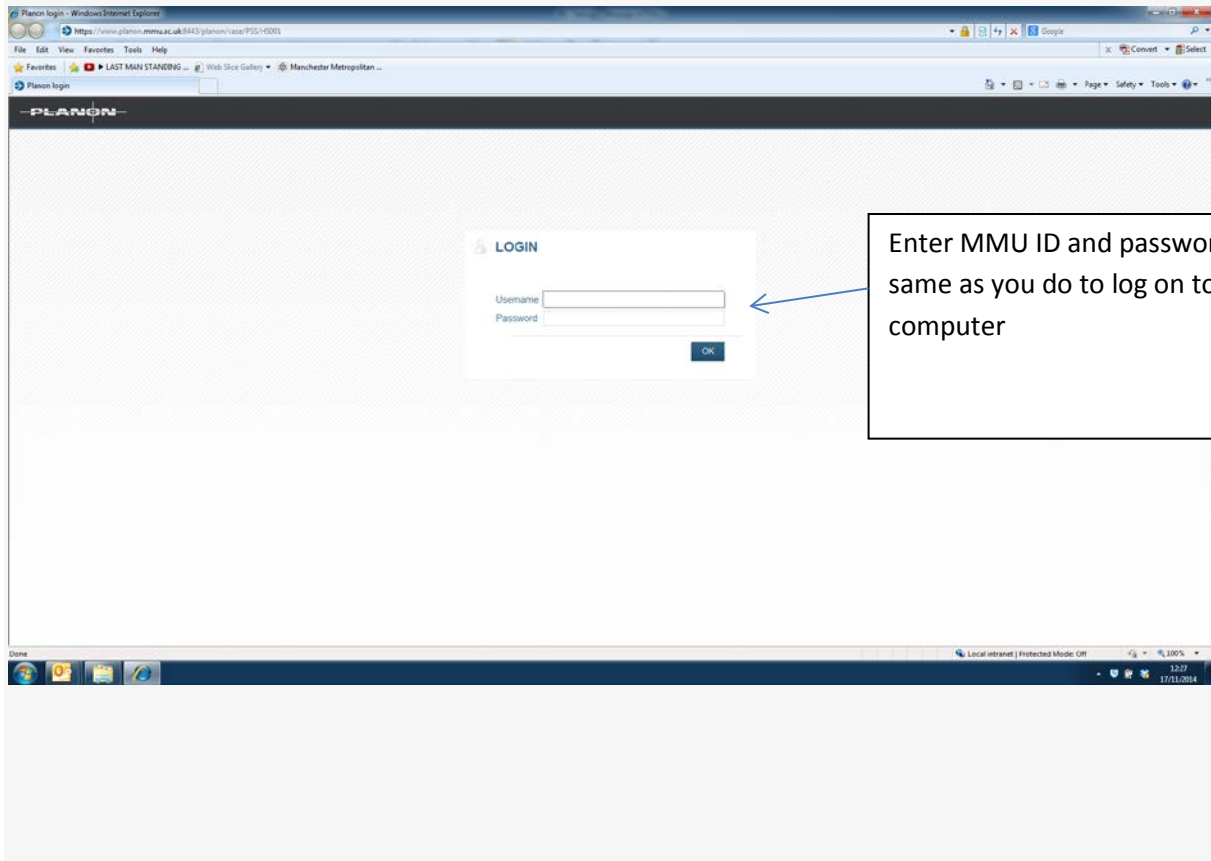


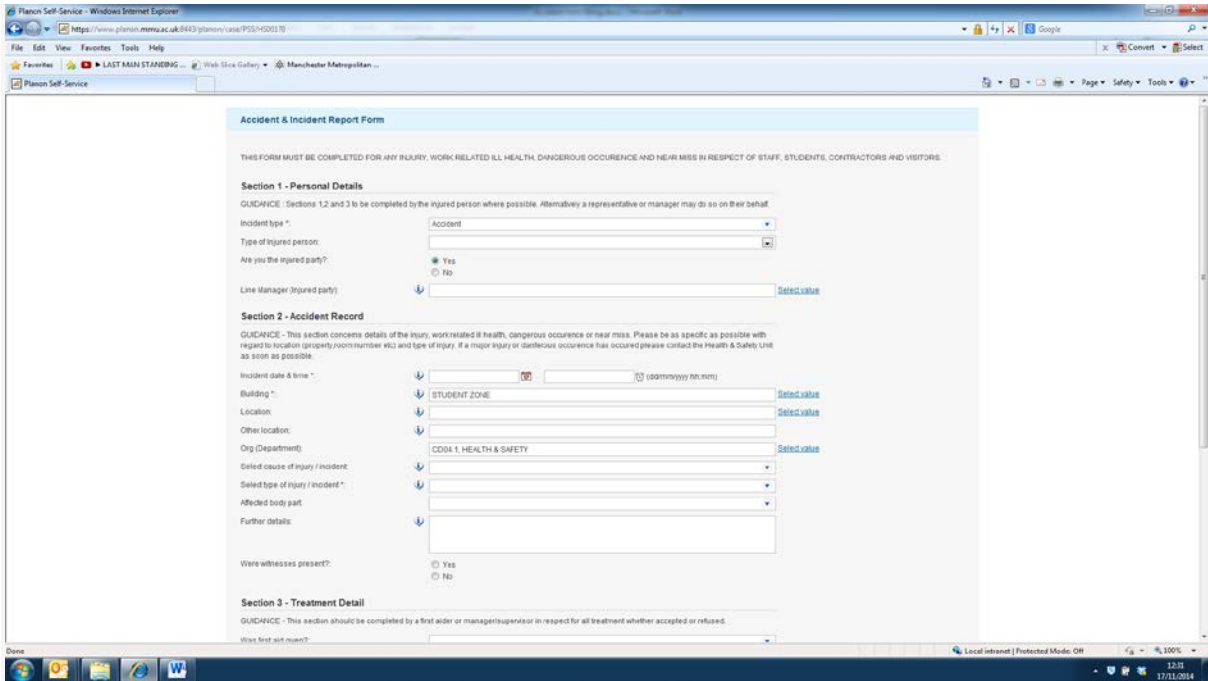
# How to fill out the on line

Having clicked on the link on the Health and Safety web page to report an incident you will come to this log in page.

Enter you MMU Id number and password



Enter MMU ID and password the same as you do to log on to your computer



# Accident & Incident Report Form

THIS FORM MUST BE COMPLETED FOR ANY INJURY, WORK RELATED ILL HEALTH, DANGEROUS OCCURENCE AND NEAR MISS IN RESPECT OF STAFF, STUDENTS, CONTRACTORS AND VISITORS.

