA 300 Col F Description 

8. Finally save changes with the button in the top right corner of the screen.

## 4.2 Sending EE Signature, RX Forms, and Sending to RMSC

To generate and complete the State required forms, collect and add the employee's electronic signature and to e-mail the employee the Rx Form follow the below steps.

**You must make sure that the "Injured Employee Details" section has a valid e-mail address for the involved employee in this field.**



**Injured Employee Details**

Are you the injured employee? Yes

Injured Employee [redacted]

Personal Phone: [redacted]

Work Phone: (808) [redacted]

Email: [redacted]@ky.gov

Gender: Male

Marital Status: Unknown

Number Of Dependents: 0

**Injured Employee Home Address**

Address 1: [redacted]

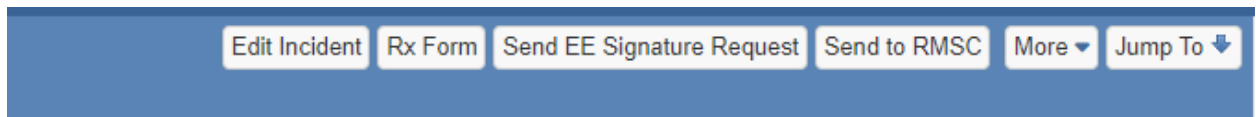
City: [redacted]

State: [redacted]

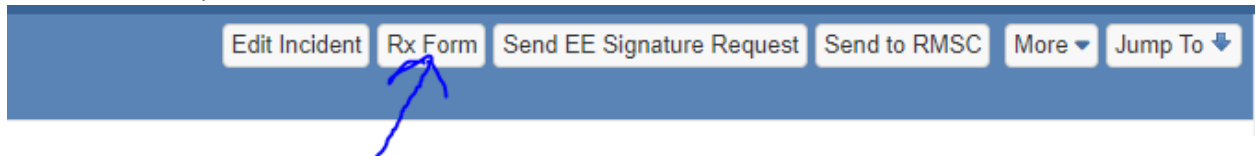
Postal Code: [redacted]

This is the e-mail address used for the below and **if this is blank, NONE of the events below will be executed**, the employee will not get a signature request, and the forms will not be completed. If the employee doesn't have an e-mail address, use his supervisor and ask them to assist the employee.

1. In the ribbon you will see the following buttons:



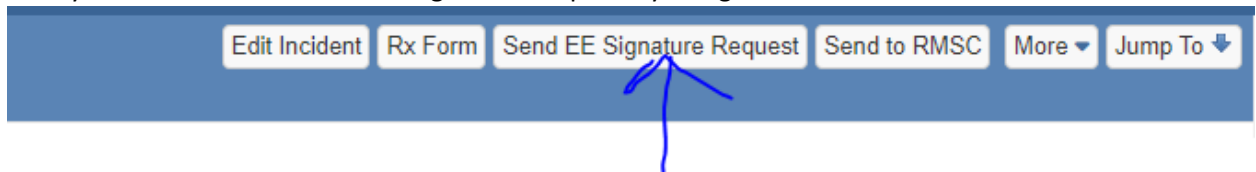
2. The first button you will need to hit is the Rx Form:



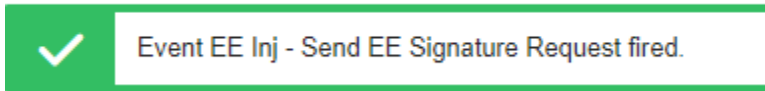
3. You will know the Rx Form sent because you will see this notification below and upon refresh the Rx Form button will disappear:



4. Next you will want to send the EE signature Request by using this button:



5. You will know this sent by seeing this notification below:



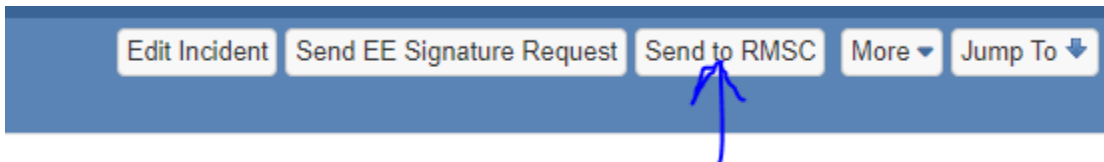
6. After all the forms have been completed you will notice in on the far-right hand side of the screen that forms 106 & 113 have autogenerated.



- a. If you don't see the files click on all files as there may be more files that are not showing, and you can then see all files attached with this incident.



7. When form 106 & 113 have been attached you will need to send this incident to RMSC using this button:



### 4.3 Incident Lost Time Detail – Creating a New Event

If the incident involves days away from work or days at work with restrictions, you must use the “Lost Time Detail” tools to record the dates of events that are involved.

- For Days Away: “Start Date” = first day away from work; “Return Date” = date returned to work
- For Days Restricted: “Start Date” = date at work restrictions start ; “Return Date” = date restrictions ended

Each Lost Time Detail event starts a time-clock on the number of days involved in that event that begins with the “Start Date” you enter. That clock will keep running indefinitely, adding days, until you stop the clock by editing this Event line item to add a “Return Date”. This “Return Date” entry is what stops the clock, and sets the number of days involved.

\*\*\*When you “Start” a Lost Time Detail event you also must “Stop” the detail by editing that event line item to add an “Return Date”. \*\*\*\*\*

- 1) Open the incident to view and scroll down to the “Lost and Restricted Days” panel and follow the steps shown below:

OSHA: Injury  
OSHA Privacy Case: No

**Lost and Restricted Days**

**Assignments**

**New Incident Lost Time Detail**

Start Date: \* 08/25/2023

Return Date ①

Lost Time Type: \* - None Selected -

Transitional Duty: - None Selected -

Disability Type: - None Selected -

Comments: Began directed time off per physician

Lost Work Days: \* 1

Lost Days: \* 1

Note: Lost days calculation does not include

**Employee Work Schedule**

**i** The entries below are used to calculate lost work days. Changes to the employee work schedule will update the incident record.

Work Week:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

Holidays ①

1. To stop the clock on a Lost or Restricted time event open the “New Lost Time Detail” window again, then:

### New Incident Lost Time Detail

**Start Date:** \*

**Return Date** ⓘ  Enter the end date of the lost or restricted time

**Lost Time Type:** \*

**Transitional Duty:**

**Disability Type:**

**Comments:**

**Lost Work Days:** \*  Day clock will show the elapsed calendar and workdays between start and return dates.

**Lost Days:** \*

Note: Lost days calculation does not include date of loss (08/15/2023).

#### Employee Work Schedule

2. The Lost and Restricted Days will be shown as below on the incident in the Lost and Restricted Days Panel of the incident. You can add as many start/return events as necessary.

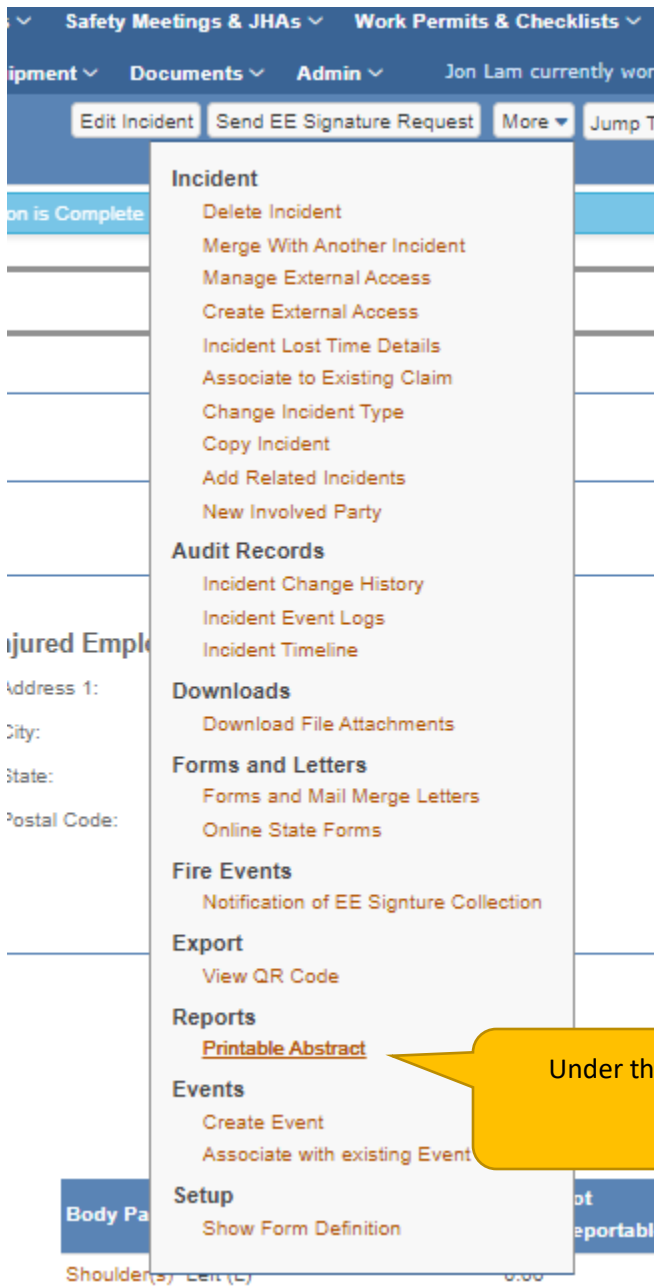
#### Lost and Restricted Days

[New Lost Time Detail](#)

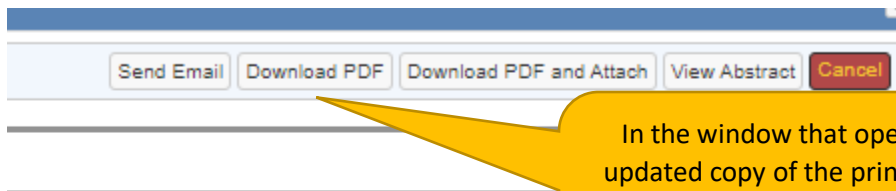
Start Date	End Date	Lost Time Type	Accommodated	Transitional	Disability Type	Lost Days	Lost Work Days	Comments
07/31/2023		Lost Days				29	21	
Lost Days:						29		
Restricted Days:						0		

#### Assignments

You will need to send an update e-mail to RMSC for any New Lost Time Event. See the basic process for sending update e-mails in User Guide section “Send an Incident Update to RMSC”. The following will guide you on what to attach to that e-mail update.



Under the "More" button choose Reports – Printable Abstract



In the window that opens push "Send Email" to send an updated copy of the printed abstract to RMSC showing the new Lost Time Detail. You can add a note in the e-mail body to let RMSC know what has changed. You can also attach copies of any Lost Time related documents added.

## 4.4 Lost Time Detail – Deleting a Detail Event

If you have entered a duplicate Lost Time Detail event you can delete as follows:

Open the incident to “View”, then:

**Injured Employee - Restricted Access Data**

Social Security: ●●●●-●●-●●  
Birth Date: ●●/●●/●●  
Wage Rate: ●●  
Wage Rate Type: Hourly

**OSHA**

OSHA Recordable: Yes  
OSHA Recordable Criteria: Days Away  
OSHA: Injury  
OSHA Privacy Case: No  
OSHA 300 Col F Description ⓘ Struck or Injured By - Explosion or Flare Back - Neck - Soft Tissue

**Lost and Restricted Days**

[New Lost Time Detail](#)

Start Date	End Date	Lost Time Type	Accommodated	Transitional	Disability Type	Lost Days	Lost Work Days	Comments
03/01/2024	03/04/2024	Lost Days				4	2	Directed off work by physician

Lost Days: 4  
Restricted Days: 0

**Callout:** Click “More” to open the drop-down box below

**Incident**

- Delete Incident
- Merge With Another Incident
- Manage External Access
- Create External Access
- Incident Lost Time Details**
- Associate to Existing Claim
- Change Incident Type
- Copy Incident
- Add Related Incidents
- New Involved Party

**Audit Records**

- Incident Change History
- Incident Event Logs
- Incident Timeline

**Downloads**

**Callout:** Click “Incident Lost Time Details” from the list

**Incident Lost Time Details**

Supervisor Investigation is Complete

Start Date	End Date	Lost Time Type	Accommodated	Transitional	Disability Type	Lost Days	Lost Work Days	Comments
03/01/2024	03/04/2024	Lost Days				4	2	Directed off work by physician

**Callout:** Click the red “X” on the detail line item to delete it

## 4.5 Lost Time Detail – Updating/Editing an Event

If you need to edit an existing Lost Time Detail event to add or change an event Start or Return date

Open the incident to view, then scroll to the “Lost and Restricted Days” panel.

Incidents > [Incident ID] Edit Incident Go to Claim More Jump To

**Injured Employee - Restricted Access Data**

Social Security: [Redacted]  
Birth Date: [Redacted]  
Wage Rate: 27.54  
Wage Rate Type: Hourly

**OSHA**

OSHA Recordable: Yes  
OSHA Recordable Criteria: Days Away  
OSHA: Injury  
OSHA Privacy Case: No  
OSHA 300 Col F Description: Struck or Injured By - Explosion or Flare Back - Neck - Soft Tissue

**Lost and Restricted Days**

New Lost Time Detail

Start Date	End Date	Type	Accommodated	Transitional	Disability Type	Lost Days	Lost Work Days	Comments
03/01/2024	03/04/2024	Lost Days				4	2	Directed off work by physician

Lost Days: 4  
Restricted Days: 0

Incidents > [Incident ID] > Incident Lost Time Details

**Incident Lost Time Detail**

Start Date: 03/04/2024  
Return Date: 03/13/2024  
Lost Time Type: Restricted Days  
Is Accommodated: - None Selected -  
Transitional Duty: - None Selected -  
Disability Type: - None Selected -  
Comments: Returned with restrictions per physician  
Lost Work Days: 8  
Lost Days: 10  
Note: Lost days calculation does not include date of loss (02/29/2024).

