

Computerized Accident/Incident Reporting System (CAIRS)

Add New Case – Data Entry

CAIRS
Health, Safety and Security

CAIRS Case Input

Organization: 1504509-10000004 Paragon Tech. Serv. (HQ) - Security Officer Case Number:

Accident Type: Injury Multi-Org case? No

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Case Input Screen

Complete all fields in the form on the left. If a field name is underlined, you may click it to display Help.


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Case Input - page 1

GICS Input NewCase - Windows Internet Explorer
https://cairstrain.hss.doe.gov/cairs/admin/Input/BeginNewCase.asp

Favorites
Page Safety Tools



Health, Safety and Security

FIELDS IN RED NEED ATTENTION

New InjuryCase
 Official Use Only - Privacy Act

General Information

Organization: 1504509-10000004	Case Number: <input type="text" value="34521"/>	Program Office: <input type="text"/>
Multi-Case Number: <input type="text"/>	Accident Type: Injury	
Investigation Type: <input type="text" value="C"/>	Department, Division, or ID Code: <input type="text"/>	
Occurrence Date (YYYYMMDD): <input type="text" value="20130221"/>		
Time of accident known: <input type="text"/>	Accident Time: <input type="text"/> (nearest hour Military Time)	Time Employee began work: <input type="text"/> (nearest hour Military Time)
Accident Occurred: <input type="text"/>	On Employer's Premises: <input type="text"/>	
Specific Location: <input type="text"/>		

Employee Information

Name: (Last, First, MI) <input type="text"/> , <input type="text"/> , <input type="text"/>		
Home Address(Street/City/State/Zip): <input type="text"/>		
I.D. Number--DO NOT USE SOCIAL SECURITY NUMBER <input type="text"/>		
Date of Birth (YYYYMMDD): <input type="text"/>	Age: <input type="text"/>	Gender: <input type="text"/>
Job Title: <input type="text"/>	Occupation: <input type="text"/>	Hire Date (YYYYMMDD): <input type="text"/>
Length of Employment: <input type="text"/>	Experience on Job Equipment: <input type="text"/>	

Injury/Illness (OSHA Information)

OSHA Classification: <input type="text" value="Injury"/>		
Days away from work: <input type="text" value="0"/>	Days of restricted work activity or job transfer: <input type="text" value="0"/>	Death? <input type="text"/>
		Date of Death (YYYYMMDD): <input type="text"/>
Transferred? <input type="text"/>	Terminated? <input type="text"/>	

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Special Codes

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Case Input - page 2

Is this case closed?

[Nature of injury/illness](#)

Body part injured: Nature of injury:

Name of physician or other health care professional:

If treatment was given away from the worksite, where was it given:

Hospitalized overnight? Was employee treated in an emergency room?

Object or Substance

Source: [Other material, substance, or equipment:](#)

Did equipment design or defect contribute to accident cause or severity?

[Personal Protective Equipment Used](#)

Narrative Guide

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

[Activity](#) [Activity Code](#)

[Object or Substance](#)

[Events](#) [Loss Event Code](#)

Accident Causes

Cause directly related to:

DW - Weather DD - Design/Material DP - Procedure

DE - Employee DO - Other

Cause indirectly related to:

IW - Weather ID - Design/Material IP - Procedure

IE - Employee IO - Other

[a. Conditions](#)

Case Input Screen

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Case Input - page 3

GICS Input NewCase - Windows Internet Explorer
https://cairstrain.hss.doe.gov/cairs/admin/Input/BeginNewCase.asp

GICS Input NewCase
Page Safety Tools

[b. Actions.](#)

[c. Factors.](#)

[Corrective Actions.](#)

[a. Actions Taken.](#)

[b. Actions Recommended.](#)

[c. To be completed by \(YYYYMMDD\):](#)

Person Completing Form

Name:

Signature Date (YYYYMMDD):

Telephone: (xxx-xxx-xxxx)

Job Title:

Supervisor

Safety Professional

Other:

Corrective Action:

Supervisor responsible for Corrective Action:

Signature Date (YYYYMMDD):

Supervisor Telephone: (xxx-xxx-xxxx)

Accident investigation contact (if different from person who completed the form)

Telephone: (xxx-xxx-xxxx)

[Have Data Specialist Finish Coding?](#) YES NO

<input type="button" value="Save"/>	<input type="button" value="Check Input"/>
Submit to Production	Delete
<input type="button" value="Start Over"/>	

DO NOT CLICK BUTTONS MORE THAN ONCE!