## Add block

### Section 1 - Personal Details

GUIDANCE : Sections 1,2 and 3 to be completed by the injured person where possible. Alternatively a representative or manager may do so on their behalf.

Incident type

This drop down box has a number of options

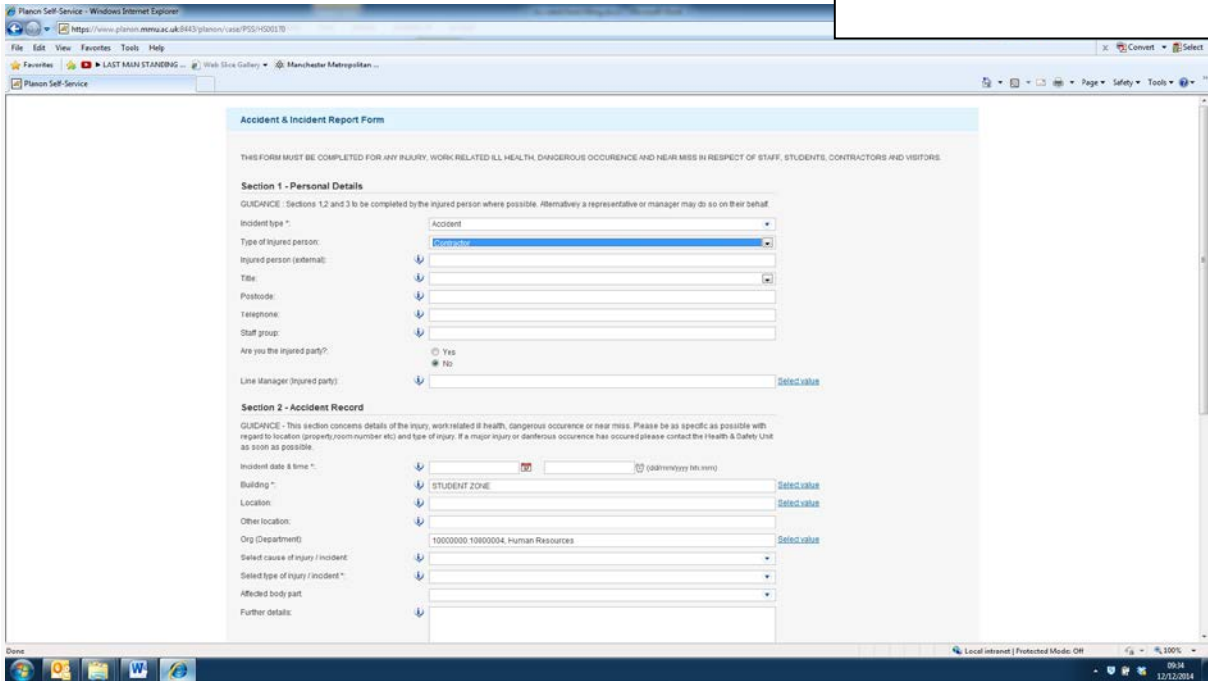
- Damage
- Dangerous Occurrence
- Fire Incidents
- Near Miss
- Violence/Aggression
- Work related ill health

