

C. Location of Incident					
<ol> <li>Select Location Type: Customer Site.</li> <li>Select Customer from list or click  to add a new one.</li> <li>Select Worksite from list or click  to add a new one.</li> <li>If required select the Job No from list or click  to add a new one. This field is optional.</li> <li>Select Location Type: Other</li> <li>Type in an address.</li> <li>In the mobile app user can click to use the mobile devices GPS location.</li> </ol>	LocationType _ Local Customer 2 Purple People Eater Ltd Job No 4 9986new LocationType _ Local Address 166 Stredwick Drive Region Auckland GPSCoordinates 7 -36.6979947, 174.7441046	Customer Site	Conter  Work site  Monster Garage  Project/Description  Change fields  Change fields  Conter  Town  Auckland  Post Code  0630		
D. First Aid & Medical Treatment	- if provided				
First Aid provided by  Staff O Other Rover Alpine  First Aid provided by  Staff O Other First Name Last Name Mathew Jinks	Contact Number 04523985	<ul><li>When first aid is give</li><li>8. Staff is selected I</li><li>9. If aid is provided</li><li>10. Complete the fie</li></ul>	en on the scene: by default – select from the staff list. by someone else, select Other. elds as required.		
<ul><li>11. Select the kit that First Aid Items were used from.</li><li>12. For each item used type in the Quantity.</li></ul>		First Aid Items Kit General Warehouse Kit Title Adhesive Stripes Hypo-Allerg Antiseptic Spray Rapaid 50M	Penic 50PK (1 per kit)  L (1 per kit)		
Madical Transmant Doquirad		Medical Treatment – if required:			
<ul> <li>Medical Treatment Required</li> <li>Treating Doctor</li> <li>Treating Medical Facility</li> <li>Dr James Good</li> <li>Shorecare Urgent Care Northcross</li> <li>Treatment Provided</li> <li>Cleaned wound and put in 3 stiches</li> </ul>		<ol> <li>13. Tick the box if treatment was administered.</li> <li>14. Complete the fields for Doctor, Facility and treatment provided.</li> </ol>			
E. Work Cover Claim & Investigati	on Report				
<ol> <li>If this is a work cover claim tick the box this will allow you to create an entry in <u>Registers/Injury &amp; Health Management/Work Safe/Safe Work Claims Register</u></li> <li>If an Investigation Report is required tick the box, this will create an entry in <u>Registers/Injury &amp; Health Management/Investigation Register</u></li> <li>Medical Treatment Required</li> <li>If an Investigation Report required?</li> </ol>					

F. Other Incidents						
<ol> <li>For other incidents e.g. Environmental only the following need to be completed:</li> <li>Location.</li> <li>Description of What Happened.</li> </ol>						
Step 7, 11 & 12 in section A above are <b>NOT</b> required and can be left blank. Tick the box in section E#2 above if an Investigation Report is required.						
Incident Result		Part/s of Body Injuried				
Environmental Incident	•	Select PartBody				
Location incident occurred		State	Post Code			
2 32 Main St, Melbourne		VIC	3248			
What Happened	What Happened					
3 Rubbish blown across site	3 Rubbish blown across site					
1 		1				

Incidents can also be added from the Mobile App in <u>Report Issues Suggestions &.../Report Incident</u>

## NOTES: • Body Parts can be added to the list in Administration/Injury & Health Management/Body Parts Safetyminder Knowledge Base - Copyright of Trans-Tasman Pty Ltd