**Employee Work Schedule**

The entries below are used to calculate lost work days. Changes to the employee work schedule will update the incident record.

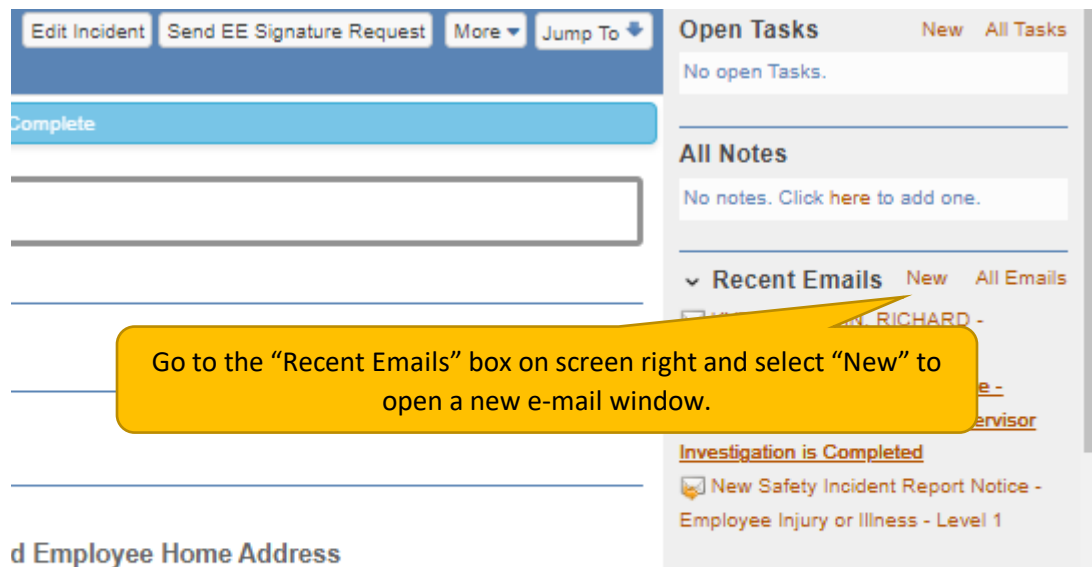
Work Week:  Sun  Mon  Tue  Wed  Thu  Fri  Sat  
Holidays: [Empty field]

Save Changes Cancel

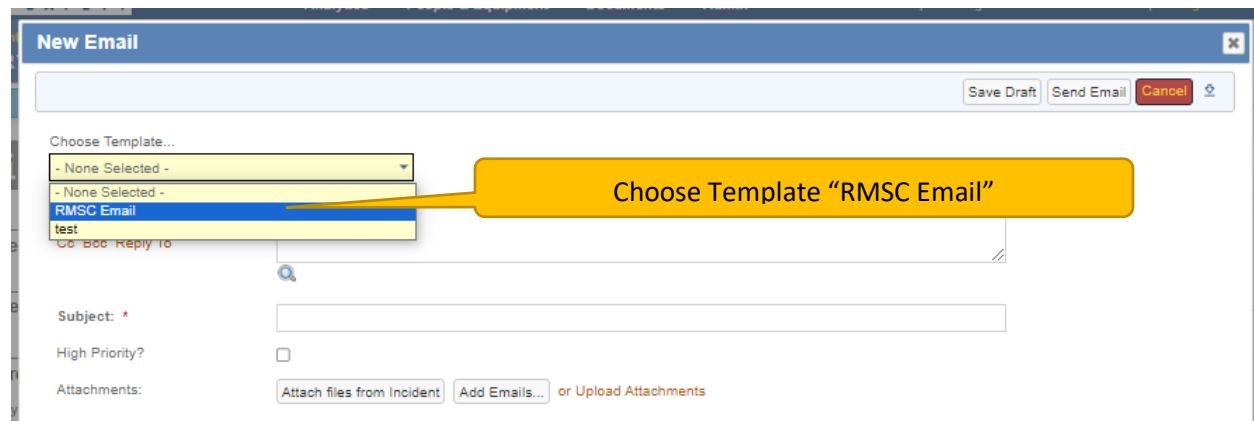
## 4.6 Updating Incident WC info / Sending Update to RMSC

This process is required anytime you make an update to an Injury or Illness that has generated a Workers Comp Claim. You should do this if you have added any documents relevant to the claim or the employees medical care in order to transmit the new documents or files.

If you have added a "Lost Time Detail" event you should use this e-mail process to update RMSC but follow instructions on appropriate attachments in User Guide Section "Adding Lost Time Detail".



The screenshot shows a web interface for incident management. At the top, there are buttons for "Edit Incident", "Send EE Signature Request", "More", and "Jump To". Below these is a "Complete" status bar. On the right side, there is a sidebar with sections for "Open Tasks" (No open Tasks), "All Notes" (No notes), and "Recent Emails" (New, All Emails). A yellow callout box points to the "New" link in the "Recent Emails" section, with the text: "Go to the 'Recent Emails' box on screen right and select 'New' to open a new e-mail window." Below the sidebar, there is a section titled "Investigation is Completed" with a sub-section "New Safety Incident Report Notice - Employee Injury or Illness - Level 1". At the bottom left, the text "d Employee Home Address" is visible.



The screenshot shows a "New Email" form. At the top right, there are buttons for "Save Draft", "Send Email", and "Cancel". Below these is a "Choose Template..." dropdown menu. The dropdown menu is open, showing options: "- None Selected -", "- None Selected -", "RMSC Email", and "test". A yellow callout box points to the "RMSC Email" option, with the text: "Choose Template 'RMSC Email'". Below the dropdown menu, there is a "Subject:" field, a "High Priority?" checkbox, and an "Attachments:" section with buttons for "Attach files from Incident", "Add Emails...", and "or Upload Attachments".

Choose Template...  
 RMSC Email

To jreid@rmsc.com, Enter e-mail recipient, claim adjuster, etc.

Co Bcc Reply To

Subject: \* Update to: KYTC 2023~0408, MARTIN, RICHARD Subject will auto-fill with "Update to" the incident you started from

High Priority?

Attachments: Attach files from Incident Add Emails... or Upload Attachments

Update to: KYTC 2023~0408,  
 Employee: ██████████  
 Accident Address: 2 ██████████ 106 Body of e-mail will auto fill from incident you started from, but you can add your own notes about the update as well.  
 Accident City: ██████████, KY  
 SSN: ██████████  
 Date of Birth: ██████████  
 Hire Date: ██████████  
 Wage Rate: ██████████  
 Time Work Day Began: ██████████  
 Time of Injury: 8:30 AM

[Click Here](#)  
 For questions on this incident contact Charolette Embry, charolette.embry@ky.gov.

Track recipient replies to this email This will show the contact info for the Workers Comp Admin for the employees District or CO.

Send a copy of this email to my address: jon.lam@ky.gov Check this box to get a copy of the e-mail. This will show your e-mail based on your login (not jon.lam@ky.gov)

Subject: \* Update to: KYTC 2023~0408, MARTIN, RICHARD

High Priority?

Attachments: Attach files from Incident Add Emails... or Upload Attachments

To send any files associated with the incident in the update e-mail first push the "Attach files from Incident" button to open up a window to choose files.

Check this box for any file(s) you want to attach to the update e-mail, then push the "Select File(s)" button a top to attach them.

File Name	Description	Folder	Attached By	Date
<input type="checkbox"/> 2023~0408-MARTIN, RICHARD.pdf			Charolette Embry	08/24/2023 3:15 PM
<input type="checkbox"/> IncidentReportfo20230824aa56ebcafoe94daa9f8989b954d27d50.xlsx	INCIDENT		Charolette Embry	08/24/2023 3:14 PM
<input type="checkbox"/> STMSIG.png	STMSIG.png		Bradley New	08/24/2023 12:54 PM
<input type="checkbox"/> WC Rx Payment Authorization 2023~0408.pdf	CLAIM		Charolette Embry	08/24/2023 11:36 AM
<input type="checkbox"/> Wayne 5.jpg			Frank Brockman	08/24/2023 11:08 AM
<input type="checkbox"/> Wayne 2.jpg			Frank Brockman	08/24/2023 11:07 AM
<input type="checkbox"/> Wayne 4.jpg			Frank Brockman	08/24/2023 11:07 AM
<input type="checkbox"/> Wayne 3.jpg			Frank Brockman	08/24/2023 11:06 AM

After checking files, you want to attach, push this "Select File(s)" button to attach them.

Choose Template...  
RMSC Email

To: jreid@rmsc.com

Subject: \* Update to: KYTC 2023~0408, MARTIN, RICHARD

Attachments: Total Attachment Size: 825 KB  
WC Rx Payment Authorization 2023-0408.pdf 43 KB  
Wayne 5.jpg 782 KB

Buttons: Save Draft, Send Email, Cancel

Here are your attached files.

"Send Email" when finished and ready to send.

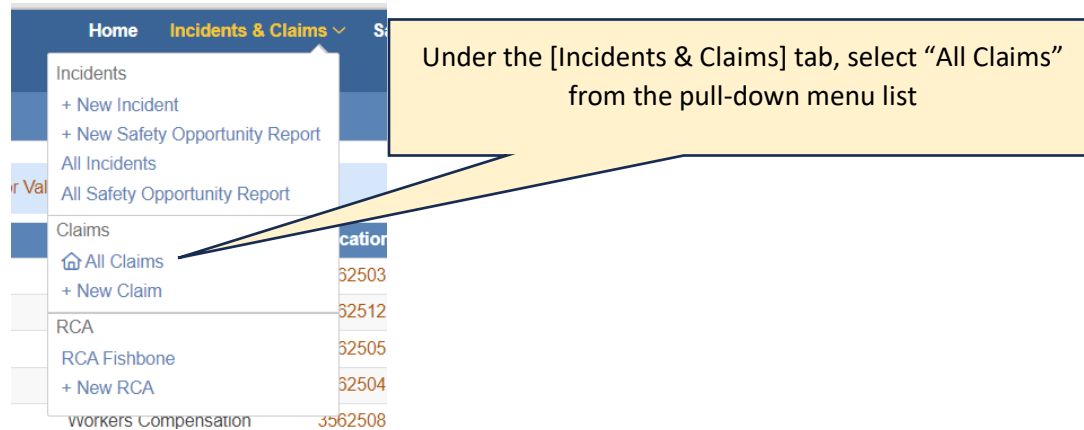
## 4.7 Associating a Workers Comp Claim number to an injury incident

Normally when weekly workers comp claims financial data is imported from Risk Management Services, it will create an association between any new workers comp claim and the originating incident (injury). However there may be times when this doesn't happen automatically.

If you have an incident that you know to have a Workers Comp claim opened, but do not see the claim referenced on the incident record, you can add the claim number if it is known.

- If you do not know the claim number you may be able to find it using Step 1-3 below.
- If claim number is known use the directions starting with Step 4

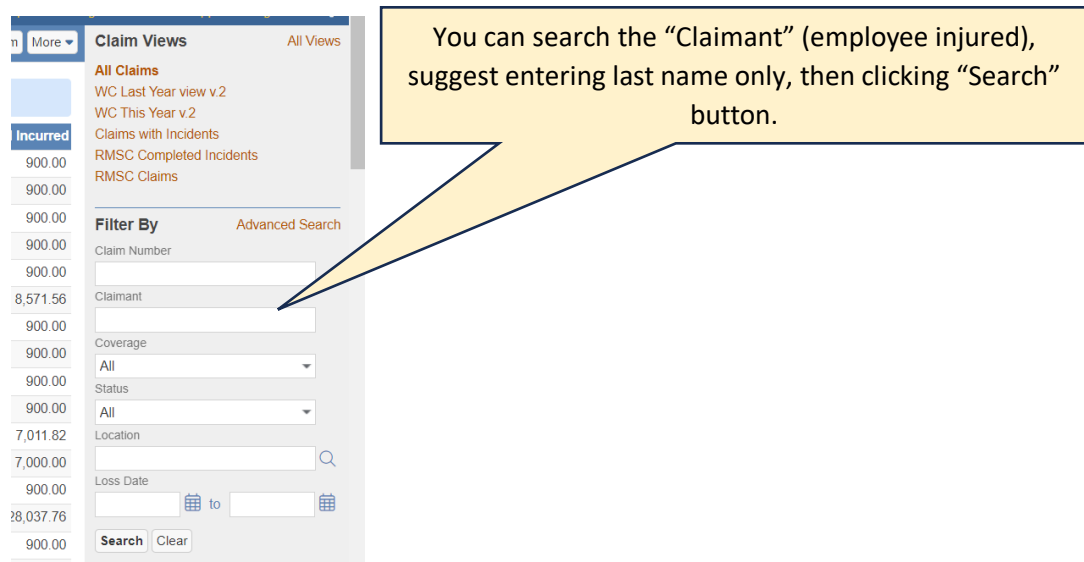
### Step 1



The screenshot shows a navigation menu with the following items: Incidents, + New Incident, + New Safety Opportunity Report, All Incidents, All Safety Opportunity Report, Claims, + New Claim, RCA, RCA Fishbone, + New RCA, and Workers Compensation. A callout box points to the 'All Claims' option under the 'Claims' section.

Under the [Incidents & Claims] tab, select "All Claims" from the pull-down menu list

### Step 2



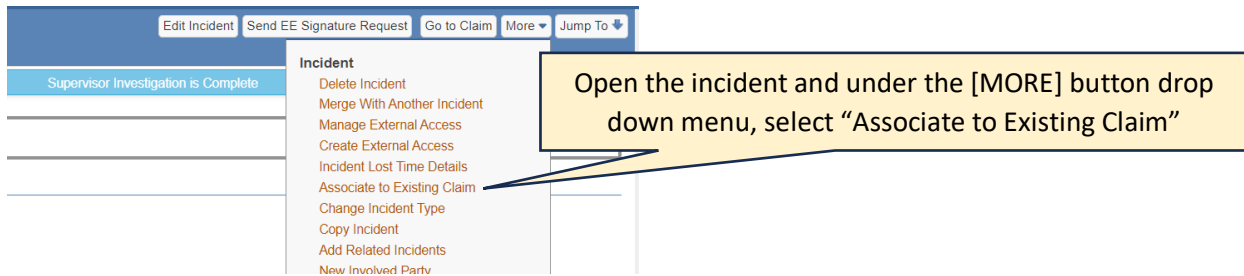
The screenshot shows the 'Claim Views' search interface with a 'Filter By' section containing fields for Claim Number, Claimant, Coverage, Status, Location, and Loss Date. A callout box points to the 'Claimant' field.

You can search the "Claimant" (employee injured), suggest entering last name only, then clicking "Search" button.

### Step 3

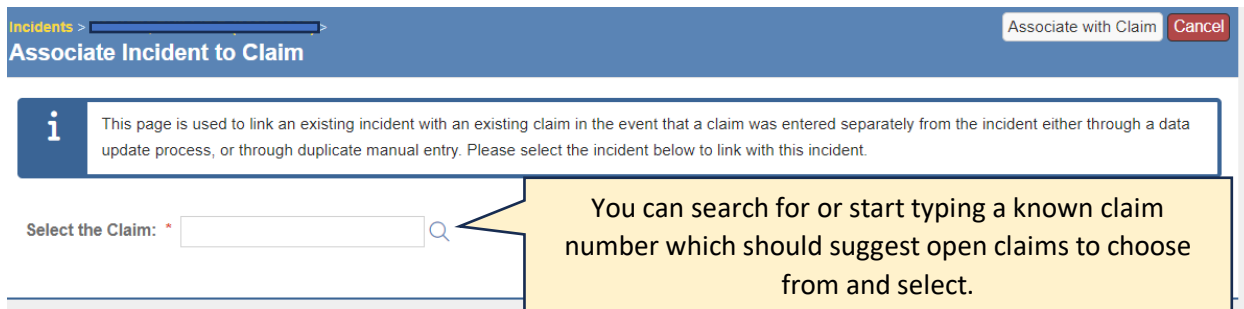
From the list of open claims involving that employee, just select the claim that applies to the incident involved. You should either write down or copy the claim number and then revert to Section 1 instructions at top to associate the claim with the appropriate incident.

#### Step 4



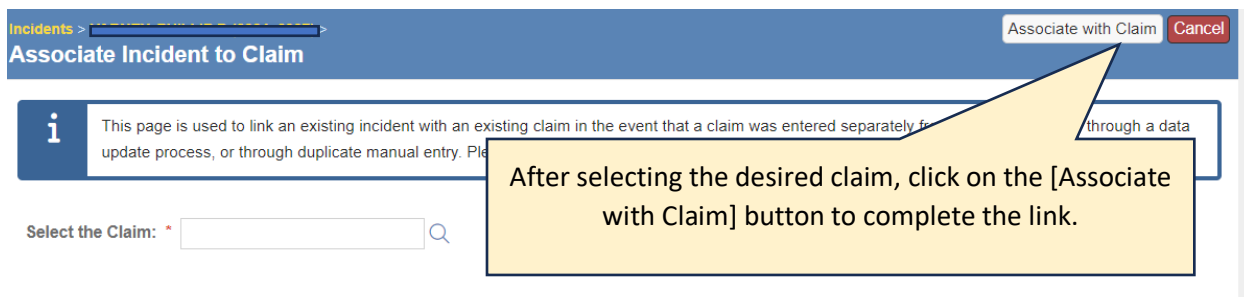
The screenshot shows a web interface with a top navigation bar containing buttons for 'Edit Incident', 'Send EE Signature Request', 'Go to Claim', 'More', and 'Jump To'. Below this, a table lists incidents, with the first one having the status 'Supervisor Investigation is Complete'. A dropdown menu is open under the 'More' button, listing several actions: 'Delete Incident', 'Merge With Another Incident', 'Manage External Access', 'Create External Access', 'Incident Lost Time Details', 'Associate to Existing Claim' (highlighted in red), 'Change Incident Type', 'Copy Incident', 'Add Related Incidents', and 'New Involved Party'. A yellow callout box points to the 'Associate to Existing Claim' option with the text: 'Open the incident and under the [MORE] button drop down menu, select "Associate to Existing Claim"'. The 'Jump To' button has a small blue arrow icon next to it.

#### Step 5



The screenshot shows the 'Associate Incident to Claim' page. The top navigation bar includes 'Incidents >' and buttons for 'Associate with Claim' and 'Cancel'. A blue header bar contains the page title 'Associate Incident to Claim'. Below this is an information icon (i) and a text block: 'This page is used to link an existing incident with an existing claim in the event that a claim was entered separately from the incident either through a data update process, or through duplicate manual entry. Please select the incident below to link with this incident.' A search input field is labeled 'Select the Claim: \*' and has a magnifying glass icon. A yellow callout box points to the search field with the text: 'You can search for or start typing a known claim number which should suggest open claims to choose from and select.'

#### Step 6



The screenshot shows the 'Associate Incident to Claim' page, similar to Step 5. The search input field is now populated with a claim number. A yellow callout box points to the 'Associate with Claim' button in the top right corner with the text: 'After selecting the desired claim, click on the [Associate with Claim] button to complete the link.'

After this is done, the Workers Comp claim number should be associated with the related incident.

## 4.8 How to obtain an OSHA 300 Log Report from BOOTS

The screenshot shows the BOOTS HomeScreen 2.0 dashboard. At the top, there are navigation menus for Home, Incidents & Claims, Safety Meetings & JHAs, Work Permits & Checklists, Safety Observations, SDS/HasCom, Analytics, People & Equipment, Documents, and Admin. The user is identified as Jon Lam currently working in KYTC. Below the navigation is a breadcrumb trail: Data as of 7 hours ago Favorites: Homescreen 1.0 | Homescreen 2.0 | Incident Safety Review Dashboard | Injury Cause & Nature | OSHA Injury Rates | Property Damage Incidents | Property Damage Incidents - Type/Cause/Nature | Temporary Home Page 12-10-2023 | Utility Damage Incidents | Weekly Update | Workers Comp Dashboard | Refresh Data | Set Auto-Refresh.

**Employee Injury Metrics - Current Year**

Employee Injuries / Illne... All - Reported Current YTD	OSHA Recordable Reported Year-To-Date	OSHA TRIR Recordable rate per 100 FTE	OSHA TCR Total Injury Rate per 100 FTE	OSHA DART Lost time rate per 100 FTE	Workers Comp Incurred Thru Last Week	EE Injuries - Work Zones Since 1/1/2024
3	3	3.82	6.98	1.81	0	1

**Other Metrics - Current Year**

Private Property Damage Incidents Since 1/1/2024	State Vehicle Damage Incidents Since 1/1/2024	Safety Opportunity Report... Current YTD	Safety Observations Completed YTD	Supervisor Incident Revie... % by Due Date	Safety Coordinator Incide... % Completed	Property Damage in Work Z... Since 1/1/2024
0	10	1	6	67.81	98.97	3

**Links to Other Data Views & Dashboards**

Department & District Dashboards	Locations	Offices / Departments	Links to Other Dashboards	Property Damage	Safety Opportunity Reports
Central Office	District 07		<b>Injury / Illness</b>	Property Damage Incidents	Safety Opportunity Reports
District 01	District 08	Department of Aviation	Type, Cause & Nature	Type, Cause & Nature	
District 02	District 09	Department of Highways	OSHA Injury Rates	Workers Comp (Restricted Access)	Utility Damage Details
District 03	District 10	Department of Rural and Municipal Aid	Report Dashboards		
District 04	District 11	Department of Vehicle Regulation	Weekly Update (Scheduled Report)		
District 05	District 12	Offices of the Secretary	Incident Safety Review (Restricted Access) (Scheduled Report)		
District 06					

**Tasks, Investigations, Corrective Actions**

My Open Investigations

My Open Corrective Actions

Question	Audit Category	Action Required	Assigned To User	Due Date

**Links to Other Dashboards**  
Injury / Illness  
 Type, Cause & Nature  
 OSHA Injury Rates  
 Workers Comp (Restricted Access)

From the Home screen 2.0 "Links to Other Dashboards" links, choose "Workers Comp" to open a new window with the Workers Comp Dashboard

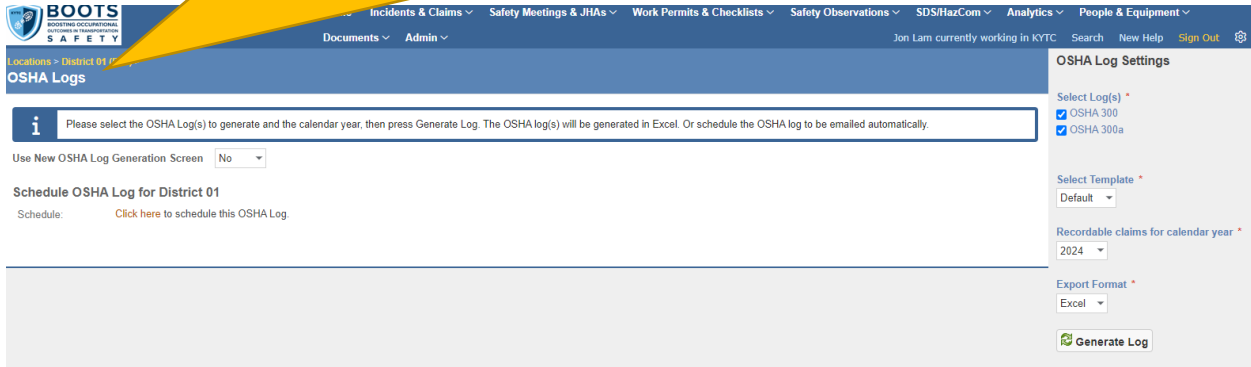
### Step 2

OSHA 300 Run Quick Links		
Central Office	District 04	District 09
District 01	District 05	District 10
District 02	District 06	District 11
District 03	District 07	District 12
	District 08	

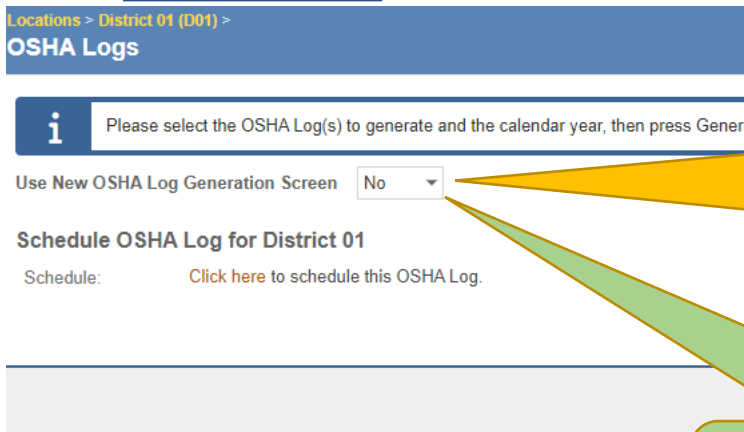
On the Workers Comp Dashboard, find the OSHA 300 Run Quick Links table, and click the unit for which you wish to generate OSHA 300

Step 3

You should now be at the “OSHA Logs” generation page.



Step 4



To run a **single year** report do not change anything on this side of the screen. The “Use New OSHA Log Generation Screen” will default to No –

To run **multiple years** of reports in one process, choose “Yes” here then skip to Step 7

Step 5

On the right side of the screen make the below selections.

Select Log(s) \*

OSHA 300  
 OSHA 300a

Select Template \*

Default

Recordable claims for calendar year \*

2023

Export Format \*

PDF

Generate Log

In the gray box to the screen right choose the report to run – OSHA 300 in this example, by unchecking

Leave this as “Default.”

Select year needed. Current year report will be “Year to date”. If multiple years needed, each year can be run separately from this screen by changing the year each time.

Choose “PDF” for export format.

Click on the “Generate Log” button and it will start the report generation and initiate a download of the report to your

Step 6

Copy of OSHA300 in your download folder can now be saved on your computer or printed as a PDF document.

**OSHA's Form 300 (Rev. 01/2004)**  
**Log of Work-Related Injuries and Illnesses**

Year 2023  
 U.S. Department of Labor  
 Occupational Safety and Health Administration

Form approved OSHA no. 1218-0176

Establishment name Kentucky Transportation Cabinet - District 1  
 City Paducah State Kentucky

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. First lines to use for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person		Describe the case		Classify the case			Enter the number of days the injured or ill worker was		Check the "injury" volume or choose one type of illness.													
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or illness (mo./day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and department(s) that directly injured or made person ill. (e.g., Severe degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:			Enter the number of days the injured or ill worker was:		Check the "injury" volume or choose one type of illness.											
						Death	Days away from work	Restricted work or transfer to another job	Job transfer or restriction	Other recordable cases	Away from work (days)	On job transfer or restriction (days)	(G) Injury or illness type									
						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
2023	2024	Winkler, Samuel	07/11	KT	KY017 between 4.5 mm		x			0	7	x										
<b>Page totals</b>						0	0	1	0	0	7	1	0	0	0	0	0	0	0	0	0	0

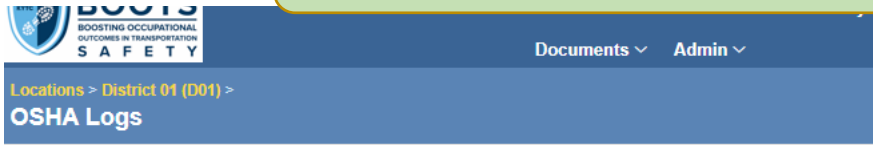
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1 (1) (2) (3) (4) (5) (6)

Step 7

By changing to "YES" in the "use New OSHA Log Generation Screen" you should have the screen expand to the below format.