## Selector

Type of Injured person

If you click on the down word arrow the types of injured persons will be shown. If Visitor contractor or temporary worker are chosen you are required to fill out more details in free text.

Where visitor, contractor and temp worker are chosen further details are required in free text



[Select value](#)

You now have to select whether you are the injured party filling out the form by selecting yes or no

Are you the injured party  
Yes  
No

Line Manager (Injured party)

[Select value](#)



This is where you select your name by typing it in or by using the select value and search. If you are not clear who your line manager is you can pick the Health and Safety Unit who will receive a copy of the accident form.

# Page will look like this for Section 1 & 2

Planon Self-Service - Windows Internet Explorer

https://www.planon.mmu.ac.uk/8443/planon/case/PSS-H00110

File Edit View Favorites Tools Help

Web Slice Gallery Manchester Metropolitan...

Planon Self-Service

THIS FORM MUST BE COMPLETED FOR ANY INJURY, WORK RELATED ILL HEALTH, DANGEROUS OCCURRENCE AND NEAR MISSES IN RESPECT OF STAFF, STUDENTS, CONTRACTORS AND VISITORS.

### Section 1 - Personal Details

GUIDANCE: Sections 1, 2 and 3 to be completed by the injured person where possible. Alternatively a representative or manager may do so on their behalf.

Incident type: Accident

Type of injured person: Staff

Are you the injured party?  
 Yes  
 No

Line Manager (Injured party): Chris Bolam [Select value](#)

Code:	59029445
Title:	Mr
Telephone no.:	01612473209
Mobile no.:	0782538593
Email:	

### Section 2 - Accident Record

GUIDANCE - This section concerns details of the injury, work-related ill health, dangerous occurrence or near miss. Please be as specific as possible with regard to location (properly room number etc) and type of injury. If a major injury or dangerous occurrence has occurred please contact the Health & Safety Unit as soon as possible.

Incident date & time: 17/11/2014 09:15 (dd/mm/yyyy hh:mm)

Building: ORMOND BUILDING [Select value](#)

Location: Reception - Reception [Select value](#)

Room Number:	Reception
Room Use:	Reception
Floor:	Ground Floor

Other location:

Org (Department): CD04.1, HEALTH & SAFETY [Select value](#)

Select cause of injury / incident: Fall on the same level

Select type of injury / incident: Bruised

Affected body part: Arm

Further details: Fall on wet floor

Were witnesses present?  
 Yes  
 No

Done

Local intranet | Protected Mode Off

12:33 17/11/2014

# Selector

## Section 2 - Accident Record

GUIDANCE - This section concerns details of the injury, work related ill health, dangerous occurrence or near miss. Please be as specific as possible with regard to location (property, room number etc) and type of injury. If a major injury or dangerous occurrence has occurred please contact the Health & Safety Unit as soon as possible.  
Incident date & time

Select the time

First step is to enter the time of the accident as accurately as possible

[Previous Month \(July 2014\)](#) [August 2014](#) [Next Month \(September 2014\)](#)

