



# How To: Incident Reporting

## STEP 1 – Complete all Appropriate WisDOT Required Forms:

In the event **an individual visiting the WisDOT property is injured on the property**, a General Incident Report (DOA-6441) (Section 31.2 of the RAM Manual) must be completed as soon as possible.

- **General Incident Report (DOA-6441):** Complete the top section, the Witnesses section if applicable, and the Injuries section. Remember to print your name, sign your name, and enter the date at the bottom of the form. Provide as much detail as possible.

In the event **the WisDOT property sustains damage due to vandalism, theft, wind, water, any weather related occurrence, fire, etc.**, a General Incident Report (DOA-6441) along with a Building and/or Equipment Loss Report (DT1690) (Section 31.3 of the RAM Manual) will need to be completed.

- **General Incident Report (DOA-6441):** Complete the top section, the witnesses' section if applicable, and the property damage section. Remember to print your name, sign your name, and enter the date at the bottom of the form. Provide as much detail as possible.
- **Building and/or Equipment Loss Report (DT1690):** Please complete the entire form except for the 

To / Of
<input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Equipment

 box. Remember to sign the form and print your name behind the signature and enter the date at the bottom of the form. Provide as much detail as possible.

In the event **the WisDOT property sustains lightning damage**, a General Incident Report (DOA-6441) along with Lightning Losses Affidavit (DOA-6740) will need to be completed.

- **General Incident Report (DOA-6441):** Please complete the top section, the Witnesses' section if applicable, and the Property Damage section. Remember to print your name, sign your name, and enter the date at the bottom of the form. Provide as much detail as possible.
- **Lightning Losses Affidavit (DOA-6740):** Complete the entire form with as much detail as possible.

## STEP 2 – Create an Incident Work Order:

Complete an Incident Work Order

--Go to the Logbook Module

--Go to the Create Request Tab

--Refer to the "How to Create a Service Request Work Order (WO)"

--For the Type field, select Incident Report

--For the Sub Type field, select one of the following options:

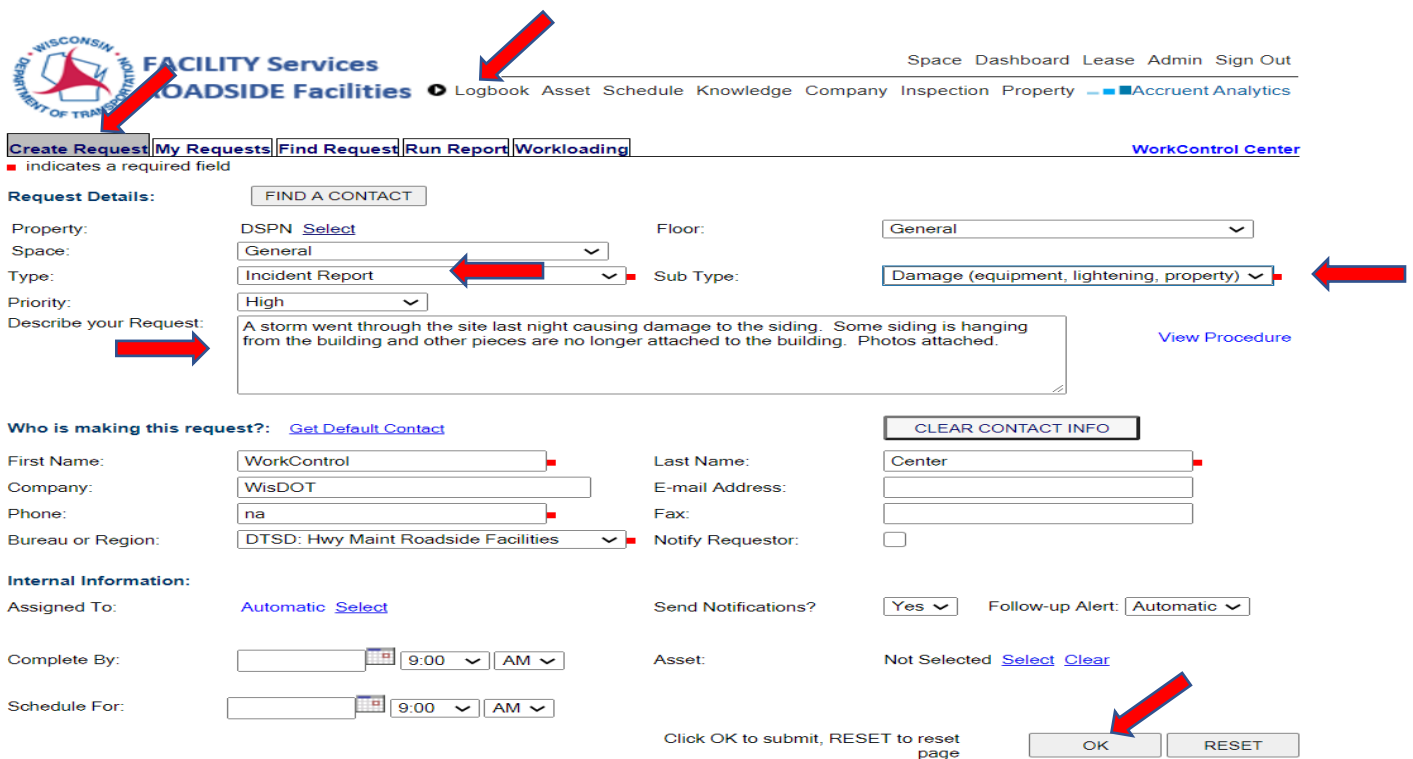
- ~ Accidents (car, personal, public, staff)
- ~ Damage (equipment, lightening, property)
- ~ Injuries (trips, slips, falls)
- ~ Law Enforcement, Fire, or EMT/Rescue Response
- ~ Vandalism, Theft
- ~ Other

--Fill in "Describe your Request" field with as much detail as possible

--**Attach respective forms to the WO**

--**Do not fill in the "Assign To" field**—FAMIS will automatically do this

--Click  to save



**FACILITY Services**  
ROADSIDE Facilities

Space Dashboard Lease Admin Sign Out  
Logbook Asset Schedule Knowledge Company Inspection Property Accruent Analytics

**Create Request** | My Requests | Find Request | Run Report | Workloading | [WorkControl Center](#)

■ indicates a required field

**Request Details:**

Property: DSPN  Floor:

Space:

Type:  Sub Type:

Priority:

Describe your Request:  [View Procedure](#)

**Who is making this request?:** [Get Default Contact](#)

First Name:  Last Name:

Company:  E-mail Address:

Phone:  Fax:

Bureau or Region:  Notify Requestor:

**Internal Information:**

Assigned To:  Send Notifications?:  Follow-up Alert:

Complete By:  9:00 AM

Asset:  [Select](#) [Clear](#)

Schedule For:  9:00 AM

Click OK to submit, RESET to reset page

## STEP 3 – Process Workflow Assignments:

FAMIS is set up so ALL incident work orders are automatically assigned to Pat Karlen. The following steps will be done by Pat each time an incident work order is received:

- ~ Review all attached forms for completeness. If the attached forms are not fully completed Pat will immediately call the person who created the incident work order to obtain more complete forms and will attach them to the work order.
- ~ Forward the incident work order email and all attached completed forms to DSPN's insurance company Tricor as information with the following explanation:
  - o *"I am forwarding the attached incident information, reports, and pictures strictly as information, in case a claim is filed with Tricor in the future." &*
  - o *"WisDOT has contracted with the following Service Provider to maintain the site. Please contact them directly for additional information:  
Name of the Service Provider  
Service Provider contact name, email address, and phone number*
- ~ Send an email to the Service Provider CEO and Program Manager with the following explanation:
  - o *"An incident was reported at your site. The incident work order number is xxxxxxx. WisDOT Risk Management and DSPN RF insurance have been notified. It is your responsibility to notify your insurance company as soon as possible as information in case a claim is filed."*
- ~ Send an email to LeAnna/Rob if SWEF or Biren/Joseph if RA or Wayside with the following explanation:
  - o *"An incident was reported at (insert FAMIS Property Name). The incident work order number is xxxxxxx. You are being notified so you can follow up, if appropriate."*
- ~ Prior to closing the work order, Pat is to add comments to the incident work order stating the date(s) when she emailed the following with all necessary information: WisDOT, Tricor, and Service Provider
- ~ Close the work order.

FAMIS is set up so the following receive an email notification every time an incident work order is created:

- ~ AJ Koch, WisDOT BHM who will:
  - o Forward all attached completed forms to WisDOT Risk Management
  - o Add detailed comments to the work order explaining when the attached were forwarded to WisDOT Risk Management.
- ~ AJ Koch, WisDOT BHM (who will serve as backup for Tom in forwarding all attached completed forms to WisDOT Risk Management and adding comments to the work order)
- ~ Joe Giertych, DSPN RF (for information and follow-up, if appropriate)
- ~ Pat Karlen, DSPN RF (for information and follow-up, if appropriate)
- ~ Dan Mulder, WisDOT BHM (for information and follow-up, if appropriate)



## General Incident Report

Claimant Name		Work Phone		Home Phone	
Home Address				Date of Accident	
City		State	Zip + 4	Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	
Full Description of the accident including specific location					
<b>Witnesses</b>	Name		Full Mailing Address		Phone No. Including Area Code
<b>Injuries</b> No matter how minor	Names of Additional Persons Injured		Full Mailing Address		Phone No. Including Area Code
<b>Property Damage</b>	Owner Name				Phone No. Including Area Code
	Type of Property			Type of Damage	
	Address where damaged property may be seen				Estimated Repair Cost \$
Name of Person Preparing Report			Signature		Date

# BUILDING AND / OR EQUIPMENT LOSS REPORT

Wisconsin Department of Transportation

DT1690 11/2014

Send a copy of this completed form to: Inter-D, WisDOT, Risk Management Unit,  
4802 Sheboygan Ave. Rm. 751, Madison, WI 53705

Current Date (m/d/yyyy)	Division	Occurrence Date (m/d/yyyy)	City/County
Reference <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft / Forcible Entry <input type="checkbox"/> Other		To / Of <input type="checkbox"/> Vehicle <input type="checkbox"/> Building <input type="checkbox"/> Equipment	
Exact Location:			
Vandalism or Other – Describe nature and extent of damages:			
Theft – Describe stolen item(s) completely, including serial and/or other identifying numbers:			

Amount of Damage to Vandalized/Damaged Property: \$ \_\_\_\_\_

### Values of Stolen Property:

#### INVENTORY ORIGINAL COST

#### INVENTORY ADJUSTED VALUE

Item 1: \$ \_\_\_\_\_ Item 1: \$ \_\_\_\_\_

Item 2: \$ \_\_\_\_\_ Item 2: \$ \_\_\_\_\_

Item 3: \$ \_\_\_\_\_ Item 3: \$ \_\_\_\_\_

Total loss (property damage & inventory adjusted value): \$ \_\_\_\_\_

Submit a copy of the item's purchase order or proof of purchase

DOT Employee completing form: \_\_\_\_\_ Phone: \_\_\_\_\_



## Lightning Losses Affidavit

Date \_\_\_\_\_

To Whom It May Concern:

I inspected/repaired (item damaged) \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_ Year Model \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchase Price \_\_\_\_\_ Size \_\_\_\_\_

Place Purchased \_\_\_\_\_

Owned by (name of insured) \_\_\_\_\_

Address \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_  AM  
 PM

Are damaged item(s) available for inspection? \_\_\_\_\_ If yes, where? \_\_\_\_\_

If not, why? \_\_\_\_\_

This damage was solely due to lightning and no other cause whatever because \_\_\_\_\_

Repairer's Signature \_\_\_\_\_

Repairer's Name (please print legibly) \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Signed in the presence of:

Agency Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative's Name (please print legibly) \_\_\_\_\_ email address \_\_\_\_\_

Agency \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



## How To: Complete Inspection Generated Corrective Work Orders

### Service Provider Email Notification Example:

Good Day-

An on-site inspection was completed on **XX.XX.XXXX** at **Rest Area XX**. To review the results of the inspection, please log into FAMIS, go to the "Inspection" module, click on the "Find Inspection" tab, and in the "Inspection ID:" field enter this number **XXXX**, next click on the "FIND" tab.

-Once an Inspection has been completed, the Service Provider will receive an email stating an inspection has been completed and list the inspection number and how to access the inspection (see example and more specific directions on the next page)

If you have any questions, please feel to contact Teresa McKay at **262-903-3354**.

**Note:** There will be times a Service Provider will receive Corrective Work Orders (if applicable) before the email has been sent.



