



GUIDE FOR REPORTING IN CAIRS

CAIRS Landing Page

Go to www.CAIRS.ubc.ca

UBC Centralized Accident / Incident Reporting System (CAIRS)

Instructions

- If this is a serious/life-threatening injury, major structural failure, major hazardous release, fire or explosion with the potential for serious/life-threatening injury, or otherwise required immediately reportable incident, you must contact Safety & Risk Services.
- The questions below will determine the questions that show up on the Incident/Accident form.
- You may need employment and salary information to complete the form, make sure you can obtain this information from your department's administrator.
- If you close the form you will lose what you entered.
- Your CAIRS Session may timeout after 60 minutes. It is recommended to gather information first, and save your progress prior to expiration time. You may return to your report via the CWL Login below or emailed link if submitted.
- Please do not login into CAIRS in a different browser tab or window while you are filling in the Incident/Accident form. It may cause an error upon submission of the form.
- Given the nature of information collected and stored in CAIRS, it is strongly recommended that before requesting access to CAIRS, that you complete the [Privacy & Information Security Fundamentals](#) training to better understand the measures needed to protect personal information and to comply with UBC privacy and security requirements.
- UBC collects information about you under the authority of sub-section 26(c) of the Freedom of Information and Protection of Privacy Act and as legally required by the Workers Compensation Act; this information is collected for the sole purpose of complying with WorkSafeBC and investigating your incident/accident report. Questions about the collection and use of this information can be directed to Safety & Risk Services.
- All information collected remains confidential and will only be disclosed on a 'need to know' basis or as otherwise authorized by law.

Resources To Assist With Your Investigations

- [UBC Incident Site Investigation Guide \(download\)](#) - Bring to the incident site for guidance on conducting and recording your incident investigation for CAIRS reporting.
- [UBC Lifting Incidents- Background Information](#) - Use this tool for lifting injuries, and attach it to your CAIRS report.
- [Accident/Incident Investigation and Reporting Program](#)
- [Accidents in the Workplace](#)

Person Injured / Affected Type: ☐ Staff ☐ Faculty ☐ Paid Student (Student Worker) ☐ Practicum/Clinical Placement Student ☐ Other Student ☐ Visitor/Volunteer/Visiting Student ☐ Contractor

User Filling in Form (You): ☐ Supervisor ☐ Person Injured/Affected (WorksafeBC 6A form) ☐ Witness/Person Reported To (Other Students, Visitors, Contractors only)

Employee Campus Affiliation: ☐ Vancouver ☐ Okanagan ☐ Other UBC Location

Severity: ☐ Incident Only (near-miss, minor injury, or property damage) ☐ Medical Treatment (visit doctor, no days off) ☐ Time Loss (days off work, excluding incident day)

Type of Claim: ☐ No injury ☐ An injury ☐ An occupational disease ☐ A repetitive/gradual onset injury

[Continue To Report](#)

Coming back to finish your incomplete submission?
Login with your CWL here to resume:



Are you an Administrator on CAIRS?

[Administrator Login](#)

Resources for Privacy Information, Site Investigations, and Ergonomics are available.

There are 3 options to enter a form:

1. [Continue To Report](#) (to submit an incident form)
2. [CWL Login](#) (for those returning to a saved form)
3. [Administrator Login](#) (for those with registered access to review incidents and print reports)



Instructions for selection buttons:

1. Person Injured/Affected

- Indicate the person injured or affected by the incident.
- This will determine what User types are available.

2. User Filling in Form

- Indicate where you (the one filling in the form) are a supervisor or the person injured/affected in incident.
- The Witness/Person Reported To is only applicable to visitors, other students, and contractors.
- If you are a supervisor and the person injured/affected in the incident, select the “person injured/affected in the incident”.

3. Severity

- Indicate if the incident required the person injured/affected to seek Medical Treatment from a doctor/hospital, or lost time after the day of the incident.
- If not Medical Treatment or Time Loss, select Incident-Only (minor or near-misses that could have been serious in consequence).

***Note:** Person Injured/Affected, Severity, and Type of Claim settings can be changed later. Choose based on facts at the present time.