Security Notice	Input Center	Add New Case	Revise Production Space	Data Screening	Revise Workspace	Bulk Upload	CAIRS Home Page
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Case Input Screen

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Revise Case in Workspace – Data Entry Select Case Screen

The screenshot shows a web browser window titled "GICS Workspace cases - Windows Internet Explorer". The address bar contains the URL "https://cairstrain.hss.doe.gov/cairs/admin/input/GICSTop.asp". The page features the CAIRS logo with the tagline "Health, Safety and Security". Below the logo is a blue header with the text "CAIRS Cases in Workspace" and the instruction "To edit case: click on caseid below".

The main content area displays a table of "Recordable Cases" with the following data:

Organization	CaseID	Coding	Send to Production?	Accident Type	Accident Date	WDL	WDLR	DLOSS	OLOSS	Add Date	Mod Date	Input UserID
1504509-10000000	003-2009	No	No	Injury/Illness	2009-02-18	0	3	0	0	20091110	20091110	NORMANK
1504509-10000000	005-2009	No	No	Injury/Illness	2009-02-18	0	0	0	0	20091110	20091110	NORMANK

Below the table is a "Submit Changes" button. At the bottom of the page, there are several navigation links: [Security Notice](#), [Input Center](#), [Add New Case](#), [Revise Production Space](#), [Data Screening](#), [Revise Workspace](#), [Bulk Upload](#), and [CAIRS Home Page](#).

Revise Case in Workspace Data Entry – page 1

GICS Input Top - Windows Internet Explorer
 https://cairstrain.hss.doe.gov/CAIRS/Admin/Input/EditGICSProgFram1.asp
 GICS Input Top

CAIRS
 Health, Safety and Security

[View in 5484.3 Format?](#)

Case Input Screen

Complete all fields shown in red in the form on the left. If you are still missing information, complete as much as possible and click the Submit to Workspace button at the bottom of the form to store the information until you are ready to complete it.

After you complete all the required information, click the Check Input button to verify that all required fields are done. When the case input is complete, the Submit to Production button becomes available and you may click it to submit the case.

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[Input Center](#)
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[Revise Production](#)
[Revise Workspace](#)
[Security Notice](#)

FIELDS IN RED NEED ATTENTION

Multiple case number must be numeric.
 Invalid month in Hire date of: 61

Injury/IllnessCase
 Official Use Only - Privacy Act

General Information

Organization: 1504509-10000000 Case Number: 003-2009 Program Office: Environmental Management

Multi-Case Number: M Accident Type: Injury/Illness

Investigation Type: C Department, Division, or ID Code: 002

Occurrence Date (YYYYMMDD): 20090218

Time of accident known: Yes Accident Time: 15 (nearest hour Military Time) Time Employee began work: (nearest hour Military Time)

Accident Occurred: Indoors On Employer's Premises: Yes

Specific Location: Parts Factory

Employee Information

Name: (Last, First, MI) Cushman, Alex

Home Address (Street/City/State/Zip): 5 Main Street, Anytown, MD

I.D. Number: --DO NOT USE SOCIAL SECURITY NUMBER 501110

Date of Birth (YYYYMMDD): 19460512 Age: 62 Gender: Female

Job Title: assistant machinist Occupation: 5101 Hire Date (YYYYMMDD): 1996614

Length of Employment: over 12 months Experience on Job Equipment: over 12 months

Injury/Illness (OSHA Information)

OSHA Classification: Injury

Days away from work: Days of restricted work activity or job: Death: No Date of Death (YYYYMMDD):

Revise Case in Workspace Data Entry – page 2

GICS Input Top - Windows Internet Explorer

https://cairstrain.hss.doe.gov/CAIRS/Admin/Input/EditGICSProgFram1.asp?x

OSHA Classification: Injury

Days away from work: 0 Days of restricted work activity or job transfer: 3 Death: No Date of Death (YYYYMMDD):

Transferred? No Terminated? No

Is this case closed? No

Nature of Injury/Illness

laceration to right hand

Body part injured: 3301 Nature of injury: 0035

Name of physician or other health care professional: Dr. Ben Casey

If treatment was given away from the worksite, where was it given: General Hospital

Hospitalized overnight? No Was employee treated in an emergency room? Yes

Object or Substance

Source: 2208 Other material, substance, or equipment:

Did equipment design or defect contribute to accident cause or severity? Yes

Personal Protective Equipment Used:

Narrative Guide

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

Activity Activity Code

The employee was looking for some papers on the top shelf of a storage cabinet 0101

Object or Substance

Storage cabinet

Events Loss Event Code

The edge of the cabinet struck the employee on the right hand causing a 0229

Accident Causes

Cause directly related to:

DW - Weather DD - Design/Material DP - Procedure

DE - Employee DO - Other

Cause indirectly related to:

IW - Weather ID - Design/Material IP - Procedure

IE - Employee IO - Other

a. Conditions

The front two supports pads of the cabinet were leveled with paper and

b. Actions

Case Input Screen

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Revise Case in Workspace Data Entry – page 3

b. Actions.
Employee was standing on the bottom shelf of the storage cabinet

c. Factors.
The employee did not use the step stool that was provided for reaching high

Corrective Actions.

a. Actions Taken.
The cabinet was taken out of service and secured to a partition to prevent

b. Actions Recommended.
Brief employees on incident and safety requirements when performing similiar

c. To be completed by (YYYYMMDD): _____

Person Completing Form

Name: Mark Brown
Signature Date (YYYYMMDD): 20090218
Telephone: (xxx-xxx-xxxx) 3137829901
Job Title:
 Supervisor
 Safety Professional
 Other: _____

Corrective Action:

Supervisor responsible for Corrective Action: _____
Signature Date (YYYYMMDD): _____
Supervisor Telephone: (xxx-xxx-xxxx) _____

Accident investigation contact (if different from person who completed the form)
Telephone: (xxx-xxx-xxxx) _____

Have Data Specialist Finish Coding? YES NO

Save **Check Input**
Submit to Production **Delete**
Start Over

DO NOT CLICK BUTTONS MORE THAN ONCE!

[Security](#) [Input](#) [Add New](#) [Revise](#) [Data](#) [Revise Bulk](#) [CAIRS](#)

Case Input Screen

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[Input Center](#)
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[Revise Production](#)
[Revise Workspace](#)
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Revise Case in Production – Data Entry Select Case Screen

CAIRS Input Form - Windows Internet Explorer

https://cairstrain.hss.doe.gov/cairs/admin/Input/ReviseGICS.asp

CAIRS Health, Safety and Security

CAIRS Case Revision

Find Cases

Organization: 1504001-0000000 - 'DOE Headquarters' Input UserID: tcc

Accident Year: 2013 Accident Month: Accident Time: (nearest hour Military Time)

Accident Type: Input UserID:

Add Date (YYYYMMDD) Modification Date (YYYYMMDD) CASEID:

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Revise Case - Windows Internet Explorer

https://cairstrain.hss.doe.gov/cairs/admin/Input/ReviseGICSCases.asp

Revise Case

CAIRS Health, Safety and Security

CAIRS Cases in Production

To edit case: click on caseid below

Recordable Cases

Organization	CaseID	Accident Type	Accident Date/Time (24H Clock)		WDL	WDLR	DLOSS	OLOSS	Add Date	Mod Date	Input UserID
1504509-10000004	2010-01	Injury	20100204	06	21	0	0	0	20100305	20100423	NORMANK

Submit Changes

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Revise Case in Production Data Entry – page 1

GICS Input Top - Windows Internet Explorer
 https://cairstrain.hss.doe.gov/CAIRS/Admin/Input/ReviseTheCaseFrame.as...
 Favorites GICS Input Top Page Safety Tools

CAIRS
 Health, Safety and Security
[View in 5484.3 Format?](#)

Injury/IllnessCase
 Official Use Only - Privacy Act

General Information

Organization: 1504509-10000004 Case Number: 2010-01 Program Office: Other Headquarters Level Organization

Multi-Case Number: Accident Type: [Injury/Illness](#)

Investigation Type: C Department, Division, or ID Code: 02

Occurrence Date (YYYYMMDD): 20100204

Time of accident known: Yes Accident Time: 06 (nearest hour Military Time) Time Employee began work: 07 (nearest hour Military Time)

Accident Occurred: Outdoors On Employer's Premises: Yes

Specific Location: South Parking Lot

Employee Information

Name: (Last, First, MI) McGhee, Kiva

Name: (As collected in previous CAIRS) Kiva McGhee

Home Address (Street/City/State/Zip): 638 Southern Ave SE, Washington,

I.D. Number: --DO NOT USE SOCIAL SECURITY NUMBER 2010-01

Date of Birth (YYYYMMDD): 19660824 Age: 43 Gender: Female

Job Title: Security Officer Occupation: 2102 Hire Date (YYYYMMDD): 19990503

Length of Employment: over 12 months Experience on Job/Equipment: over 12 months

Injury/Illness (OSHA Information)