Please select the OSHA Log(s) to generate and the calendar year, then press Generate Log. The OSI

Use New OSHA Log Generation Screen Yes

Schedule OSHA Log for District 01

Schedule: Click here to schedule this OSHA Log.

Choose a Template:

- None Selected -

Generate OSHA Log

Territories District 01

Locations

Claim Filter: OSHA Recordable is true Edit Filters

Incident Filter: OSHA Recordable is true Edit Filters

Number of Records per Page: 13

Report Year From 2019

Report Year To: 2024

Date Run on Report

Select Log(s) OSHA 300A OSHA 300

Select Export Format(s) Excel PDF

Select Private Column(s) Select all that apply

Use Counter for Column A: No

Signature: Default Signature

Orientation of Report: Landscape

Column F Override (Claims)

Column F Override (Incidents)

Use California Template:

Generate Log(s)

The only change you make in the top part of the screen is to verify this is the unit you wish to generate reports for – continue down the page then.

Choose the first year and last year for which you want to run reports.







Choose the report to run by unchecking the ones you do not want. Here we will run both.

Choose the report format you wish, PDF is recommended.

Click on the "Generate Log" button and it will start the report generation and initiate a download of the report to your

Step 8

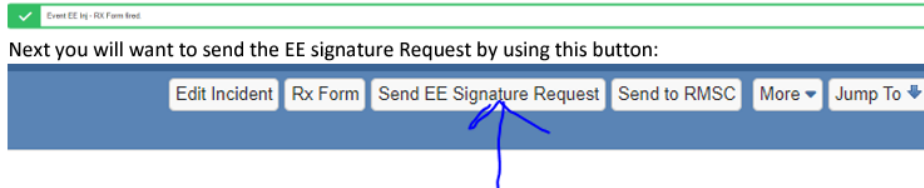
Your download folder will have a separate PDF file for each year, you must save or print each file. IF you chose to run both an OSHA 300 and 300A they will both be in one file as multiple pages

Name	Type	Compressed size	Password p
 2019KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	106 KB	No
 2020KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	105 KB	No
 2021KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	106 KB	No
 2022KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	106 KB	No
 2023KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	106 KB	No
 2024KentuckyTransportationCabinetDistr...	Adobe Acrobat Document	103 KB	No

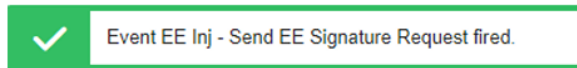
## 4.9 IA-1 First Report Of Injury Form – Creation & Attachment to Incident

An IA-1 First Report of Injury report will be generated using the incident information entered into BOOTS, will be attached to the incident record, and will be included in the package of files transmitted to RMSC on the initial incident transmission at the point in the process detailed below.

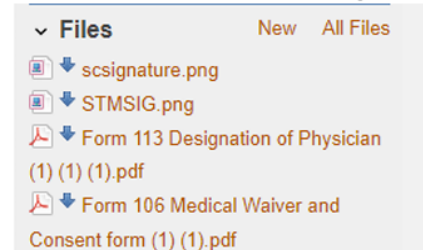
You will know the Rx Form sent because you will see this notification below and upon refresh the Rx Form button will disappear:



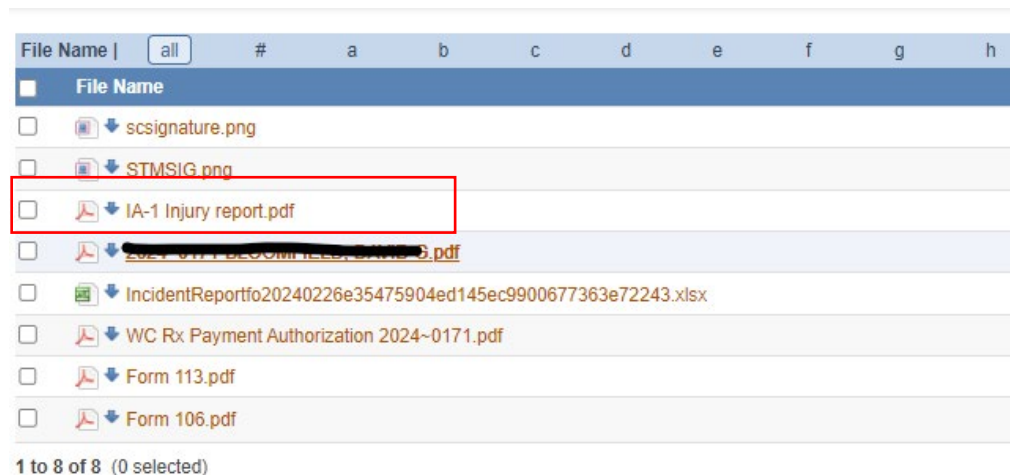
You will know this sent by seeing this notification below:



After all the forms have been completed you will notice in on the far-right hand side of the screen that forms 106 & 113 have autogenerated.



Now, when you click on “All Files” in the box above, the list that opens should include a file called IA-1 Injury Report.pdf in the attached files.



The form will include the employee electronic signature IF you have:

- Sent the EE Signature Request, and

b) The employee completed and submitted their signature.

The next step in the process would be for you to “Send to RMSC” on the incident and the IA-1 will now be included in that package for all NEW incidents entered after 2/27/2024.

For incidents submitted prior to 2/27/24 the IA-1 can still be manually generated by the previous process.

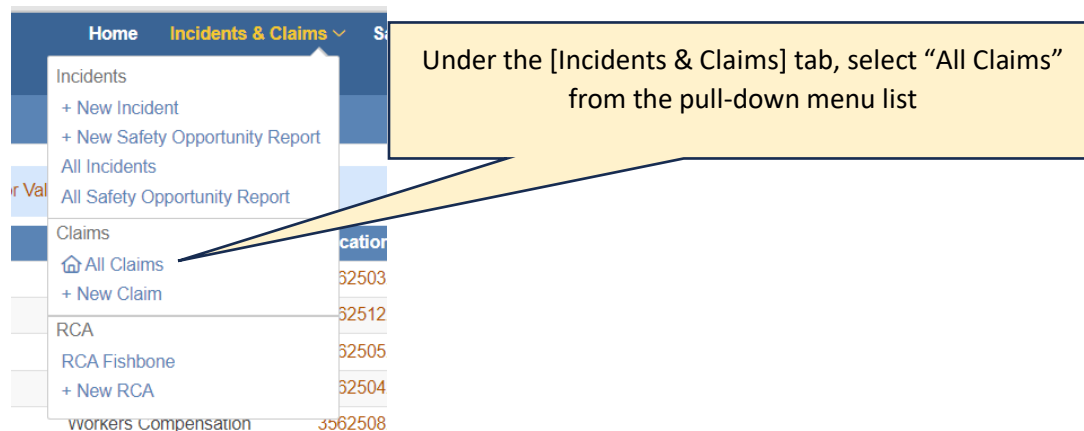
## 4.10 Associating a Workers Comp Claim number to an injury incident

Normally when weekly workers comp claims financial data is imported from Risk Management Services, it will create an association between any new workers comp claim and the originating incident (injury). However there may be times when this doesn't happen automatically.

If you have an incident that you know to have a Workers Comp claim opened, but do not see the claim referenced on the incident record, you can add the claim number if it is known.

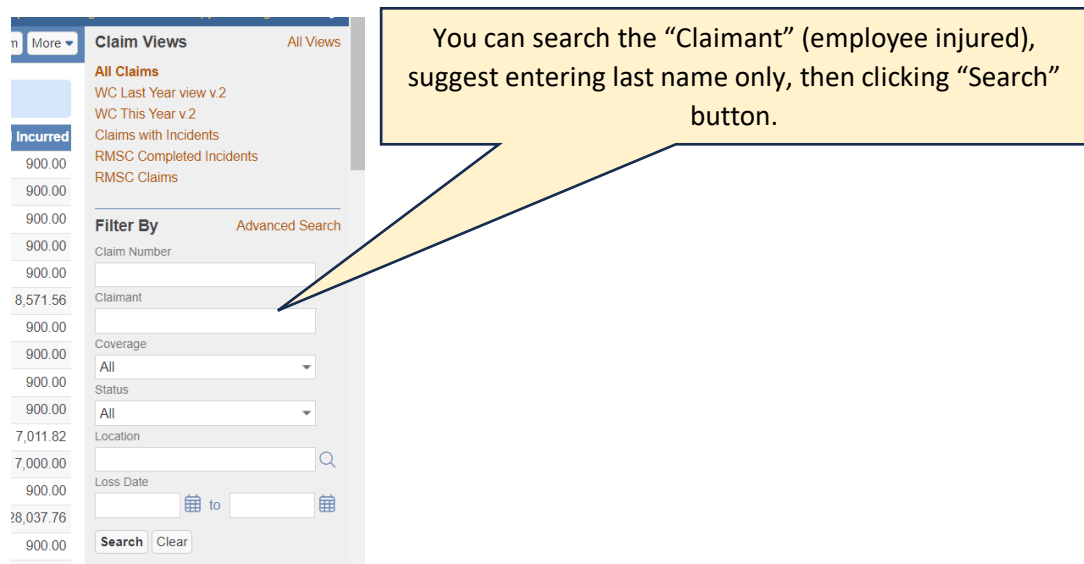
- If you do not know the claim number you may be able to find it using Step 1-3 below.
- If claim number is known use the directions starting with Step 4

### Step 1



The screenshot shows a navigation menu with the following items: Incidents (+ New Incident, + New Safety Opportunity Report, All Incidents, All Safety Opportunity Report), Claims (All Claims, + New Claim), RCA (RCA Fishbone, + New RCA), and Workers Compensation. A yellow callout box with a pointer to the 'All Claims' option contains the text: "Under the [Incidents & Claims] tab, select 'All Claims' from the pull-down menu list".

### Step 2

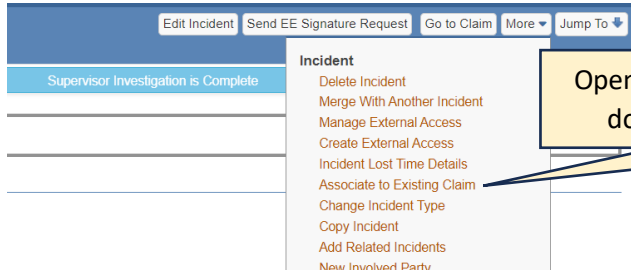


The screenshot shows the 'Claim Views' search interface with a sidebar on the left and a search form on the right. The sidebar lists various views like 'All Claims', 'WC Last Year view v.2', 'WC This Year v.2', 'Claims with Incidents', 'RMSC Completed Incidents', and 'RMSC Claims'. The search form includes fields for Claim Number, Claimant, Coverage, Status, Location, and Loss Date, along with 'Search' and 'Clear' buttons. A yellow callout box with a pointer to the 'Claimant' field contains the text: "You can search the 'Claimant' (employee injured), suggest entering last name only, then clicking 'Search' button."

### Step 3

From the list of open claims involving that employee, just select the claim that applies to the incident involved. You should either write down or copy the claim number and then revert to Section 1 instructions at top to associate the claim with the appropriate incident.

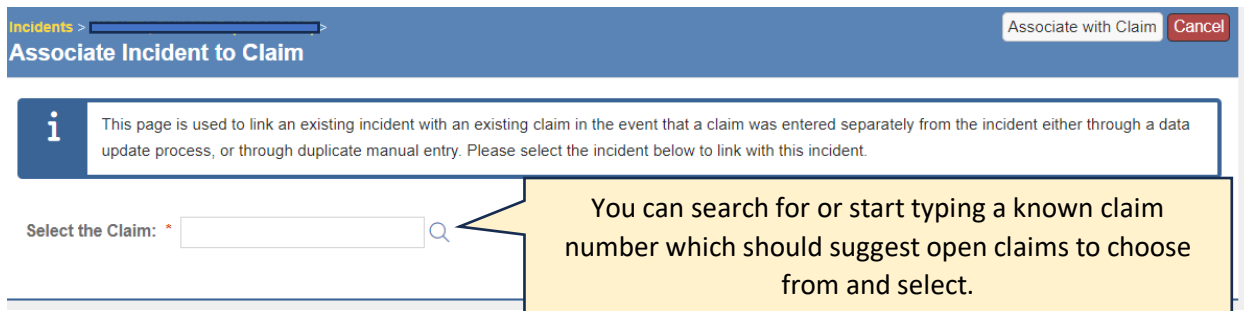
#### Step 4



The screenshot shows a web interface with a top navigation bar containing buttons for 'Edit Incident', 'Send EE Signature Request', 'Go to Claim', 'More', and 'Jump To'. Below this is a table with a header 'Supervisor Investigation is Complete'. A dropdown menu is open under the 'More' button, listing several actions: 'Delete Incident', 'Merge With Another Incident', 'Manage External Access', 'Create External Access', 'Incident Lost Time Details', 'Associate to Existing Claim' (highlighted), 'Change Incident Type', 'Copy Incident', 'Add Related Incidents', and 'New Involved Party'. A yellow callout box points to the 'Associate to Existing Claim' option.

Open the incident and under the [MORE] button drop down menu, select “Associate to Existing Claim”

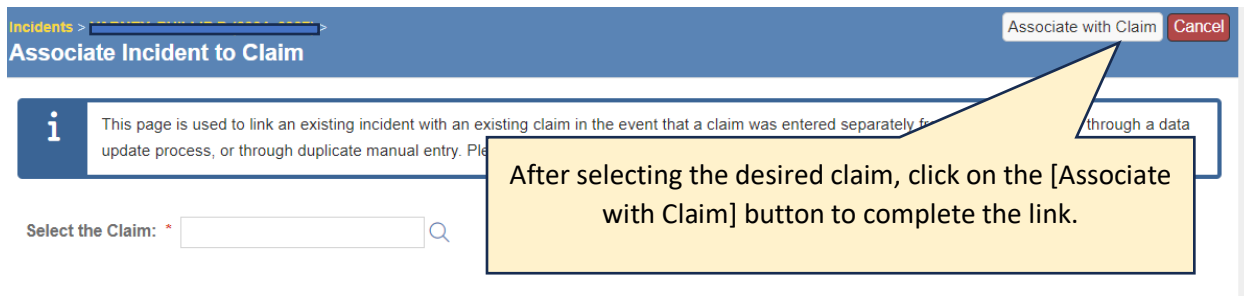
#### Step 5



The screenshot shows the 'Associate Incident to Claim' page. The breadcrumb is 'Incidents >'. The page title is 'Associate Incident to Claim'. There are buttons for 'Associate with Claim' and 'Cancel'. An information icon (i) is followed by a text box: 'This page is used to link an existing incident with an existing claim in the event that a claim was entered separately from the incident either through a data update process, or through duplicate manual entry. Please select the incident below to link with this incident.' Below this is a search field labeled 'Select the Claim: \*' with a magnifying glass icon. A yellow callout box points to the search field.

You can search for or start typing a known claim number which should suggest open claims to choose from and select.

#### Step 6



This screenshot is identical to Step 5, showing the 'Associate Incident to Claim' page. A yellow callout box points to the 'Associate with Claim' button.

After selecting the desired claim, click on the [Associate with Claim] button to complete the link.

After this is done, the Workers Comp claim number should be associated with the related incident.

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## **PART 5: Incident Investigation**

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## 5.1 Completing and Delegating a Supervisor Investigation

1. You will receive an email, from [notifications@origamirisk.com](mailto:notifications@origamirisk.com), that will contain a link that will take you to the new incident with an outstanding Supervisor Investigation information.
2. In order to fill out this incident you need to hit edit incident at the top of the page.



3. The supervisor investigation will be at the very bottom of the page.

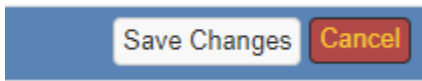
A screenshot of the 'Supervisor Investigation' form. The form is titled 'Supervisor Investigation' and has a dropdown arrow to its left. It contains several sections of questions and input fields. On the left side, there are questions about weather conditions, unsafe acts, similar incidents, job safety briefing, and PPE. On the right side, there are questions about photos, employee history, and corrective actions. At the bottom right, there is a section for 'When you have completed documenting your investigation, sign and enter the date below.' which includes fields for 'Supervisor Name', 'Supervisor Investigation Complete Date', and 'Supervisor's Signature' with a 'Sign Here' button. The form is white with blue accents and a blue header bar at the top.

4. If you want to delegate, the investigation to another user you can do so in the first question.

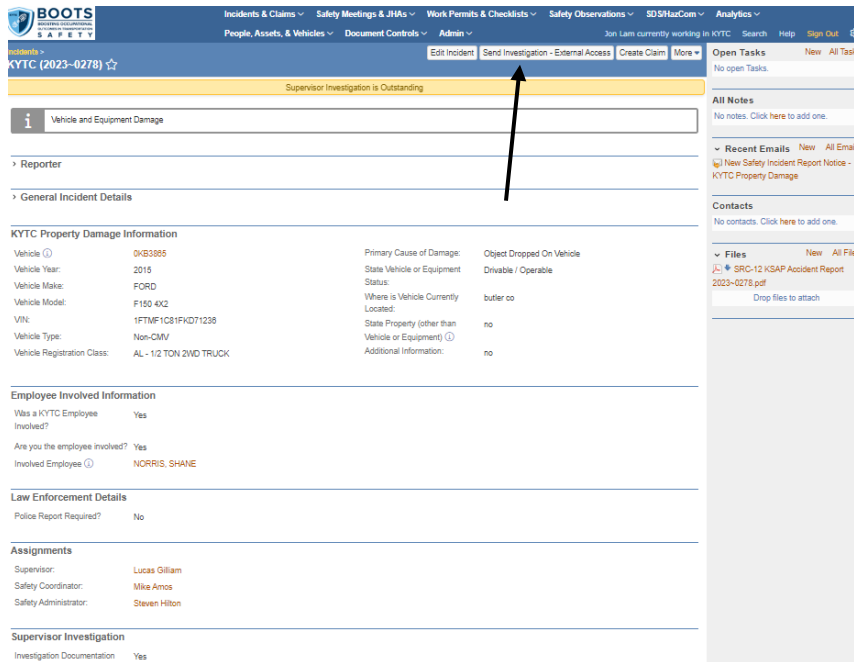
### Supervisor Investigation

Delegated Supervisor:  

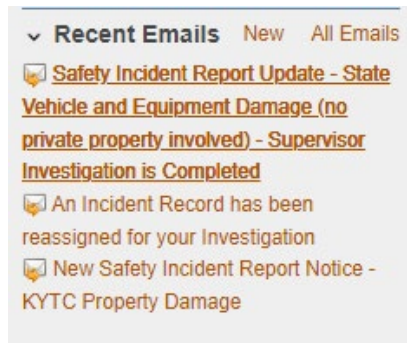
- 4.a. If you choose to do this, you may hit save changes in the top right corner of the screen when you are done selecting the person you want to do the investigation.



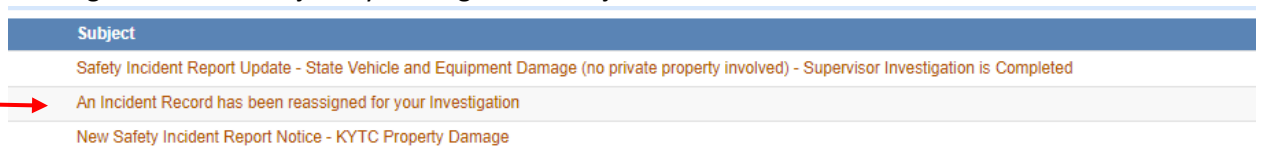
4.b. In order to properly send the delegated email be sure to click on the Send Investigation- External Access button.



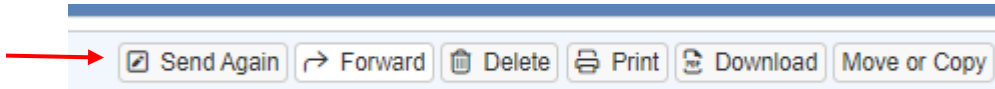
4.c. If you need to resend the external access to the employee delegated to, on the right-hand side of screen you will see a tab containing all emails sent for the incident. You will need to hit All Emails.



4.d. Select the email containing “An Incident Record has been reassigned for your Investigation” in the subject by clicking on the subject area.



4.e. Hit send again in the top right corner of the email window



5. If you choose to do the investigation yourself, leave that field blank and continue to answer all the questions below.

Weather Conditions at time of incident:

Were there unsafe acts or conditions reported prior to the incident?  Yes  No

Have there been similar incidents or nears misses prior to this one?  Yes  No

What was the involved employee doing just prior to the incident?

Was a Job Safety Briefing completed for this job / day?  Yes  No

What objects, tools or equipment were involved with the incident?

Was a Daily Safety Inspection of the involved KYTC vehicle or equipment completed for this job / day?  Yes  No

Were all relevant tools/equipment inspected after the incident?  Yes  No

Was Appropriate PPE Worn?  Yes  No

Were Photos Taken?  Yes  No

Has the involved employee previously received any counseling, warnings, corrective or disciplinary action related to any actions or behaviors that contributed to this incident?  Yes  No

Have conditions been corrected?  Yes  No

What factors do you feel contributed to this incident? (select all that apply)

What controls can be changed to prevent reoccurrence?

Please provide any additional information related to your investigation:

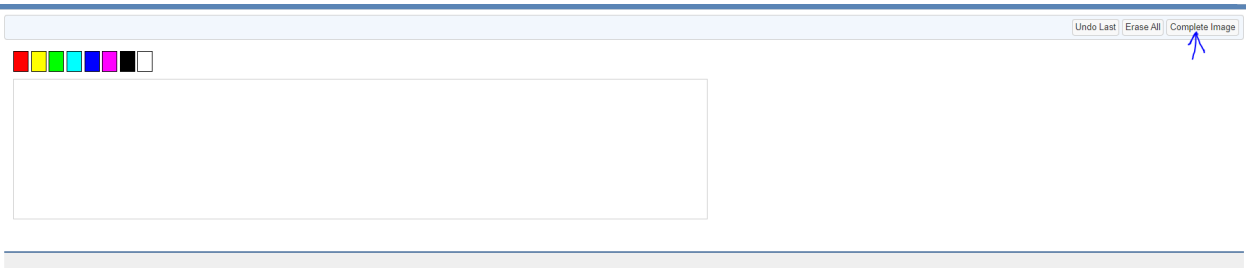
- 6. When you have finished being sure to give your name, date you completed it and your signature.

Supervisor Name:

Supervisor Investigation Complete Date:  

Supervisor's Signature:

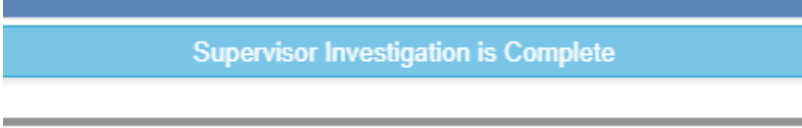
- 7. To sign click where it says sign here, and if doing this on a tablet use your finger or on a pc while continuously holding down the mouse draw your signature, when completed hit the capture signature button in the top right of the pop-up window.



8. Finally at the top right of the screen hit save changes to complete the investigation.



9. You will know it is completed because you will see this on the incident once done:



## 5.2 Completing Supervisor Investigation Delegated to You

1. You will receive an email from the email, [notifications@origamirisk.com](mailto:notifications@origamirisk.com), with the subject line, An Incident Record has been reassigned for your Investigation, this email will contain a grant access link for you to fill out the supervisor investigation.
2. When you click on the link you will be taken to the incident which will look like this, with the Rx Form, EE Signature Request, and Send to RMSC buttons not there since those are only for Workers Comp Users and Admins:

Incidents >  
test, test (2023-0271) ☆

Edit Incident Rx Form Send EE Signature Request Send to RMSC More ▾ Jump To ↕

Supervisor Investigation is Outstanding

Injured Employee Report

> Reporter

> General Incident Details

**Injured Employee Details**

Are you the injured employee? No

Injured Employee ⓘ test, test

Personal Phone: (502) 401-9944

Email: pputta@origamirisk.com

Marital Status: Married

Number Of Dependents: 0

**Injury Details**

Cause: Caught In, Under, or Between - Machine or Machinery

Injury Code: Electric Shock

Initial Treatment: Future major medical/Lost time anticipated

Time Employee Began Work: 2:46 PM

Body Part	Body Part Location	Percent Impairment Percentage Not Reportable
Skull		0.00

3. In order to fill out this incident you need to hit edit incident at the top of the page.

Incidents >  
HOPKINS, WILLIAM C (2023-0269) ☆

Edit Incident Send EE Signature Request Send to RMSC More ▾ Jump To ↕

4. The supervisor investigation will be at the very bottom of the page.

**Supervisor Investigation**

Delegated Supervisor:

Weather Conditions at time of incident:

Were there unsafe acts or conditions reported prior to the incident?  Yes  No

Have there been similar incidents or near misses prior to this one?  Yes  No

What was the involved employee doing just prior to the incident?

Was a Job Safety Briefing completed for this job / day?  Yes  No

What objects, tools or equipment were involved with the incident?

Was a Daily Safety Inspection of the involved KYTC vehicle or equipment completed for this job / day?  Yes  No

Were all relevant tools/equipment inspected after the incident?  Yes  No

Was Appropriate PPE Worn?  Yes  No

Were Photos Taken?  Yes  No

Has the involved employee previously received any counseling, warnings, corrective or disciplinary action related to any actions or behaviors that contributed to this incident?  Yes  No

Have conditions been corrected?  Yes  No

What factors do you feel contributed to this incident? (select all that apply)

What controls can be changed to prevent reoccurrence?

Please provide any additional information related to your investigation:

---

**i** When you have completed documenting your investigation, sign and enter the date below.

Supervisor Name:

Supervisor Investigation Complete Date:

Supervisor's Signature:

5. Answer all the questions below.

**Weather Conditions at time of incident:**

**Were there unsafe acts or conditions reported prior to the incident?**  Yes  No

**Have there been similar incidents or near misses prior to this one?**  Yes  No

**What was the involved employee doing just prior to the incident?**

Was a Job Safety Briefing completed for this job / day?  Yes  No

What objects, tools or equipment were involved with the incident?

Was a Daily Safety Inspection of the involved KYTC vehicle or equipment completed for this job / day?  Yes  No

Were all relevant tools/equipment inspected after the incident?  Yes  No

Was Appropriate PPE Worn?  Yes  No

Were Photos Taken?  Yes  No

Has the involved employee previously received any counseling, warnings, corrective or disciplinary action related to any actions or behaviors that contributed to this incident?  Yes  No

Have conditions been corrected?  Yes  No


What factors do you feel contributed to this incident? (select all that apply)

What controls can be changed to prevent reoccurrence?