***Incidents:** Accidents which resulted (or almost) in an injury, occupational disease, or property damage.

***Near-miss:** An incident that had the potential for causing an injury, occupational disease, or property damage.



Reporting

Two reports will typically be required for employees of UBC:

1. A Supervisor Report.
2. A Person Injured/Affected Report.

Supervisors:

- Supervisors (Manager, Supervisor, PI, Lab Manager, Dept. Head, etc.) are required to complete a report in order to ensure actions are taken to prevent reoccurrence and/or correct hazards.
- Supervisor Reports serve as both an Incident Investigation and a Form 7 (WCB Claim).
 - The form includes 6 Steps.
- Supervisors can click the email link from a person injured/affected report, or start a report on the CAIRS website.
- **Note:** If you are the supervisor of the individual, a “Supervisor” Report must be filled, and not the “Witness/Person Reported To” Report.

Person Injured/Affected:

- The person injured/affected will only see Steps 1-4.
- The Person Injured/Affected Report serves as a hazard/incident notification and a WCB Form 6A (Notice of Injury to the Employer).
- When a person injured/affected submits a CAIRS report and inputs their supervisor’s name and email, that supervisor will receive an email notification to complete their report.
 - The Person Injured/Affected form and Supervisor form should link after.
- **Note:** The injured person is still required to phone the WSBC TeleClaim to file a claim.
 - A pop-up box appears after submitting a Medical Treatment or Time Loss Report with the required TeleClaim information.

WorkSafeBC Teleclaim



If you have seen a doctor or have missed time from work as a result of a work-related injury/illness, it is important that you start a WCB claim by calling the [WorkSafeBC Teleclaim Contact Centre](https://www.worksafebc.com/en/teleclaim) at 1.888.WORKERS (1.888.967.5377).

Witness/Person Reported To:

- This short form is applicable to those injured or affected and without Supervisors, such as visitors, select students, and contractors.
- The form will not allow worker classes to be selected.
- This form will not be included in Incident Statistics, due to the risk of duplication.
- This form will not be capable of linking to an injured person form.



Report Submissions Process Flow

CAIRS reports are typically submitted by two categories of persons that may be linked together after submission:

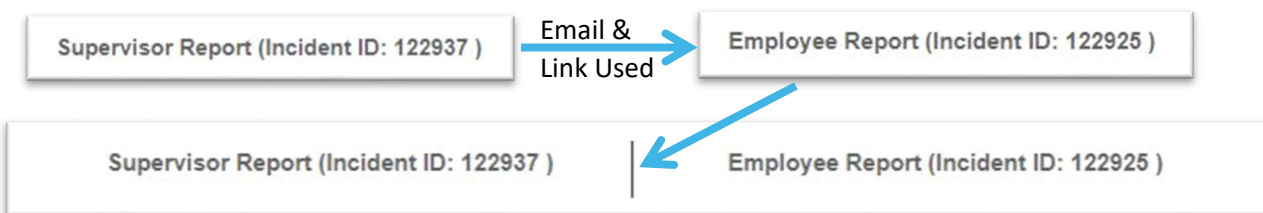
- 1) The supervisor
- 2) The injured/affected person

Starting the Process

It does not matter who submits the CAIRS report first, but **the supervisor must submit their preliminary report in CAIRS within 2 days of the incident.**

Supervisor Form

- When a Supervisor enters the email address of the injured/affected person on the Personal Information step, that email will receive a request to submit a CAIRS report.
- The email received will contain an html link to review incident information. Personal and employment information is not visible per privacy security.



- ❖ **Note:** Only registered administrators of CAIRS will see the linked report.

Injured/Affected Person Form

- When the injured/affected person enters the email address of the supervisor on the Incident Information step, that email will receive a request to submit a CAIRS report.
- The email received will contain an html link to review incident information. Personal and employment information is not visible per privacy security.