Mo	Tu	We	Th	Fr	Sa	Su
28	29	30	31	<u>1</u>	<u>2</u>	<u>3</u>
<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>
<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>
<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>
1	2	3	4	5	6	7

**17** Select the date  
(dd/mm/yyyy hh:mm)

Then select the date

Building

STUDENT ZONE

[Select value](#)

From the Building selection you can enter the building where the incident occurred. You can either type it into the box or use the select value and type and search

# Selector

Location

[Select value](#)

You then can choose the precise location of the incident such as the room number or area in the building if you cannot find the correct location you can enter in to the other location box below. You can type free hand into this box

# Selector

Other location

Org (Department)

[Select value](#)

You can type in the department you work in or use the select value and search function

# Selector

Select type of injury / incident

From the next box select the type of injury /incident. There is a list of injury types such as cut and bruise as well as Fire, Non -injury and undefined pick the one that best describes the injury or incident

# Selector

Select cause of injury / incident

You then have to select the cause of the injury was it a fall, or contact with chemicals. Or an incident involving interference with a fire alarm, a lift incident, verbal abuse or water incident. Pick one that matches the incident

# Selector

Affected body part

The next drop down refers to which part of the body was injured or non-injury for incidents not involving accidents

# Selector

Further details

You can enter here any details as free text you do not think have been covered in the previous box's

Were witnesses present?

Yes  
 No

Simple yes no question were witnesses present if yes section 4 Witness details will appear after Section 3 Treatment details

### Section 3 - Treatment Detail

GUIDANCE - This section should be completed by a first aider or manager/supervisor in respect for all treatment whether accepted or refused.

Was first aid given?

There are 4 options from the drop down first aid was: accepted, advise to attend hospital/GP, Not applicable or Refused. One of the 4 options is to be picked

## Selector

Brief details of First Aid Given

In the next box details of any first aid treatment should be put.

The first aiders name should then be put into the box internal first aiders name by typing the name in your using select value search option

First aider's name (Internal)

[Select value](#)

If the first aider is external to MMU or the first aider's name is not present on the internal list enter the name as free text into the first aiders name { external)

## Selector

First aider's name (external)?

Was the injured person sent to hospital?

- Yes
- No

The last few options are to pick if the person went to hospital Yes or no or if the person was in hospital for more than 24 hours Yes or no.

Was the injured person in hospital for more than 24 hours?

- Yes
- No

Finally which hospital they attended if they did

Hospital Details

If there are no witness's and this no section 4 the accident form is ready for submission. Please check before submission. The system will not allow the form to be submitted if the questions \* have not been filled in. If you need a copy please print before submitting. If the form is okay press submit. The form will register with the Health and Safety Unit and the line manager

## Section 3 First aid

Plancon Self-Service - Windows Internet Explorer  
https://www.plancon.mmu.ac.uk/8443/plancon/Case/P55/H00170

Plancon Self-Service

Room Number: Reception  
Room Use: Reception  
Floor: Ground Floor

Other location:  
Org (Department): COO4 1, HEALTH & SAFETY [Select value](#)  
Selected cause of injury / incident: Fall on the same level  
Selected type of injury / incident\*: Bruised  
Affected body part: Arm  
Further details: Fall on wet floor

Were witnesses present?  
 Yes  
 No

**Section 3 - Treatment Detail**

GUIDANCE - This section should be completed by a first aider or manager/supervisor in respect for all treatment whether accepted or refused.

Was first aid given?: Not applicable  
Brief details of First Aid Given: none  
First aider's name (internal): [Select value](#)  
First aider's name (external):  
Was the injured person sent to hospital?:  
 Yes  
 No  
Was the injured person in hospital for more than 24 hours?:  
 Yes  
 No  
Hospital Details:

Local intranet | Protected Mode: Off 12:36 17/11/2014



## Section 4 - Witness Details

GUIDANCE - Please ensure that names and appropriate contact details are taken from any witnesses present.

First witness name

First witness contact number

First witness address

Second witness name

Second witness contact number

Second witness address

**Submit** **Cancel**

If witness's are present section 4 will be present and the witness's name, phone number and work address should be filled in.

Once the details are filled in the form should be checked and if a copy is required it should be printed off then the form should be submitted. The form will register with the Health and Safety Unit and the line manager