

To record Incident in Impact Safety please visit the following website  
<http://swwas1/Home/login.asp>

**User Login**

User Name:

Password:

Click here to go to  
Impact Safety Home Page

**IMPACT Enterprise™**

TRACK PREVENT PROVE

Home Logout Help

**My Responsibilities**

ID #	Module	Responsible Dept/Unit	Status
No matching record found			

**My Track and Prevent**

**My Action Items**

Action Item #	Source	Status	Priority	Target Date	My Role
No matching record found					

**My Findings**

Finding #	Source	Status	Priority	Target Date	My Role
No matching record found					

**My Incidents**

Incident ID	Date Reported	Date Occurred	Responsible Dept/Unit	Responsibility	Status
No matching record found					

Click here to enter the Incident Notification

Please enter the appropriate information in the First Report and Submit

**IMPACT Enterprise™**

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**FIRST REPORT**

Short Description:

Responsible Dept/Unit:

Responsible Supervisor:

Where did the incident occur?

Specific Location:

Address:

City:

When did the incident occur?

Date Occurred:

Date Reported:

What were conditions like?

Lighting:

Weather:

Who was involved?

Witness:

Name:  Address:  Phone:

Contractor Involvement:

Contractor:  Involvement Type:

Equipment:

Equipment Involvement:

Select an Incident Type and Check All That Apply

Incident Type:

No Impact or Effect

OK - No Damage

OK - No Effect

OK - No Injury

OK - No Impact

Enter any Injury/Illness Information:

Future	Class	Body Part	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter a full description of this incident: