



From the Main Menu Select:

- Report Issues Suggestions & ...
- Personal Injury Register

Kermit Frog
Nzdbtest

Emergency Numbers

Report Issues Suggestions &...

Report Issues Suggestio...

- Environmental Conditions Register
- Leave Requests
- Report Asbestos Exposure
- Report Hazardous Substance Expos...
- Personal Injury Register**

1. The "No" will auto populate.
2. Select the date and time of the incident.
3. Select the type incident that occurred – *see notes*.
4. Select any Body Parts that were injured – *field is optional*.
5. Select the Person Affected.
6. When employee is selected in #5 choose from the staff list – this can be completed on behalf of another staff member.

Personal Injury Register

1 No
31

2 Date & Time Incident occurred
17 Feb 2021 13:46

3 Incident Result
Injury

4 Part/s of Body Injured
Body, Arm, Hand

5 Person Affected
Employee

6 Name
Kermit Frog

6a Person Affected
Sub-Contractor

Sub-Contractor Name
Jane Newyear

6b Person Affected
Public

Contact Person

Firstname Ken	Address 56 Hill St, Napier
Lastname Dodds	State VIC
Mobile 0452896325	PostalCode 2538
Phone	

- a. When "Sub-Contractor" is selected as the person affected select one from the list.
- b. When "Public" is selected as the person affected complete the *Contact Details as required*.

7. Type in the location of the incident.
8. Type in a description of what happened.
9. If first aid was provided on site tick the box for staff or Other. When staff is selected choose from the drop down list.
NOTE: this is optional

Personal Injury Register

7 Location Incident Occurred
34 hand St, Albany

State
Vic

Post Code
7890

8 What Happened
Fell over wheel barrel

First Aid Provided By

9 Staff Other

George Fore...

9a First Aid Provided By

Staff Other

First Name
John

Last Name
Smith

Contact Number
047890466

9a. When "Other" is ticked complete the name and phone details as required.

10. If First Aid was provided on site select the kit used.
11. Scroll thru and type in the QTY beside each item used.
12. If treatment was provided by a medical facility tick the box.
13. Type in the name of the medical facility.
14. Type in the treatment provided.
15. Select treating staff or complete the Treating Doctor field.
16. Click **+ADD FILE.** to include images.
17. Click  to save.

← Personal Injury Register
🏠

10 First Aid Items Kit
Ford Fiesta Kit

11 Adhesive Stripes Hypo-Allergenic 50PK (1)

12 Medical Facility Treatment Required?

13 Treating Medical Facility
Northcross medical centre

14 Treatment Provided
Set broken arm

15 Treating Staff
Treating Doctor
Dr Jules

16 + ADD FILE ...
17 

NOTE:

This form can also be used to record other incidents as shown.

All the same fields will need to be completed.

Incident Result

- Injury
- Damage To Property
- Near Miss (Dangerous Occurenc...
- Environmental Incident
- Hazards
- Notifiable Incident

CANCEL OK