## How To: Complete Inspection Generated Corrective Work Orders, Continued

### Accessing an Inspection:

[Space](#) [Dashboard](#) [Lease](#) [Admin](#) [Sign Out](#)  
 Logbook Asset Schedule Knowledge Company **Inspection** Property [Accruent Analytics](#)

[Create Inspection](#) **[Find Inspection](#)** [Run Report](#) [WorkControl Center](#)

Region:   
 Property:  [Select](#) [Clear](#) Floor:   
 Space:   
 Inspection ID:   
 Inspection Class:  Inspection Type:   
 Asset Class:  Asset:  [Select](#) [Clear](#)  
 Inspector Last Name:   
 Inspection Date:  to:

**SEARCH RESULTS**

Date	ID	Inspector	Property / Location	Class / Type	Asset	Score
[Redacted]	[Redacted]	[Redacted]	DTSD REST AREA General   General	BHM (2) General Condition Property Inspection (2) Condition Property Inspection	[Redacted]	[Redacted]

Total Inspection Score: [Redacted]

-To access a specific Inspection, click on the Inspection Module, then click on the "Find Inspection" tab

-In the "Inspection ID:" field, enter the inspection number provided in the notification email and then click FIND

-The inspection will populate in the "SEARCH RESULTS" section, from here right click on the Inspection ID number to open in a new tab to view the inspection results





## How To: Complete Inspection Generated Corrective Work Orders, Continued

### Retrieving and Closing a Corrective Work Order:



Create Request My Requests Find Requests Run Report Workloading Patrice Smith

REQUEST DETAILS [Print Work Order](#) | [Work Order - Financial](#)

Request ID: [REDACTED] Asset: Bathroom Partitions | Bathroom Partitions

Requested By: Teresa McKay Date: 1/4/2021 4:27 PM CST

Phone: 608-661-2914 Company: DSPN

Fax: 888-435-4745 E-mail: [tmckay@dspn.org](mailto:tmckay@dspn.org)

Bureau or Region: DTSD: Hwy Maint - Roadside Facilities

REQUEST DETAILS [Property Comments](#) | [From Inspection 1875](#) | [Create Inspection](#) | [Find Company](#)

Property: DTSD REST AREA [REDACTED] Space: General

Tower/Wing: Floor: General

Type: Corrective WO from Standard Inspection Sub Type: Corrective WO - Standard INS

Assigned To: Patel, Biren - WisDOT Complete By: 6/30/2022 9:00 AM CDT

Priority: PROJECT -- BHM Status: Open

Estimated Amount: \$12,000.00 Not to Exceed Amt.: \$0.00

REQUEST HISTORY Attachment: 1 2 3 4

Type	Update Date	Comments	Status	Assigned To	Updated By
Initial	1/4/2021 4:27 PM CST	From Inspection 1875 2.09 Partitions: - 3=Needs Attention -- Create Corr WO - Partitions have permanent chemical streaks and lots of etchings into the walls. The partitions will need replacing when funds become available. See photos. This WO is for both men's and women's restrooms.	Open	[REDACTED]	Teresa McKay
Update	1/4/2021 4:28 PM CST		Open	[REDACTED]	Teresa McKay
Update	1/4/2021 4:30 PM CST	Assignment has been changed to Joe Giertych.	Open	Giertych, Joe	Teresa McKay
Update	1/6/2021 9:55 AM CST	Biren, DSPN has identified these toilet stall partitions in poor visual condition. They are in good operating condition but have a general un-cared for appearance. Recommend adding to projects WisDOT with a cost estimate of \$1000 per compartment for budgeting.	Open	Patel, Biren	Joe Giertych
Update	1/13/2021 1:16 PM CST	Assignment has been changed to Biren Patel. Cost figured at 12 toilet compartment @ \$1,000 per compartment. Cost could be higher or lower based on product used. Complete By Date: 1/25/2021 4:27 PM to 6/30/2022 9:00 AM. Priority: Normal to PROJECT -- BHM. Estimated Amount: \$0.00 to \$12,000.00.	Open	Patel, Biren	Joe Giertych

-Under the UPDATE REQUEST section, go to the "General Comments:" field

-Type in a comment to tell "the story", by explaining what work was completed, Vendor information if used, etc.

-If the Corr WO is Cleaning/Custodial related, change the "Assigned To:" field to the inspector who created the Corrective WO

-If the Corr WO is Condition related, change the "Assigned To:" field to the RAM/SWEFM Field Service Manager

-In the "Assigned To:" field click on "Select", a pop-up box will be displayed, type in portion of the individual's name then click on FIND from the list which populates, click on the appropriate name; a pop-up box displays "Do you want to Notify the Assigned to Person?", click on OK

-You should now see this individual's name in the "Assigned To:" field

-Next, click on the "Status:" drop-down box, select Work Complete

-An attempt to attach a photo to the Corrective WO should be made (please see the next page for instructions on how to attach a photo, etc.)

-If a photo is not attached and the Inspector feels one should have been, the Inspector will return the WO to have a photo attached

-Click on "UPDATE" to save the changes

UPDATE REQUEST [Reclassify WO](#)

General Comments: [REDACTED]

Assigned To: Patel, Biren **Select** Status: Open

Closed By: All **Select** **Clear** Date Closed: [REDACTED] Time: [REDACTED]

Billable?: No Billing Status: Not Billed Failure Code: [REDACTED]

Asset: Bathroom Partitions **Select** **Clear**

Statement of Work: From Inspection 1875 2.09 Partitions: - 3=Needs Attention -- Create Corr WO - Partitions have permanent chemical streaks and lots of etchings into the walls. The partitions will need replacing when funds become available. See photos. This WO is for both men's and women's restrooms.

Re-schedule for: [REDACTED] 9:00 AM Re-Notify?

Click UPDATE to save: **UPDATE**

**NOTE:** The example used was turned into a BHM Project by WCC with a complete by date of 06/30/2022.

-Your Work Order is now finished, and you should no longer see this WO on your "My Request" tab

-If you still see the Work Order, click on FIND and this will update your "My Request" tab



## How To: Complete Inspection Generated Corrective Work Orders, Continued

### Attaching a Photo or Document:

UPDATE REQUEST

[Reclassify WO](#)

General Comments:

Notify Assigned To

Notify Requestor

Assigned To:

Center, WorkControl [Select](#)

Status:

Open

Closed By:

All [Select](#) [Clear](#)

Date Closed:

Billable?:

No

Billing Status:

Not Billed

Asset:

Door [Select](#) [Clear](#)

Failure Code:

Statement of Work:

This for training purposes only!!!  
Truck side entry door closer is not working.

Re-schedule for:

9:00 AM

Re-Notify?

Click UPDATE to save:

UPDATE

▶ MISCELLANEOUS FIELDS:

▶ PROCEDURE:

▼ ATTACHMENTS:

FILES:

Select File:

[Browse...](#)

[UPLOAD FILE](#)

No Attachments Found.

LINKS:

[ADD LINK](#)

No Links Found.

▶ OTHER OPTIONS:



[Help](#)

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- Open the Work Order
- Scroll to the bottom of the page
- Click on the "Attachments" arrow
- In the "Select File:" field, click on Browse and navigate to the location of the file on your computer
- Click "UPLOAD FILE"



### How to Request Maps, Posters, or Other



Create Request My Requests Find Request Run Report Workloading WorkControl Center

■ indicates a required field

Request Details:

FIND A CONTACT

Property: DSPN [Select](#) ← Floor: General

Space: General

Type: [Request for Maps, Posters, or Other](#) → Sub Type: [Posters](#) →

Priority: Normal

Describe your Request: [View Procedure](#)

This WO is for creating a How To--Please do not take any action.  
Requesting Truckers Against Trafficking posters.

Who is making this request?: [Get Default Contact](#)

CLEAR CONTACT INFO

First Name: WorkControl ■ Last Name: Center ■

Company: WisDOT E-mail Address:

Phone: na ■ Fax:

Bureau or Region: DTSD: Hwy Maint Roadside Facilities ■ Notify Requestor:

Internal Information:

Assigned To: [Automatic](#) [Select](#) ← Send Notifications? Yes Follow-up Alert: Automatic

Complete By: 9:00 AM Asset: Not Selected [Select](#) [Clear](#)

Schedule For: 9:00 AM

Click OK to submit, RESET to reset page

OK RESET

- Create a WO
- Go to the "Property:" field and select a property
- Go to the "Type:" field and select "Request for Maps, Posters, or Other"
- Go to the "Subtype:" field and select Maps for Map Cases, Other, or Posters
- Go to the "Describe your Request:" field and enter what item(s) you are requesting
- The system is set up to automatically assign the WO, so do NOT change the assigned to**
- Click on OK to submit the WO



## How to Request Maps, Posters, or Other, Continued:



[Create Request](#) | [My Requests](#) | [Find Request](#) | [Run Report](#) | [Workloading](#)

[WorkControl Center](#)

Your Request has been recorded.

[REPEAT](#)

[Print Work Order](#)

The Request ID is [171989](#)



This request has been assigned to Joe Giertych



To reassign this request, please click on the Request ID shown above.

If you would like to attach a file to this request, follow the instructions below:

Click Browse to select a file.  
Click Upload File to upload.

Select File:  No file chosen



[Help](#)

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-When you have successfully submitted your Service Request Work Order you will see the confirmation page with the assigned "Request ID"

-The SRWO has been automatically Assigned to a specific individual

-Click on the Request ID number to open/view the details of the request



## How to Request Maps, Posters, or Other, Continued:



[Create Request](#) | [My Requests](#) | [Find Request](#) | [Run Report](#) | [Workloading](#)

[WorkControl Center](#)

### REQUEST DETAILS

#### GENERAL INFORMATION

[Print Work Order](#) | [Work Order - Financial](#)

Request ID:	171989		
Requested By:	WorkControl Center	Date:	3/2/2021 7:19 AM CST
Phone:	na	Company:	WisDOT
Fax:	n/a	E-mail:	n/a
Bureau or Region:	DTSD: Hwy Maint - Roadside Facilities		

#### REQUEST DETAILS

[Property Comments](#) | [Create Inspection](#) | [Find Company](#)

Property:	<a href="#">DSPN</a>	Space:	<a href="#">General</a>
Tower/Wing:			
Floor:	General		
Type:	Request for Maps, Posters, or Other	Sub Type:	Posters
Assigned To:	Giertych, Joe - DSPN	Complete By:	3/22/2021 7:30 AM CDT
Priority:	Normal	Status:	Open
Estimated Amount:	\$0.00	Not to Exceed Amt.:	\$0.00

#### REQUEST HISTORY

Type	Update Date	Comments	Status	Assigned To	Updated By
Initial	3/2/2021 7:19 AM CST	This WO is for creating a How To--Please do not take any action.  Requesting Truckers Against Trafficking posters.	Open	Giertych, Joe	WorkControl Center

-Once the SRWO has been opened, the details of the WO can be viewed

-When the SRWO has been received by the "Assigned To:" individual, the following steps will be taken:

\*\*If the item(s) requested are immediately available, the items will be delivered during the next scheduled inspection by the Inspector

\*\*If the item(s) requested are not available, outreach is made by the "Assigned To" individual to the "Sign Store", and then arrangements are made for these items to be picked up by the Inspector and then delivered to or mailed directly to the requestor



WisDOT/DSPN Roadside Facilities
Equipment & Vehicle Record Form



Service Provider: \_\_\_\_\_

Name of Person Completing: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Section #1

ADD Equipment or Vehicle Record Please complete the information below. \*\*Items in RED are required fields.

Is this Piece of Equipment an Attachment to an Existing Piece of Equipment or Vehicle? YES or NO (Please Mark One)
If Yes, specify what Piece of Equipment the New Piece of Equipment is to be attached to and proceed to the "New Equipment or Vehicle Record Information Section:

Host Equipment or Vehicle Record Name:
Host Equipment or Vehicle Record Serial Number:
Host Equipment or Vehicle Record Model Number:

If NO, proceed to the "New Equipment or Vehicle Record Information Section.

NEW Equipment or Vehicle Record Information

Table with 4 columns: Equipment or Vehicle Record Name, Manufacturer/Make, Equipment or Vehicle Record Description, Model #, Vendor/Purchased From, Serial or VIN #.

Purchase Information:

Table with 4 columns: Purchase Date, Purchase Amount, Estimated Life (yrs.), Purchase Order #, Est Repl. Cost.

Location Information

Table with 4 columns: Property/Site Location, Floor/Space, Quantity Available, Room/Area.

Section #2

REMOVE Equipment or Vehicle Record Please complete the information below. \*\*Items in RED are required fields.

Equipment or Vehicle Record to be Replaced

Table with 4 columns: Equipment or Vehicle Record Name, Model #, Manufacturer/Make, Serial or VIN #.

Once this form is completed, attach any receipts, and include with your Monthly Invoicing Submission to the Roadside Facilities Work Program Financial Manager, Susan McCann at smccann@dspn.org



# UNPLANNED EQUIPMENT PURCHASING REQUEST

Complete this form when requesting equipment costing over \$500 and has not been budgeted for.

Service Provider Name:

Date:

Name of Person Completing Form:

Describe new equipment requested (be as specific as possible):

Describe why equipment is needed (replacing existing, improve quality of service, etc.):

At what site(s) will the equipment be used:

Estimated Purchase Price:

\$

Will purchase of new equipment require an increase in total contract dollars, and if so, how much:

\$

*Email completed form to Field Services Manager for review and approval.*

**FOR DSPN USE ONLY**

Approved

Date \_\_\_\_\_

Not Approved

Signature \_\_\_\_\_

Return to Service Provider When Completed