- ❖ **Note:** Only registered administrators of CAIRS will see the linked report.
- ❖ **Note:** If the indicated Supervisor is unable to complete the CAIRS report, they should forward the email to a designated alternate. If that is unable to be done, the alternate can create a new "Supervisor" report on the CAIRS main page: https://www.cairs.ubc.ca/public_page.php



Step 1- Incident Information

Incident Information

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Incident Title	<p>Preliminary incident investigation information must be submitted within 48 hours (2 days) of the incident. Please be sure to click "Submit" at the end of the form. After the initial submission, you will be emailed a link to return and update/complete your report over the next 25 days with any additional findings and action plans.</p> <hr/> <p>Please give this incident a short title (please do not include names or personal information)</p> <p>Incident Title*:</p> <input type="text"/>
Report Writer	<p>Your name*:</p> <input type="text"/> <p>Your phone*:</p> <input type="text"/> <p>Your email (This address will receive a copy of the report)*:</p> <input type="text"/> <p>Your job title*:</p> <input type="text"/> <p>Reported by user type:</p> <input type="text" value="Supervisor"/> <p>Your supervisory relationship to the involved person:</p> <p>Direct Supervisor ▼</p> <p>If 'other' selected, your supervisory relationship:</p> <input type="text"/>
Date and Time of Incident/Accident	<p>Date*:</p> <input type="text"/> <p>Time*:</p> <input type="text"/>

Reported by user type is only visible to SRS/HR

Supervisor relationship drop down allows for options for the writer, as a supervisor section is further down.




Location of Accident	<p>Building: <input type="text"/></p> <p>GPS Coordinates: <input type="button" value="Select Location on Map"/> <input type="text"/></p> <p>Description of Incident Location*: <input type="text"/></p>	<p>Building will notify CAIRS Administrators based on their filter settings.</p> <p>GPS coordinates are required and help indicate where the incident occurred. Note that you can zoom in to street level.</p>
Incident Details, Description and Sequence of Events	<p>Describe fully what happened before, during, and after the incident (please do not include names or personal information)*: <input type="text"/></p> <p>Main Body Part Injured*: <input type="text" value="Make a Selection"/></p> <p>Secondary Body Part Injured: <input type="text" value="Make a Selection"/></p> <p>Side of body injured*: <input type="radio"/> Left <input type="radio"/> Right <input checked="" type="radio"/> Middle</p> <p>Accident Type*: <input type="text" value="Make a Selection"/></p> <p>Injury Type*: <input type="text" value="Make a Selection"/></p> <p>Is this a serious injury?*: <input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
Supporting Documentation (maximum 5 MB per file, JPEG, GIF, PNG, PDF, DOC, or DOCx ONLY)	<p>Please do not include attachments with personal information (first aid, medical, names, faces, credit cards, etc.)</p> <p>File 1: <input type="button" value="Choose File"/> No file chosen</p>	<p>Attachments containing personal information (including in the file name), will be relocated to a secure section for RMS only, and deleted from the report.</p>

Note: The save button hovers over the left hand side during each step. To save, click the button, and **make sure to enter your CWL**.

Note: **A saved report does not constitute an official submitted report.** Saving is meant to be returned to within asap, and must not delay preliminary incident reporting.

Save incomplete form by logging in with your CWL



Please note:

- Make sure to enter your CWL information before closing the browser.
- Time outs may occur. Do not leave CAIRS open when not in use or information may not save.
- Saving does not constitute Submitting. Be sure to Submit the report in 2 days.



Incident Details, Description and Sequence of Events

- ☐ **Does not include any names or personal information.**
- ☐ Include information obtained from your site investigation leading up to the accident and what happened (pre-incident, during, and post-incident).
 - Ex: (Bad): Worker got poked by needle
 - Ex: (Good): Worker was removing needle from packaging which resulted in worker accidentally poking themselves with a needle. Worker has performed this process several times in the past, after receiving training on the procedure. Needle was still clean at the time, and was discarded.
- ☐ Overexertion and Repetitive Motion incidents should include weight of item lifted and clear description of activity (postures, frequency, distance traveled, etc.).
 - Ex: (Bad): Worker hurt their shoulder.
 - Ex: (Good): Worker was removing lifting several boxes weighing approximately 50 pounds each over 4 hours. Worker did not notice pain until the next day. Lifting was done from the ground and then moved to another room and placed at a height around waist level. A dolly was available, but not used. Worker received training on safe lifting procedures at last crew talk last month.



Incident Response

Name of Person First Reported To	<p>Name: <input type="text"/></p> <p>Job title: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Email: <input type="text"/></p>	<p>Note: "Reported To" is when it is reported to a representative of the Employer (Supervisor, Administrator, etc.)</p>
Date and Time Reported	<p>Date*: <input type="text"/></p> <p>Time*: <input type="text"/></p>	
Supervisor of employee involved	<p>Name of Supervisor*: <input type="text"/></p> <p>Phone*: <input type="text"/></p> <p>Email (This address will receive a copy of the report)*: <input type="text"/></p> <p>Supervisory relationship to the involved person: <input type="text" value="Direct Supervisor"/></p> <p>Job title: <input type="text"/></p> <p>If 'other' selected, their supervisory relationship: <input type="text"/></p>	<p>This may be different than the writer, and can be specified by supervisory relationship.</p>
Medical Response	<p>Was first aid offered/called?*: <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Date first aid offered*: <input type="text"/></p> <p>Was first aid given?*: <input checked="" type="radio"/> Yes <input type="radio"/> Declined <input type="radio"/> Not known</p> <p>Date received first aid*: <input type="text"/></p> <p>Name of First Aid Attendant/Institution First Aid System*: <input type="text" value="UBC First Aid"/></p> <p>Level of First Aid Training: <input type="text" value="Make a Selection"/></p>	<p>Additional fields appear if "Yes" is selected.</p> <p>First Aid should be a qualified OFA Attendant other than self for employees.</p>
Modified Duties	<p>Have modified duties been offered?: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p>	



Step 2- Additional Incident Information

Witness or Other Required Personnel (OPTIONAL)	Name:	<input type="text"/>
	Email:	<input type="text"/>
	Job title:	<input type="text"/>
	Phone Number:	<input type="text"/>
	Person Type:	<input type="radio"/> Person's presence may be necessary for a proper investigation <input type="radio"/> Witness
	Comment:	<div><div></div></div>

Note: Do not enter personal information into the "Comment" box.

- ☐ Complete this area to indicate Work-Relatedness for WCB Claims.
- ☐ If uncertain of work-relatedness, click "Uncertain" and indicate why in the box that appears.

Witnesses confirms employee's statement (OPTIONAL)	Witnesses confirms employee's statement: <input type="radio"/> Yes <input type="radio"/> No
University business	Were the employee's actions at the time of injury for the purpose of university business?*: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
Employee's regular work	Were the activities part of the employee's regular work?*: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Uncertain
Injury statement accurate	Is there any reason to feel that the injury did not occur as stated?*: <input type="radio"/> Yes <input checked="" type="radio"/> No
Previous pain or disability	Are you aware of any previous pain or disability in the area of the present injury?*: <input type="radio"/> Yes <input checked="" type="radio"/> No
Injury responsibility	Was any person not employed by UBC responsible for the injury?*: <input type="radio"/> Yes <input checked="" type="radio"/> No

Last worked	Date last worked after injury*:	<input type="text"/>
	Time last worked after injury*:	<input type="text"/>

Note: This field only appears for Time Loss Accidents



Step 3- Personal Information

- ☐ Complete this area for WCB Claims.
- ☐ Personal Information should not be made public.

Employee's Name (Injured/Affected)	First Name*: <input type="text"/>
	Middle Name / Initial: <input type="text"/>
	Last Name*: <input type="text"/>
Physical Information	Gender Identity*: <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
	Weight (lbs): <input type="text"/>
	Height (ft, in): <input type="text"/>
Personal Identifying Information (either birth date or ID is required)	Provide information as available. After report submission, please have fields completed as soon as possible.
	Employee ID: <input type="text"/>
	Birthdate: <input type="text"/>
	Age: <input type="text"/>
Employee's Contact Info	Provide information as available. After report submission, please have fields completed as soon as possible.
	Employee's Phone Number*: <input type="text"/>
	Employee's home address: <input type="text"/>
	Employee's City: <input type="text"/>
	Employee's Postal Code: <input type="text"/>
	Employee's Email (This address will receive a copy of the report): <input type="text"/>

Note: "Personal Id. Information" and "Contact Info" can be left empty and filled later.

If Time Loss: the fields can be filled through the Payroll link.

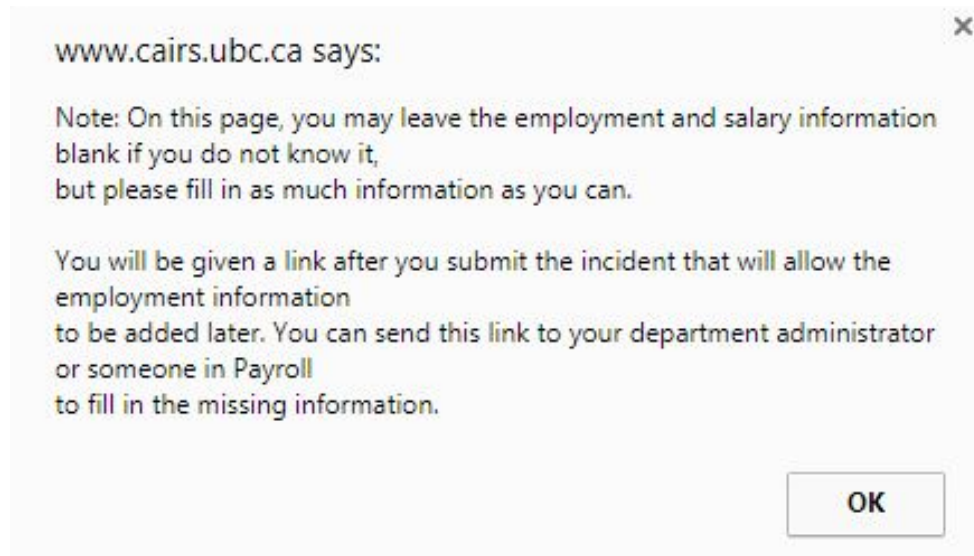
Note: For "No Injury" reports, only the Employee ID and Email display.

Important! This will send an email to the address.

Be advised for sensitive matters. It is optional.



Note: Upon advancing to Step 4, the disclaimer will appear for Time Loss Incidents:



Note: The email sent to the writer, supervisor, and CAIRS administrators for a Supervisor Report will include:

“Due Immediately:

- Please submit employment and payroll information immediately, so that Workplace Health Services can submit this Time Loss claim as required by WorkSafeBC. If you do not have access to payroll information, you must forward the following link to your department administrator for payroll data entry: https://payroll_string

Note: This link will not provide any information about the incident other than the name of the person injured/affected, it is used only for data entry.”



Step 4- Employment Information

- ☐ Complete this area for WCB Claims.
- ☐ Personal Information should not be made public.

Employment Information	
< Back	Next >
Employee's Job Title	<p>Job Title*:</p> <input type="text"/> <p>Job Type:</p> <div>Make a Selection</div>
Employee's Department	<p>Department*:</p> <div></div>
Union/Association	<p>Union/Association*:</p> <div>Make a Selection</div> <p>Other union:</p> <input type="text"/>
BOps/EWS Crew # / SHHS Unit (AS APPLICABLE)	<p>BOps/EWS Crew #:</p> <div></div> <p>SHHS Unit:</p> <div></div>
Date Joined UBC	<p>Date Joined UBC:</p> <input type="text"/>
Date Started Current Position	<p>Date Started Current Position:</p> <input type="text"/>
Employment Status	<p>Employment Status*:</p> <p><input checked="" type="radio"/> Full-time on-going <input type="radio"/> Temporary <input type="radio"/> Part Time <input type="radio"/> Seasonal <input type="radio"/> Casual <input type="radio"/> Other</p>
Other Employment Information	<p>Additional Employee Information:</p> <div>Pertinent information only. No personal identifying information (names, etc.)</div>

Note: Selecting a Department, Union, Building Ops Crew, or SHHS Unit, will automatically trigger certain safety administrators and department personnel to be notified of the incident.



Note: Upon advancing to Step 5, the disclaimer will appear:

Note:

- You have 48 hours (2 days) to submit Preliminary Investigation information (what happened; what unsafe factors immediately contributed; and what corrective actions were undertaken that assisted the person and ensured the area was safe and/or restricted).
- You have 25 days to enter your findings and action plan in the Accident Investigation and Corrective Actions sections.
- Submit what you have completed by clicking the submit button at the end of the form (Saving does not constitute Submitting).
- You will be emailed a link to return and complete your report later.

- ☐ Within 48 hours, the Supervisor Report must be submitted with all information from **Steps 1 – 4** for a WorkSafeBC Claim, and **Steps 5 and 6** for a Preliminary Incident Investigation.
- ☐ The Supervisor will have 25 calendar days to add any additional information for a Full Incident Investigation. The writer can access the report via the [link](#) emailed.
 - The link will allow whomever to complete details for Step 3 “Personal Information” and Step 4 “Employment Information.”

