



From the Main Menu Select:

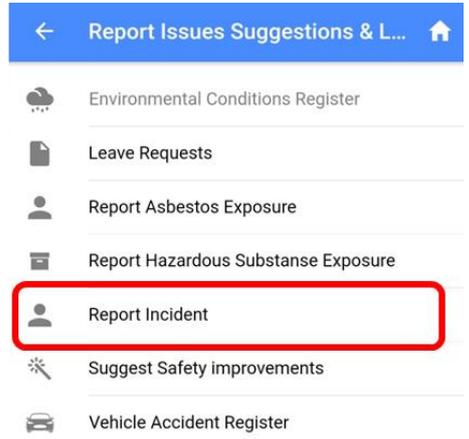
- Report Issues Suggestions & ...
- Personal Injury Register

These can also be entered directly into the [Web App](#), these fields are only in the web:

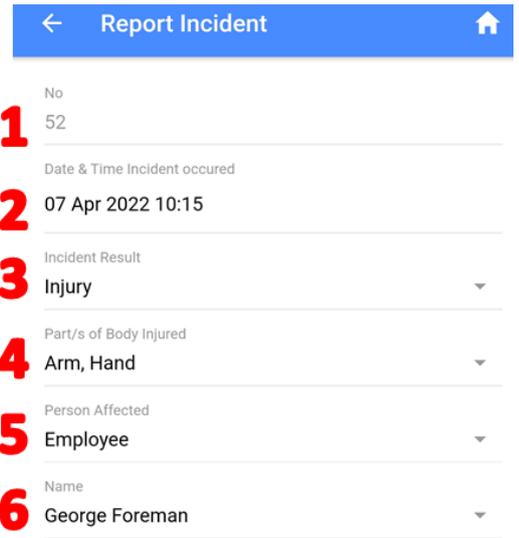
- Lost Time Injuries
- Work Safe Claims
- Incident & Investigation Required



- Emergency Numbers
- Report Issues Suggestions &...



1. The "No" will auto populate.
2. Select the date and time of the incident.
3. Select the incident type 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.



5a Person Affected
Sub-Contractor

Sub-Contractor Name
Jane Newyear

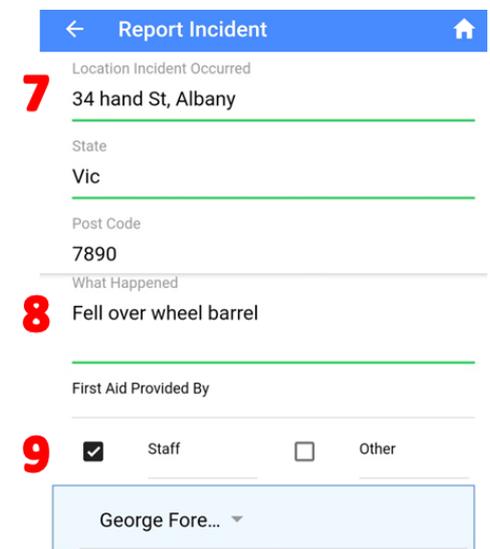
5b Person Affected
Public

Contact Person

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

5. Select other options for Person Affected:
 - 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



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 from one of your kits then select the one used from list – *this is optional*.
- 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. Type in the Treating Doctor.
- 16. Click **+ADD FILE.** to include any images.
- 17. Click  to save.

Report Incident

10 First Aid Items Kit
Mazda 323 Kit

11 Adhesive Stripes Hypo-Allergenic 50PK (1 per KI) 1

Antiseptic Spray Rapaid 50ML (1 per kit) 1

12 Medical Facility Treatment Required?

Treating Medical Facility
13 Northcross Clinic

Treatment Provided
14 Clean cut and stitch

Treating Doctor
15 Dr Moore

16 + ADD FILE ... **17** 

NOTES:

This form can also be used to record other incidents as shown. Complete the fields as required.

Staff appointed to [Key Roles & Responsibilities](#) will receive [notifications](#) when incidents are saved.

Incident Result

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

CANCEL OK