Please provide any additional information related to your investigation:

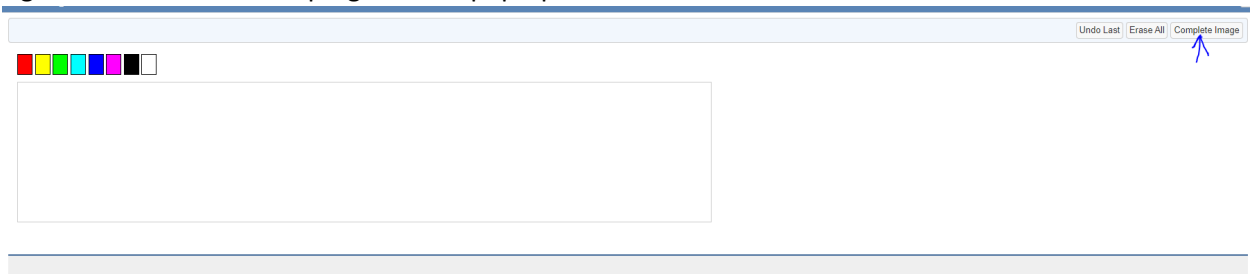
- When you have finished being sure to give your name, date you completed it and your signature.

Supervisor Name:

Supervisor Investigation Complete Date:  

Supervisor's Signature:

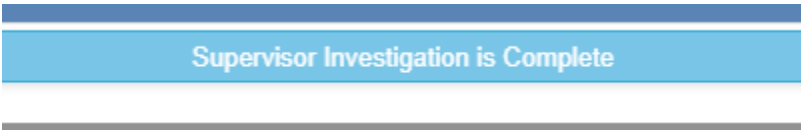
- To sign click where it says sign here, and if doing this on a tablet use your finger or on a pc while continuously holding down the mouse draw your signature, when completed hit the capture signature button in the top right of the pop-up window.



- Finally at the top right of the screen hit save changes to complete the investigation.



- You will know it is completed because you will see this on the incident once done:



### 5.3 Delegation Access -Resend Link or Reassign

This process is for granting access to a non-licensed user to a specific incident for a specific short time frame. This process might be used in the following scenarios:

- 1) The Supervisor that will be completing the Supervisor Investigation did not receive an e-mail when the Investigation was assigned or delegated to them originally.
- 2) A non-licensed user, for example the employee reporting the incident originally, needs access to revise, amend, or add to the initial report after the initial submission.

From the incident “View” (not Edit)

The image shows two screenshots from a software interface. The first screenshot shows a 'More' dropdown menu for an incident, with 'Create External Access' highlighted. A yellow callout bubble points to this option with the text: "Under 'More', choose 'Create External Access.'". The second screenshot shows the 'Grant External Access' form. A yellow callout bubble points to the 'Access Type' dropdown menu, which is open and shows 'Delegated Incident Supervisor' selected. The callout text reads: "Select Access Type you want to grant and the date to 'Revoke Access On'. **This access should be for a short time only.**". Another yellow callout bubble points to the 'Create External Access' button at the top right of the form, with the text: "Then 'Create External Access' button.".

## Manage External Access

Supervisor Investigation is Complete



Successfully created external access keys.

Type	Email	Name	User	Grant Date ▲	Revoke Date	Last Access
 Delegated Incident Supervisor			Jon Lam	08/29/2023	08/31/2023	

Clicking here will show you a QR code & URL you can provide to the person to whom you have granted access, allowing them to edit the record.



- You will next need to search for the person that you are wanting to delegate the assignment to.

**Supervisor**

More ▾

Last Name | all # a b c d e f g h i j k l m n o p q r s t u v w x y z

User Name	Name	Email	Company Name	Title	Work Phone
testing1	1, Testing		OTIT		(502)
test10	10, test	jebert@origamirisk.com	Kentucky Transportation Cabinet	KYTC BOTFA	1 (502) 564-4890 x1234567
test2	2, Test	m@keith.com	Kentucky Transportation Cabinet	Director	1 (502) 564-4890 x123456789
test3	3, Test	testkyc2@gmail.com	Kentucky Transportation Cabinet	Transponder	1 (502) 564-4890 x456
test4	4, Test	testkyc1@gmail.com	Kentucky Transportation Cabinet	Office Facilitator	1 (502) 564-4890
test5	5, Test	testkyc3@gmail.com	Kentucky Transportation Cabinet	Office Chemist	1 (502) 564-4890 x156
test6	6, Test	matthew.keith@ky.gov	Kentucky Transportation Cabinet	Supervisor	1 (502) 564-4890
test7	7, Test	matthew.keith@ky.gov	Kentucky Transportation Cabinet	Manager Supervisor	1 (502) 564-4890
test8	8, Test	matthew.keith@ky.gov	Kentucky Transportation Cabinet	Admin Manager	1 (502) 564-4890

**Search Users**

User Name

Last Name

First Name

User Group

All ▾

User Type

All ▾

Company Name

Is Active

Active Users ▾

Email

Major Coverage Access:

All ▾

Location Access:

All ▾

Accessible Form Set:

- You will need to search for a user by first changing the User Type to Field Safety User-C

All ▾

All

Administrator

Anonymous Data Collection

Field Safety User - A

Field Safety User - A - WC Coordinator

Field Safety User - B

Field Safety User - C ←

Full User

Grant Access

Light User

Origami Support

Self-Administered

- Then you can enter the desired employees last and first name.

Last Name

First Name

- Hit search.

Search Clear

9. Select the red username of the desired employee.

User Name

testing1

test10

test2

test3

test4

9.a. If your search yields no results, that means that the desired employee is not a licensed user. You will need to change the user type back to all and follow steps 7 and 8.

User Type

Field Safety User - C

All

Administrator

Anonymous Data Collection

Field Safety User - A

Field Safety User - A - WC Coordinator

Field Safety User - B

Field Safety User - C

Full User

Grant Access

Light User

Origami Support

Self-Administered

10. Hit save changes.

Save Changes Cancel

11. If the user was not a Field Safety User- C, you will need to create a grant access link as described in the [previous section](#).

12. Whether you had to create a grant access link or not, you will need to notify the new assigned Supervisor or Safety Coordinator/Admin. Select new email on the right side of the screen.

Recent Emails New All Emails

13. Choose the Incident Reassignment Template.

Choose Template...

- None Selected -

- None Selected -

Incident Reassignment

RMSC Email


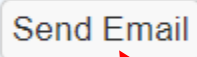


test


14. Then type in the delegated user's email.

To   
Cc Bcc Reply To

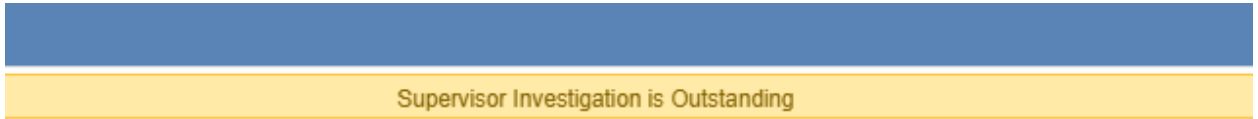

15. Hit send email.

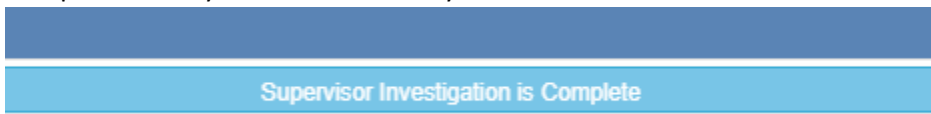


## 5.5 Safety Coordinator/Administrator Information

1. For ALL incident types there is now a section for a safety coordinator and Safety Administrator review to take place.
2. As the Safety Coordinator, you must wait for the supervisor investigation to be completed before you can access the safety coordinator review section. If the banner at the top is orange as pictured below, then the supervisor investigation is not completed.



3. When the ribbon has turned blue, pictured below, or you have received an email with the subject: "Safety Incident Report Update - Private Property Damage - Supervisor Investigation is Completed" can you access the Safety Coordinator Review section.



4. Click on the "edit incident" button. You will find the Safety Coordinator Review below the supervisor investigation. Fill out all question to be best of your ability leaving as much detail as possible in the comments section and selecting ALL possible causal factors.

### Safety Coordinator Review

Possible Causal Factors:

Safety Coordinator Comments:

Is a detailed RCA recommended?

Yes  No

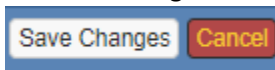
Date Reviewed by Safety Coordinator:



Safety Coordinator Signature:

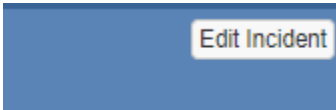
Sign Here

5. Hit Save Changes.



6. The Safety Administrator Review can only be completed after the Safety Coordinator Review is completed. You will not see any ribbon like the Safety Coordinator has. You will however receive an email with the subject "Safety Incident Report Update - Private Property Damage - Safety Coordinator Review is Completed."

- 7. Using the link provided in the email you will be taken to the incident.
- 8. You will need to click on the “edit incident” button.



- 9. Scroll all the way to the bottom of the incident where you will find the Safety Administrator Review section. Fill out and answers all questions with as much detail as possible.

**Safety Administrator Review**

Do you approve the Safety Coordinator's Review?  Yes  No

Safety Administrator Comments:

Detailed RCA Assigned to:

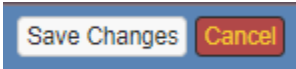
 

Date Reviewed by Safety Administrator:

Safety Administrator Signature:

- 10. Hit Save Changes.



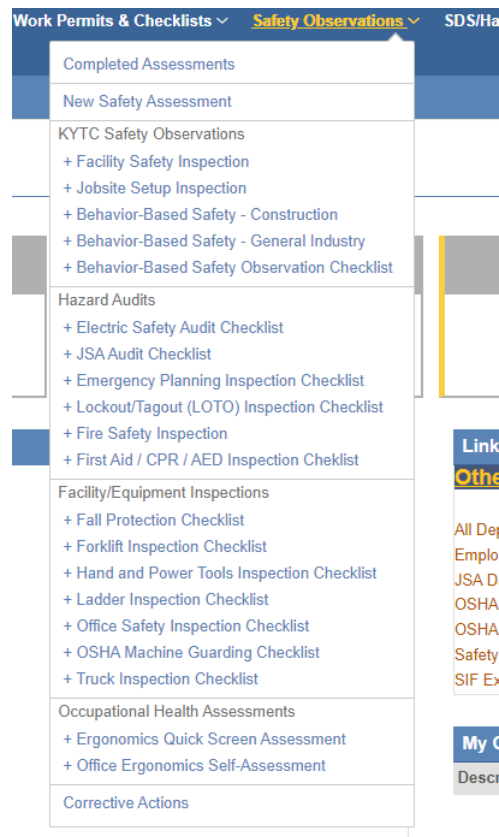
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## **PART 6: Safety Observations / Audits / Inspections**

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## 6.1 Safety Observation / Inspections – Licensed User in website

1. Most Safety Observations and Inspections are completed using the same actions and incorporate the same features and options, so this section will use “Facility Safety Inspection” as an example.
2. From the home screen of the BOOTS system, you will need to hover your mouse over the Safety Observations tab to bring up this drop down.




3. To fill out a new Facility inspection, select the +facility safety inspection option.

KYTC Safety Observations  
+ Facility Safety Inspection


- Be sure to fill out all information about the inspection including the Date, time, who is doing the inspection, location, and the type of inspection as seen in the questions below. Remember that fields with the magnifying glass can be filled by either starting to type the name, then choosing from the pop-up suggestions, or by clicking on the icon and opening a search.


**Audit Definition Details**

Audit Definition: \* Facility Safety Inspection


Inspection Date:  

Inspection Time:

Inspected By:  

Location:  

Type of Facility:

Type of Inspection: - None Selected - 

Comments:

- Make sure to obtain a signature from the Secretary’s Office of Safety Representative (whoever is doing the investigation) and the Facility Representative as well as their job title.















**I have discussed and reviewed follow-up inspections and any required corrective actions with the building supervisor.**

Secretary’s Office of Safety Representative:

Facility Representative:

Facility Representative Title:

- Next, you will need to answer all of the questions for the General information section as either, Ok/Satisfactory, Requires Correction, Immediate Hazard, or if it is not applicable select Not Applicable (This selection will remove the question from the score received). You can disregard an entire section by checking the box “Section Not Applicable”.

General	<input type="checkbox"/> Section Not Applicable				
General Housekeeping (trip hazards, storage, grease/oil, etc.) *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Chemical containers properly labeled/identified *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Extension cords, hoses not in walkway *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Eyewash Stations working, stocked, and unobstructed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Fire Extinguishers unobstructed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Fire Extinguishers mounted, marked, and properly charged *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Annual Fire Drill conducted *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Exits marked, unobstructed, and unlocked *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Doors not for exit properly marked *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Lighted exit signs and/or emergency lights operational *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Exit signs mounted (if lighted exit signs are not installed) *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
First aid kit(s) stocked and available *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Bloodborne Pathogen cleanup kit stocked and available *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Sharps containment *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...



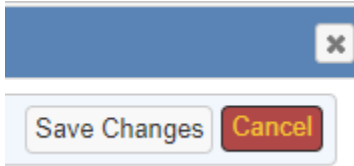
9. Fill out the form using as much detail as possible to ensure the corrective action can be completed in a timely manner. Then ensure to fill out the bottom three areas on the form to assign a user to the corrective action and provide a due date for the action to be completed. DO NOT FILL OUT THE COMPLETE DATE. (“Assigned To User” is the person that should be responsible for the action)

Assigned To User:  

Due Date:  











Complete Date:   **DO NOT FILL OUT THIS AREA**

10. Hit save changes at the top of the window.



11. Fill out the Flammable/Compressed Gas Questions like the general area. If the section is not applicable check the Section Not Applicable option at the top of the section.

Flammable/Compressed Gas Questions  Section Not Applicable

All compressed gas cylinders secured (full or empty) *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Oxygen and fuel gas cylinders stored separately *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
No more than 25 gallons of gasoline stored in enclosed, heated building *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Safety gas cans with self-closing lid and spark arrestor *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Oil/greasy rags properly disposed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Storage away from open flame/spark producing operations *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Waste oil *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Container labeling *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
No LPG cylinders stored in enclosed area unless connected to appliance *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...
Other *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	 Add ...