Employee's gross wage	Employee's gross wage*: <input type="text"/> Wage units (hourly, monthly)*: <input type="radio"/> Hourly <input type="radio"/> Monthly
Additions to wages (provide details)	Additions to base salary (provide details): <input type="text"/>
Work Schedule Type	Does the employee work a fixed work schedule ?*: <input type="radio"/> Yes <input type="radio"/> No Enter the employee's normal work hours From: <input type="text"/> To: <input type="text"/>
Fixed Work Schedule Information	
Rotating Shift	
Number of days in sick bank	Number of days in sick bank*: <input type="text"/>

☐ Hover over “fixed work schedule” for an example.



Step 5- Accident Investigation

Note: This Step is only visible for “Supervisor” reports and CAIRS Registered Administrators.

Accident Investigation

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Site Visited

Was the accident site visited?*

☒ Yes ☐ No

Error Producing Acts / Practices / Conditions

Task Related Causes

☐ No "Task" Causes

☐ Twisting the trunk

☐ Lifting overhead

☐ Heavy load - Lift

☐ Heavy load - Push

☐ Heavy load - Pull

☐ Awkward load to handle

☐ Hot load

☐ Sharp edges on load

☐ Repetitive motion

☐ Stooping

☐ Extended Reach

☐ Incorrect Tool

☐ Rushing

☒ Procedures Not Followed

☐ Lifting

☐ Other (specify below)

Other task causes:

Environment Related Causes

☐ No "Environment" causes

☐ Housekeeping

☐ Variations in floor surface

☐ Cold / Hot

☐ Wet / Slippery

☒ Vision obstructed

☐ Personal Protective Equipment restrictions

☒ Limited Space / constrained posture

☐ Noise

☐ Lighting

☐ Other (specify below)

Other environmental causes:

Organizational Related Causes

☐ No "Organizational" related causes

☐ Poor Communication

☐ Excessive workload

☐ Job / skill training inadequate

☒ Planning inadequate

☐ Staffing inadequate

☐ Poor job design / work layout

☐ Standard Operating Procedures not available/inadequate

☐ Previous condition not corrected/identified

☐ Other (specify below)

Other organizational related causes:

☐ The area of the incident should have been investigated prior to completing this step.

☐ At least one box from each section must be checked for completion.

Equipment Related Causes

☐ No "Equipment" causes
☐ High force equipment
☒ Signage / labeling inadequate
☐ Equipment vibration
☐ Proper Equipment Unavailable/Inadequate
☐ Other (specify below)

☐ Defective equipment
☒ Preventative maintenance / inspections inadequate
☐ Material / equipment failure
☐ Incorrect equipment
☐ Guarding Inadequate

Other equipment causes:

Human Related Causes

☐ No "Human" related causes
☒ Knowledge / skill / experience lacking
☐ Personal distraction
☐ Pre-existing condition
☐ Other (specify below)

☐ Illness
☐ Language difficulties
☐ Physical limitations (reach, height, etc.)
☐ Fatigue

Other human related causes:

Incorporating the above factors, determine and describe the **root cause** of the incident or accident:

Root Cause. No Personal Information.

Root Causes

- ☐ Root Cause indicated cannot be challenged by asking "Why?"
- ☐ Root Cause does not blame the individual; it is at a higher level determination.
- ☐ The Root Cause box should summarize all the above factors to assist in determining the real Root Cause(s).
- ☐ By hovering over the "root cause", a pop-up will display with further guidance.



Persons Who Carried Out, Participated In, or Reviewed the Investigation

- ☐ Accident/Incident Investigations are required to have involvement by the JOHSC or LST.
- ☐ A worker safety representative on the JOHSC or LST, that is knowledgeable in the work/area and investigations, must be involved.
- ☐ An Employer Representative is the Manager/Supervisor/PI/Faculty responsible for the area.
- ☐ Involvement is participation or review, and the ability to provide recommendations.
- ☐ Upon inputting an email and saving the form, the JOHSC or LST member receives notification to review the form.

Note: This section is required, but is skippable upon initial entry, allowing you to work with the specific persons required. But is required upon follow up, otherwise the Accident Investigation (AI) portion is considered incomplete.