OSHA Classification: Injury

Days away from work: 21 Days of restricted work activity or job transfer: 0 Death? No Date of Death (YYYYMMDD):

Transferred? No Terminated? No

Is this case closed? No

Nature of Injury/Illness

Employee slipped and fell on ice

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Revise Case in Production Data Entry – page 2

GICS Input Top - Windows Internet Explorer

https://cairstrain.hss.doe.gov/CAIRS/Admin/Input/ReviseTheCaseFrame.as

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Nature of Injury/Illness

Employee slipped and fell on ice

Body part injured: 4201 Nature of injury: 0012

Name of physician or other health care professional: Medical Access

If treatment was given away from the worksite, where was it given: Medical Access

Hospitalized overnight? No Was employee treated in an emergency room? Yes

Object or Substance

Source: 6219 Other material, substance, or equipment:

Did equipment design or defect contribute to accident cause or severity? No

Personal Protective Equipment Used

Narrative Guide

DO NOT INCLUDE THE NAME (OR OTHER PERSONAL IDENTIFIER) OF THE EMPLOYEE OPERATOR OR WITNESS IN THIS SECTION. Use third person references, e.g., he slipped on the wet floor and broke his right toe.

Activity **Activity Code**

Walking into the building

Object or Substance

slippery walk way

Events **Loss Event Code**

The employee was walking and slipped on the icy parking lot injuring her right

1304

Accident Causes

Cause directly related to:

DW - Weather DD - Design/Material DP - Procedure

DE - Employee DO - Other

Cause indirectly related to:

IW - Weather ID - Design/Material IP - Procedure

IE - Employee IO - Other

a. Conditions.

Surface was icy

b. Actions.

Employee was not fully aware of the walk way conditions

c. Factors.

weather

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Revise Case in Production Data Entry – page 3

GICS Input Top - Windows Internet Explorer
https://cairstrain.hss.doe.gov/CAIRS/Admin/Input/ReviseTheCaseFrame.as... Google

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Employee was not fully aware of the walk way conditions

c. Factors.

weather

Corrective Actions.

a. Actions Taken.

Injury was reported to HR
Safety Specialist distributed a Safety

b. Actions Recommended.

Posting of "Caution" signs in the area for inclement weather hazards

c. To be completed by (YYYYMMDD): 20100226

Person Completing Form

Name: Kimberly Noman

Signature Date (YYYYMMDD): 20100305

Telephone: (xxx-xxx-xxxx) 2025863810

Job Title:

Supervisor

Safety Professional

Other: _____

Corrective Action:

Supervisor responsible for Corrective Action: _____

Signature Date (YYYYMMDD): _____

Supervisor Telephone: (xxx-xxx-xxxx) _____

Accident investigation contact (if different from person who completed the form) _____

Telephone: (xxx-xxx-xxxx) _____

Have Data Specialist Finish Coding? YES NO

Save Check Input

Update Production Record **Delete**

Start Over

DO NOT CLICK BUTTONS MORE THAN ONCE!

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Enter Work Hours - Data Entry Entrance Screen

CAUTION

Do NOT enter workhours until you have submitted all accident reports for the quarter (new and revised) to the CAIRS production system. Have all accident reports for your organization been submitted for the quarter for which you are entering workhours?

Administer Workhours

Organization Code: 1504509-10000000 Paragon Tech. Serv. - HQ - Admin.
 1504509-10000001 Paragon Tech. Serv. (HQ) - Sec. Police Off. I
 1504509-10000004 Paragon Tech. Serv. (HQ) - Security Officer
 1504001-00000000 DOE Headquarters

Year: 2013 Quarter: 1

Show Data From Previous Quarter

Next Screen Reset Cancel

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Enter Work Hours - Data Entry

Workhours
For Organization(s) 1504509-10000001 and year 2013 and quarter 1

NOTE: Workhours do not appear in any reports until all new and revised accident reports have been entered for the period, AND you have selected 'YES' in the Quarterly Report Complete column. If the 'Quarterly Report Complete' column says yes after you have clicked 'Submit Changes' you may return to the input screen [here](#).

Organization	Year-Qtr	Quarterly Report Complete	Workhours	PSO	%	PSO	%	PSO	%	UserId
1504509-10000001	2013-1									

Submit Changes

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