- 11.a. If you need to insert a corrective action, follow steps 7-10.

12. Fill out the Electrical Question like you have done so for the previous sections.

Electrical Questions

- Circuit breaker boxes covered, closed, and labeled \*
- Electrical disconnects labeled and unobstructed \*
- Electrical - no open holes, boxes, or damaged/missing faceplates \*
- Appliances - cords in good condition, ground pin in place \*
- Power tools - cords in good condition, double insulated, or ground pin in place \*
- Extension cords - good condition; no frays, cuts, splices, ground pin is intact \*
- No extension cords used as permanent wiring \*
- Electric outlets subject to weather/water splash covered or protected \*
- Electric outlets near sinks or wet locations GFCI protected \*
- Pressure washer GFCI protected \*
- Droplights - cords in good condition, ground pin intact, bulb cage intact, socket good \*
- Other \*

Section Not Applicable

Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

12.a. If you need to insert a corrective action, follow steps 7-10.

13. Fill out the Workbench/Welding Area Question like you have previously, selecting the not applicable option if this area is not applicable to the facility.

Workbench/Welding Areas Questions

- Bench grinder - tool rests 1/8"; eye shields intact, wheel rpm rating > machine rpm \*
- Angle grinder disc guards in place \*
- Welding leads in good condition, stick electrode removed \*
- Welder screen in good condition and ready for use \*
- Oxygen and fuel gas cylinder valves "off" if not in use \*
- Oxygen and fuel gas hoses in good condition (no cuts, fraying, or abrasions) \*
- Proper PPE available (gloves, eye protection, etc.) \*
- Guarding in place on any mechanical, rotating, or entanglement hazards under 7 ft. \*
- Overhead hoist - capacity marked and not exceeded, chain/cable/hook in good condition \*
- Other \*

Section Not Applicable

Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

13.a. If you need to insert a corrective action, follow steps 7-10.

14. Fill out the Postings/Safety Documents/Bulletin Board Questions section like previous sections.

Postings/Safety Documents/Bulletin Boards Questions

- Emergency numbers listed \*
- OSHA 300A Summary (Jan-Apr posted, last 5 years on file) \*
- Labor/Wage Law Poster \*
- Other Posting Requirements \*
- SDS Book, accessible and up-to-date \*
- Safety meeting records \*
- Daily safety inspection records for each vehicle and equipment \*
- Other \*

Section Not Applicable

Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

14.a. If you need to insert a corrective action, follow steps 7-10.

15. Fill out the Storage Questions section like you have for the previous sections.

**Storage Questions**  Section Not Applicable

Heavy materials stored low to floor or ground *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Racks/shelf units secured to floor, wall, or each other to prevent tipping *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Racks/shelf units not overloaded, damaged, or inappropriate for use *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
No storage near heating elements, gas water heater/furnace *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
No unstable stacks, piles, or other storage *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Overhead storage *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Hazardous chemicals *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Chemicals/pesticide/herbicide storage marked, secured, no leaks/damage *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Container labeling *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Other *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

15.a. If you need to insert a corrective action, follow steps 7-10.

16. Fill out the Written Programs Questions section like all previous sections.

**Written Programs Questions**  Section Not Applicable

Emergency Action Plan *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
BBP *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Fall Protection *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
HAZ COM *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Respiratory Protection *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Lockout/Tagout *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Confined Space *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Excavations and Trenching *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Electrical *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
PPE and JHA *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Other *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

16.a. If you need to insert a corrective action, follow steps 7-10.

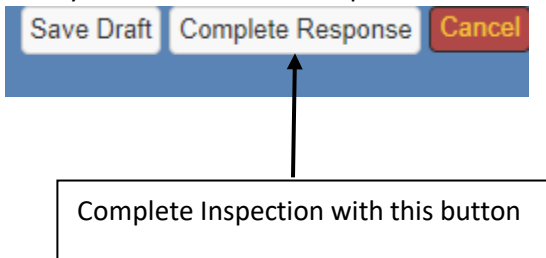
17. Finally, answer the Outside Facility Questions section like every other section.

**Outside Facility Questions**  Section Not Applicable

Building exterior *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Outside lot - fence and storing sheds sound *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Equipment storage *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Other *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

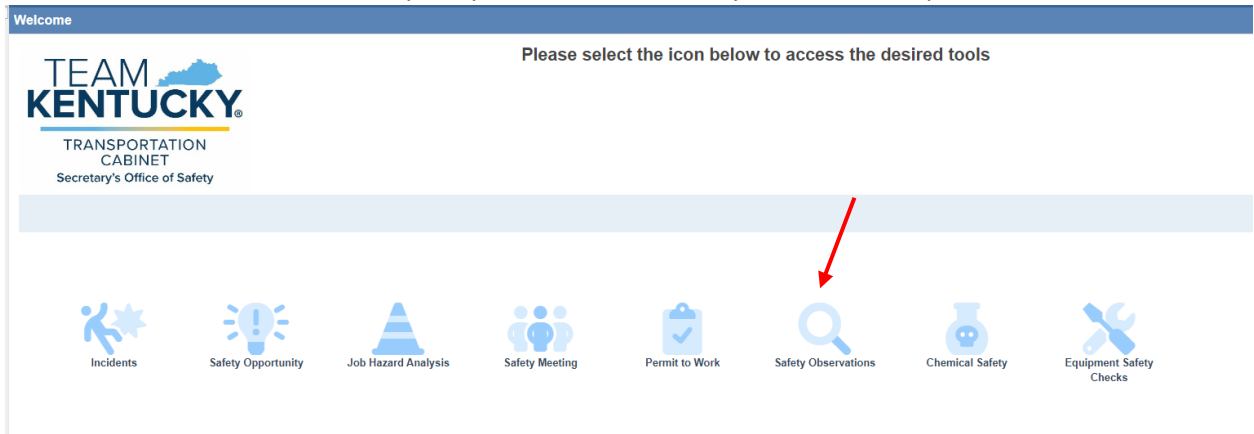
17.a. If you need to insert a corrective action, follow steps 7-10.

18. Finally in the ribbon at the top of the screen hit the Complete Response Button.



## 6.2 Safety Observation / Inspections – Non Licensed User

1. Log into the enterprise portal using either the QR code or enterprise portal link: <https://bit.ly/kytc-boots>
2. On the home screen for the enterprise portal select the safety observations option



3. Select which inspection/checklist you are wanting to complete. For this walkthrough I will be choosing the Facility Safety Inspection.



4. Be sure to fill out all information about the inspection including the Date, time, who is doing the inspection, location, and the type of inspection as seen in the questions below. Remember that fields with the magnifying glass can be filled by either starting to type the name, then choosing from the pop-up suggestions, or by clicking on the icon and opening a search.

### Audit Definition Details

Audit Definition: \* Facility Safety Inspection

Inspection Date:

Inspection Time:

Inspected By:

Location:

Type of Facility:

Type of Inspection:

Comments:

- Make sure to obtain a signature from the Secretary’s Office of Safety Representative (whoever is doing the investigation) and the Facility Representative as well as their job title.

I have discussed and reviewed follow-up inspections and any required corrective actions with the building supervisor.

Secretary’s Office of Safety Representative:

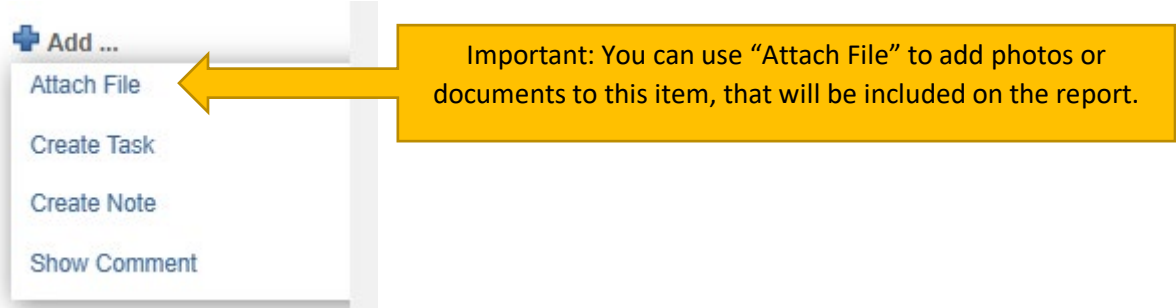
Facility Representative:

Facility Representative Title:

- Next, you will need to answer all of the questions for the General information section as either, Ok/Satisfactory, Requires Correction, Immediate Hazard, or if it is not applicable select Not Applicable (This selection will remove the question from the score received). You can disregard an entire section by checking the box “Section Not Applicable”.

General				<input type="checkbox"/> Section Not Applicable	
General Housekeeping (trip hazards, storage, grease/oil, etc.) *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Chemical containers properly labeled/identified *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Extension cords, hoses not in walkway *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Eyewash Stations working, stocked, and unobstructed *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Fire Extinguishers unobstructed *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Fire Extinguishers mounted, marked, and properly charged *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Annual Fire Drill conducted *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Exits marked, unobstructed, and unlocked *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Doors not for exit properly marked *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Lighted exit signs and/or emergency lights operational *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Exit signs mounted (if lighted exit signs are not installed) *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
First aid kit(s) stocked and available *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Bloodborne Pathogen cleanup kit stocked and available *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Sharps containment *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Break/Crew Room clean (food area, ice machine, refrigerator) *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Restroom(s) clean *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Gas furnace/water heater burners, vents, and air inlets intact and unobstructed *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Gas shutoff for building unobstructed *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Rolling stairs/ladders in good condition *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Battery charging area - PPE, eyewash station present *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Warning signage *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>
Other *	<input type="button" value="Ok/Satisfactory"/>	<input type="button" value="Requires Correction"/>	<input type="button" value="Immediate Hazard"/>	<input type="button" value="Not Applicable"/>	<input type="button" value="Add ..."/>

- If an item needs to be corrected, you should use Add button on the far right to bring down a drop-down menu like the one below:

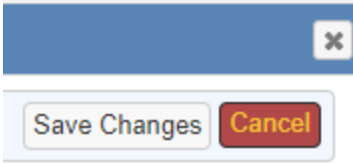


- Select the create task option to bring up this menu:

Complete the fields with the action that is required including as much information as is necessary.

- Fill out the form using as much detail as possible to ensure the corrective action can be completed in a timely manner. Then ensure to change the owner of this task to a licensed user who can then create a corrective action to complete this task. Be sure to provide a due date for the action to be completed. **DO NOT FILL OUT THE COMPLETE DATE.** (“Assigned To User” is the person that should be responsible for the action)

- Hit save changes at the top of the window.



11. Fill out the Flammable/Compressed Gas Questions like the general area. If the section is not applicable check the Section Not Applicable option at the top of the section.

Flammable/Compressed Gas Questions  Section Not Applicable

All compressed gas cylinders secured (full or empty) *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Oxygen and fuel gas cylinders stored separately *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
No more than 25 gallons of gasoline stored in enclosed, heated building *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Safety gas cans with self-closing lid and spark arrestor *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Oily/greasy rags properly disposed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Storage away from open flame/spark producing operations *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Waste oil *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Container labeling *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
No LPG cylinders stored in enclosed area unless connected to appliance *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...
Other *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable	+ Add ...

11.a. If you need to insert a task, follow steps 7-10.

## 6.3 Creating & Editing Corrective Actions

Corrective Actions are assignments of actions needed resulting Safety Observations of any type. These can be assigned from any Safety Observation as follow. Tasks can also be assigned from Safety Observations but can only be assigned for the entire Observation report, not for specific line items or issues. Corrective Actions can be assigned on specific line items, issues, or hazards that must be corrected (example damaged wiring on a facility ventilation fan).

### Creating a new Corrective Action

The screenshot shows the 'Audit Responses' form for 'Secretary's Office of Safety Response'. The form includes fields for 'Type of Inspection' (set to 'Initial'), 'Comments' (containing 'Test safety observation only'), and a section for 'Secretary's Office of Safety Representative' and 'Facility Representative'. Below this is a 'General' section with a list of observations:

Observation	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable
General Housekeeping (trip hazards, storage, grease/oil, etc.) *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable
Chemical containers properly labeled/identified *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable
Extension cords, hoses not in walkway *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable
Eyewash Stations working, stocked, and unobstructed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable
Fire Extinguishers unobstructed *	Ok/Satisfactory	Requires Correction	Immediate Hazard	Not Applicable

A context menu is open over the 'Add...' button of the first observation, showing options: 'Attach File', 'Create Task', 'Create Note', 'Create Corrective', and 'Show Comment'. A blue callout box points to the 'Add...' button with the text: 'From the line item / hazard involved, hover over the "+Add..." then click "Create Corrective Action"'. The 'Create Corrective' option is highlighted in the menu.

Then on the "New Corrective Action" window & form:

**New Corrective Action**

Save Changes Cancel

**Corrective Action Details**

Status: \* New

Action Required: \*

Action Taken:

Assigned To User:

Due Date:

Complete Date:

When initially entering & assigning the item, use this drop down to select "Assigned" status

Add details of the action needed. Make first sentence a concise description, then following you can describe details.

Leave open for the Assigned to User to record actions taken.

Use the search tool to select the employee user to whom you are assigning the corrective action. You have option of also assigning a due date for the action to be completed.