Persons who carried out or participated in the investigation

Employer representative

Employer representative name*:

Phone:

Email (This address will receive a copy of the report):

Job title*:

Date reviewed:

Worker Representative

(This can be a safety committee member, designated local worker representative or a non-management worker who is knowledgeable of the workplace being investigated)

Worker Representative Name*:

Phone:

Email (This address will receive a copy of the report):

Job title*:

Date reviewed:

Return To Work Update

Returned to work

Has employee returned to work?*

☒ Yes ☐ No

If employee has returned to work, when?:

Important: For Time Loss Accidents, return to the report to update return to work date.



Step 6- Corrective Actions

Note: This Step is only visible for “Supervisor” reports and CAIRS Registered Administrators.

Corrective Action(s) to prevent recurrence of similar incidents

List the appropriate corrective actions that address the immediate hazard to ensure that the scene is safe for work to continue or to prevent unsafe work from continuing. Examples can be: Locked and restricted access; called 911 and describe subsequent actions; removed equipment from service; locked out a power source; etc.

List any additional actions to address the root causes or issues that led to the incident to prevent re-occurrence. Use the button to add as many as you need:

Corrective Action 1

Corrective Action Identified:

Assigned To (name):

Job title:

Estimated Completion Date:

☐ Remind the Report Writer about this corrective action on the estimated completion date.

Final Actions Taken:

Date Completed:

Supporting Documentation:

Preliminary Corrective Action Guidance

Full Corrective Action Guidance

Corrective Actions Step → Assigned To

- ☐ Each corrective action must have a specific person assigned to it with an estimated date of completion
- ☐ Entering “Facilities” or “Building Operations” is not sufficient. How will they know to fix the issue? That is why the supervisor must assign responsibility to contact and follow up.
- ☐ Date Completed indicates when the action was completed.

Corrective Actions Step → Corrective Action Identified

- ☐ The first Corrective Action(s) should indicate the action(s) immediately taken to ensure that the scene is safe for work to continue or to prevent unsafe work from continuing.
- ☐ Corrective Actions identified follows the hierarchy of controls
1.Elimination 2. Substitution 3. Engineering 4. Administrative 5. PPE
- ☐ SMART
 - Specific (Not vague, states exactly what needs to be done)
 - Measurable (Can be objectively recognized that action has been achieved)
 - Actionable (Use of strong clear action verbs)
 - Realistic (Must be within reach and obstacles are considered)
 - Timely (A completion date is assigned)
- ☐ Matches the root cause(s) and works to mitigate/prevent incident reoccurrence
- ☐ Ensures the Corrective Action itself does not create another hazard
- ☐ Corrective Actions do not read as Modified Duties assigned to the individual



Saving and Submitting the Report

The identification of Corrective Actions from Root Causes on CAIRS provides an important mechanism to ensure follow up and accountability by assigning specific persons to address the issues with date(s) for follow up and completion.

Note: Reports are considered incomplete until all Corrective Actions have been implemented and/or changed by completing the **Final Actions Taken** and **Date Completed** in Section 6.

Note: Section 5-6 do not have to be completed at the time report is first started. A reminder will go out to the reporter/manager and administrators asking for the initial investigation summary which must be submitted within 48 hours of the incident date.

Using the **SAVE** function:

- During the initial input process, if you need to close down the file or don't have the needed information for the investigation and corrective actions, click the **CWL Login** and **log in with your CWL BEFORE closing the window.**
- Any updates to the on-line report afterwards can be done by logging in with your CWL.
- **A saved report does not constitute an official submitted report.** Saving is meant to be returned to within asap, and must not delay preliminary incident reporting.
- **Note:** An email will not be sent upon saving. It is up to the writer to follow the instructions provided in the browser upon saving.

Save incomplete form by logging in with your CWL

CWL Login

Please note:

- Make sure to enter your CWL information before closing the browser.
- Time outs may occur. Do not leave CAIRS open when not in use or information may not save.
- Saving does not constitute Submitting. Be sure to Submit the report in 2 days.

Click **SUBMIT** to enter the initial/completed report into the on-line system.

- The report can only be accessed again for updates by the [link](#) sent to the writer's email after submission, or with Registered Administrative Access to CAIRS.

Final Actions Taken:

Date Completed:

Supporting Documentation:

Choose File No file chosen

Add Another Additional Action

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Submit