To edit, record action, and complete an assigned Corrective Action from your PC on the web as a licensed user, open the Corrective Action then:

**Corrective Action - Corrective action from safety observation - TEST ONLY**

Save Changes Cancel

**Corrective Action Details**

Status: \* Assigned

Action Required: \*

Action Taken:

Assigned To User:  Jon Lam

Due Date:

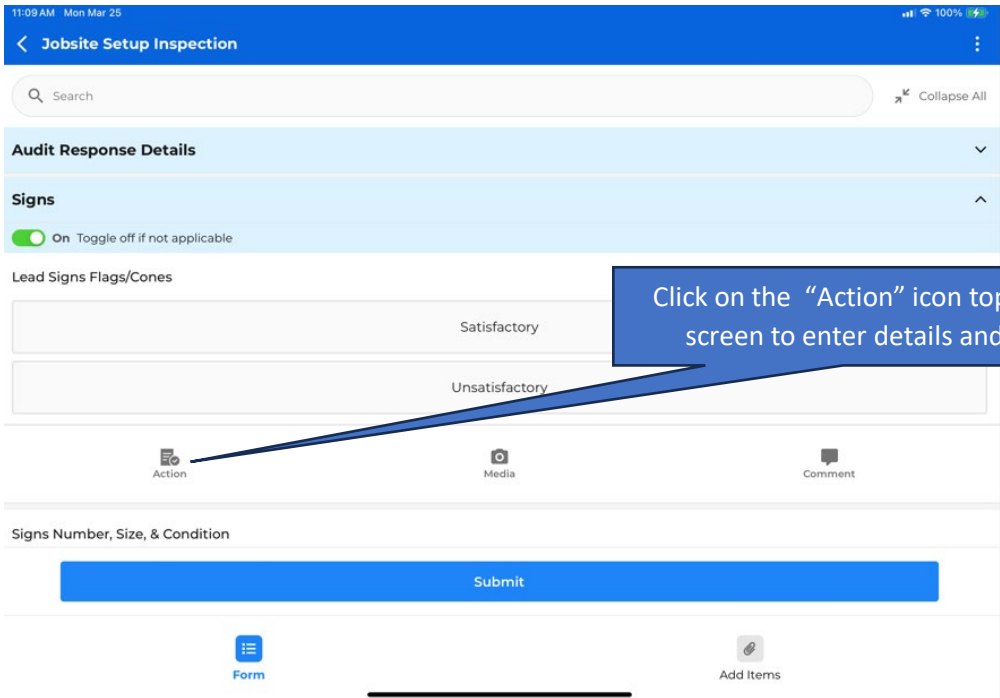
Complete Date:

From drop down list select "In Progress" to acknowledge starting work, or "Complete" to report completion.

Describe the action taken, attach photos, documents, etc

Select the completion date, then "Save Changes" to complete the Corrective Action.

To enter a new Corrective Action from a Safety Observation in the Origami Mobile Forms (2024) app, from any line item in the Observation:



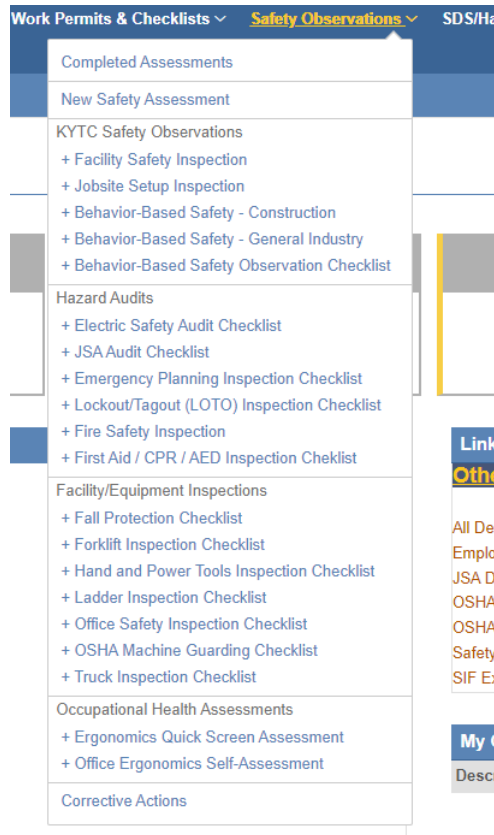
Click on the "Action" icon top open the screen to enter details and assign.

## 6.4 Completing Corrective Actions – Licensed User in Website

1. Log into the boots system using the desktop shortcut created in the previous section or using the licensed user portal:

<https://live.origamirisk.com/Origami/Dashboards/Show/10046?dashboardType=H>

2. From the home screen of the boots system, you will need to hover your mouse over the Safety Observations tab to bring up this drop down.



3. Select the very last option to view all corrective actions.



4. You will be met with this page:

Corrective Actions <span style="float: right;">More ▾</span>			
<a href="#">All Corrective Actions</a> <a href="#">Edit Criteria</a> <a href="#">Edit Columns</a>			
Question	Audit Category	Action Required	Status
General Housekeeping (trip hazards, storage, grease/oil, etc.)	General Issues	Example	Assigned



9. Finally before you save changes, at the top of the page you will need to change the status of the action from assigned, new, or in progress to complete.

### Corrective Action Details

Status: \*



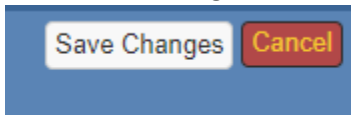
- None Selected -  
Assigned  
In Progress  
Complete  
Not Applicable  
New



### Corrective Action Details

Status: \*

10. Hit the save changes button at the top of the page.



11. You will see this when you have successfully saved the changes.



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## **PART 7: Tasks / Corrective Action Dashboard**

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## 7.1 “Tasks” & “Corrective Actions” Dashboard

All users Homescreeen 2.0 home dashboard includes a panel named “My Tasks, Reviews, and Corrective Actions” below the Links panel that will include these lists:

1. **My Open Incident Reviews** (left side): lists all incident reports ready for your safety review.
2. **My Open Tasks – Assigned to Me** (left side): List of any follow-up tasks created out of Incidents that have been assigned to you as the “owner” for you to take action.
3. **My Corrective Actions** – from Safety Observations (left side): List of any corrective actions created out of Safety Observations that have been assigned to you for you to take action.
4. **Tasks Assigned By Me** (right side): List of any Tasks that you have created out of incident reviews that are assigned to other users or employees for action.
5. **Corrective Actions – Assigned By Me** (right side): List of any Corrective Actions that you have created out of Safety Observations that are assigned to other users or employees for action.

Each of these items will have one field that is in **rust color** – that is a link to the task or corrective action item detail. Once you use that link to open the item, there should then be a link to the Safety Observation Report or Incident Report from which the item was created.

**NOTE:** The list below is for example only. Your lists will be unique to you based on your BOOTS user credentials and will show **ONLY** those actions assigned to or by you that are open or incomplete. If no items are shown under a section title, you have no items to take action on.

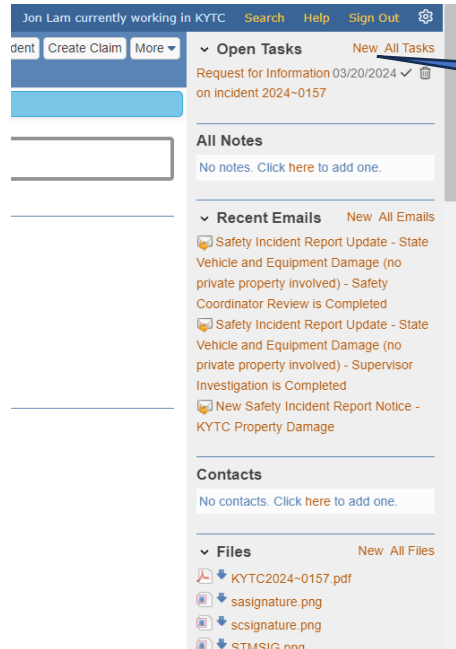
The screenshot displays the Homescreeen 2.0 dashboard with the following components:

- Summary Metrics:** 28, 136, Current YTD 18, 90, % by Due Date 65.51, % Completed 98.18, Since 1/1/2024 32.
- Copy of Links:** Links to Dashboards including BOOTS, TEAM KENTUCKY, CO or District (01-06, 07-12), Departments (Aviation, Highways, Rural/Municipal Aid, Vehicle Regulation, Offices of Secretary), Incident Data (OSHA Injury Rates, Injury - Cause / Nature, Property - Type / Cause / Nature, Safety Opportunity Reports, Utility Damage), and Specialty Dashboards (Workers Comp, Incident Safety Review, Weekly Update, Daily Activity, Office of Support Services Dashboard).
- My Tasks, Reviews, and Corrective Actions:**
  - 1 My Open Incident Reviews:** A table with columns: Due Date, Category, Description, Task Origin, Entry Date. It shows an incident assigned to install convex spot rearview mirrors on all fleet vehicles.
  - 2 My Open Tasks - Assigned to Me:** A table with columns: Due Date, Category, Description, Task Origin, Entry Date. It shows a request for information on an incident and a safety observation assigned to the user.
  - 3 My Corrective Actions - from Safety Observations:** A table with columns: Observation Type, Description, Location, Job Report Type #, Category, Action Required, Status, Created Date, Completed. It shows a facility safety inspection requiring further action.
  - 4 Tasks Assigned By Me:** A table with columns: Due Date, Category, Description, Assigned To, Assigned Date, Task Origin, Completed. It shows tasks assigned to Nick Marano and Jon Lam.
  - 5 Corrective Actions - Assigned By Me:** A table with columns: Date, Observation Type, Description, Location, Job Report Type #, Category, Action Required, Status, Created Date, Completed. It shows facility safety inspections requiring corrective actions like emergency lighting and extension cords.

A blue callout box states: "If nothing is listed under the section heading it means you have no open items".

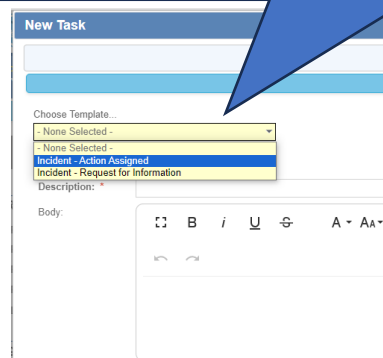
## 7.2 Creating & Editing “Tasks”

Tasks are assignments of actions needed resulting from Incident reviews. These can be assigned from any Incident or Safety Opportunity Report as follows:



From Incident screen, top right Tasks box, click “New”

Use the pull-down “Choose template” feature to select type of task desired



This screenshot shows the 'New Task' form with several annotations. The 'Choose Template...' dropdown is set to 'Incident - Action Assigned'. The 'Description:' field contains the text 'Concise action summary goes here'. The 'Body:' field is empty. The 'Owner:' field is empty, and the 'Backup Owner:' field is set to 'Jon Lam'. The 'Due Date:', 'Complete Date:', and 'Start Date:' fields are empty.

Supervisor Investigation is Comple

Choose Template...  
Incident - Action Assigned

Description: \*  
Concise action summary goes here

Body:  
Type extended description of specific actions needed. You can attach photos or documents external to BOOTS here.

Owner: [Search]  
Backup Owner: Jon Lam [Search]

Due Date: [Calendar]  
Complete Date: [Calendar]  
Start Date: [Calendar]

Fill in the Description & Body as described

Use the search tool to select the BOOTS user as the “Owner” – this is the person you are assigning the task to for action. You may also select a backup-owner if you wish.

Assign a due date if wished, or leave open.

End Date:

Pick a priority or keep default "Normal"

Project:

Category:

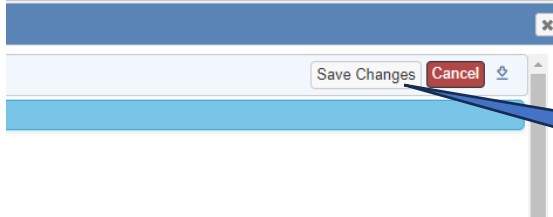
Priority:

Shared: \*

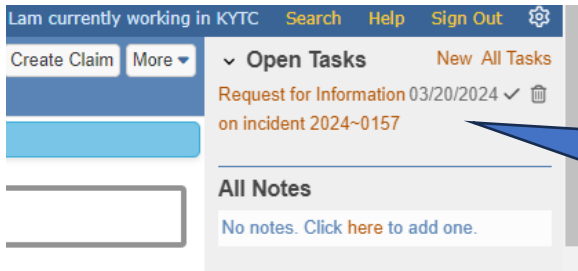
Use this button to open a list of files that are attached to the incident, and select any that you wish to attach to this task assignment.

[Attach files from Incident](#)

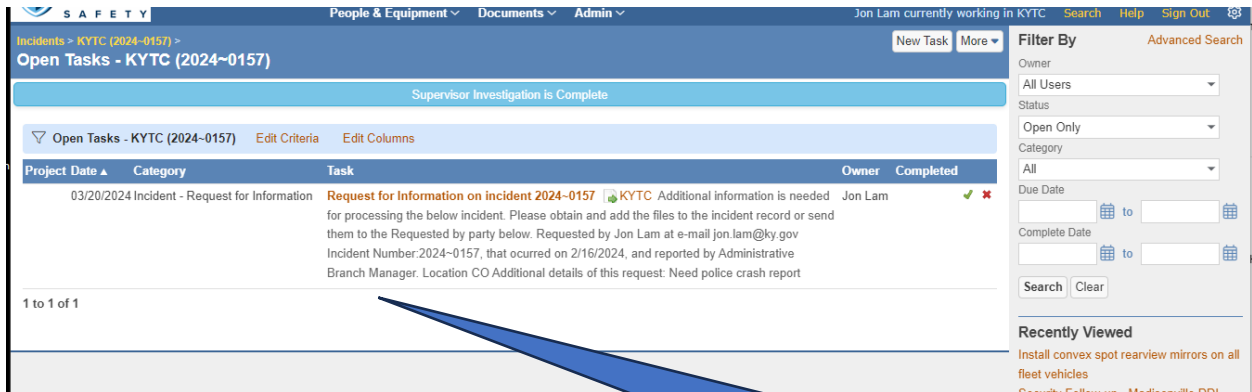
[Click here to assign to additional users](#)



Save the new Task by clicking the Save Changes button at the screen top right.



The "Open Tasks" box on the screen top right in any incident will show any open Tasks. You can view the entire list by clicking "All Tasks", and open any of them from the list.



This view is accessible by opening the Task