# How to…

# Fill in an <u>Incident form</u>
## Step by step guide

**EVOTIX**

**Version 4: updated 09/10/2022**

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# Section 1: Access to an Incident Reporting Form
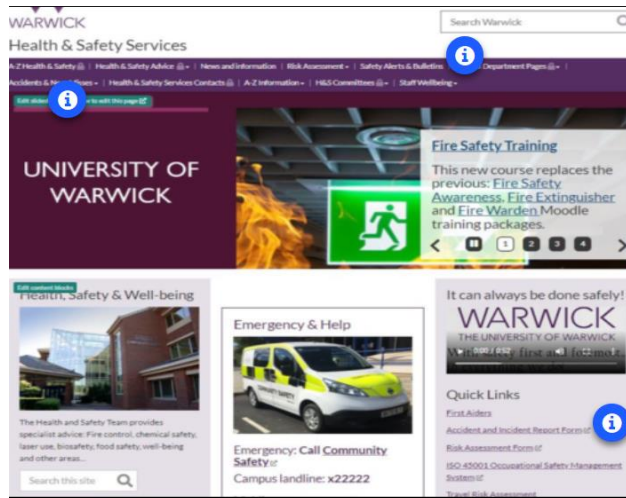


## The Form can be accessed in several ways:

1- On the Health and Safety web page you can use the 'Accident and Near Misses section' on the toolbar at the topof the page https://warwick.ac.uk/services/healthsafetywellbeing/

2- Another option on this page would be to use the quick links section where the Incident report form can be seen.

3- You could also type via the search bar on the main University of Warwick page; type 'incident forms' and click search
https://warwick.ac.uk/services/healthsafetywellbeing/incidents

4- AssureGO+ - Access is shared with anyone via a URL or QR code.

URL: https://uk.sheassure.net/uow QR code: 



NOTE: You don't have to be logged in to access the forms section

Once you have completed one of the options shown above; you can then select the relevant form 'Incident form' and complete with as much information as possible.

*Remember to inform your manager/supervisor of the incident.*

## Section 2: Filling in an 'Incident Form'

This report can be completed either by the **person affected, their immediate Line Manager / Supervisor, a Witness to the incident or a First Aider.**

The person that completes the form needs to provide accurate information and fill in as much detail as possible as this many need to be used at a later stage for investigation purposes.



CLICK onto the 'icon'



Use the drop-down button to choose 'select'



Once completed click 'select'

*Type text* into the box and use the 'search function' to show the department where the incident occurred. Following on from your text, you will see the 'tree' populate with various sections: please CLICK on the relevant area where the incident occurred.
Once completed CLICK 'select'.

Alternatively double click on the instructions 'Use the search function above or double click here for org chart' this will then open the 1st layer of the 'tree'. Double click the relevant department to open further layers and please CLICK on the relevant area where the incident occurred. Once completed CLICK 'select'.

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Once completed the text box will be populated with the option you selected



## Org Unit

Please Select Department where
Incident/Audit Occurred *

Click the icon to the right, followed by 'select'.

Find department by typing the name in the 'search box' or navigating the 'org chart'.

If you are unsure, please select 'Unknown'

Warwick Business School WBS – Co

It is important to choose the correct 'Department where the incident occurred' if this is selected incorrectly it will not only impact whom the incident is forwarded onto resulting in a delay at the investigation stage, but it will also corrupt departmental reporting figures.



Select

Use the search function above or double click here for org chart
- Academic Faculties
- Campus & Commercial Services Group - CCSG
- Finance & Resources Group
- Professional Services
- Secretary to Council Group
- Students' Union
- Unknown

Select    Close

If you are unsure, please use the 'unknown' department option

# **Upload Photo / Evidence field**

Upload Photos by selecting continue at the bottom of the form once all required fields are filled in

There is an option to upload photos/ evidence once you have selected 'continue' at the bottom of the form
You can complete this once all relevant fields have been completed

Please see Page 16 for more information on this

# Incident details



Select from the drop-down options the **University Campus/Site**

CLICK onto the drop-down arrow to select the options available: Select the relevant option for **'Location Type'**

**Location Details** *

Where did the incident occur. Indicate building: floor: room: or detailed area of the grounds.

**Was the incident Estates related?** *

Yes = If the incident involved a problem with the infrastructure of the building, highway or outdoor space

**Date of Incident** *

**Time of Incident (24 hr clock)** *

Type text in to the **'location Details'** box to show incident occurred Give details of the building, floor, room: or detailed area of the grounds

Select from the drop-down options for **Was the incident Estates related?**

---

**Date of Incident** *

**Time of Incident (24 hr clock)** *

**Type of Incident** *

**Details of Incident** *

Provide a brief factual summary of the incident and how it occurred

DO NOT enter any names or personal details

**Details of Immediate Actions Taken** *

It is important that the situation is made safe, please provide details of action taken.

Please report all infrastructure and/or building defects to the Estates help desk for remedial action, using the link below

http://helpdesk.estate.warwick.ac.uk

| Oct | 2022 |
|---|---|
| Mo Tu We Th Fr Sa Su | |
| | 1 2 |
| 3 4 5 6 7 8 9 | |
| 10 11 12 13 14 15 16 | |
| 17 18 19 20 21 22 23 | |
| 24 25 26 27 28 29 30 | |
| 31 | |

Today    Close

**Date of incident** - Use the 'Calendar symbol' to select the date the incident occurred
CLICK on the date you wish to select or alternatively use the 'Today' button if required

---

indicate building: floor: room: or detailed area of the grounds.

**Date of Incident** *

**Time of Incident (24 hr clock)** *

**Type of Incident** *

**Details of Incident** *

Provide a brief factual summary of the incident and how it occurred

DO NOT enter any names or personal details

**Choose Time**

Time    00:00

Hour

Minute

Now    Done

**Time of incident** - Use the 'clock symbol' to select the options to record the time the incident occurred

Option 1: Use the slider buttons to adjust the time for the Hours and Minutes
Option 2: Click on the 'Now' button if the incident happened at this time
Option 3: Type text into the box on the main screen to record the time

CLICK 'Done' once completed    7

Indicate building: floor: room: or detailed area of the grounds.

Date of Incident *

Time of Incident (24 hr clock) *    13:30

| Choose Time | |
| Time | 13:30 |
| Hour | |
| Minute | |
| Now | Done |

Type of Incident *

Details of Incident *

Provide a brief factual summary of the incident and how it occurred

DO NOT enter any names or personal details

Details of Immediate Actions Taken *

It is important that the situation is made safe, please provide details of action taken.

Once completed the text box will be populated with the time you have selected

Type of Incident – CLICK onto the drop-down arrow to 'select' from the options available; then select the relevant option

Time of Incident (24 hr clock) *    13:30

Type of Incident *

Details of Incident *
100000 characters left

Provide a brief factual summary of the incident and how it occurred

DO NOT enter any names or personal details

Details of Immediate Actions Taken *

Injury
Ill Health
Near Miss / Dangerous Occurrence
Fire
Property / Equipment Damage
Environment

Details of Incident*
100000 characters left

Provide a brief factual summary of
the incident and how it occurred

DO NOT enter any names or
personal details

**Details of Incident** – Type text into the box and provide brief facts to give a summary of the incident and how it occurred
Remember <u>DO NOT</u> enter any names or personal details
Injured Party (IP) can be used instead

Details of Immediate Actions
Taken*

It is important that the situation is
made safe, please provide details of
action taken.

Please report all infrastructure
and/or building defects to the
Estates help desk for remedial
action, using the link below

http://helpdesk.estate.warwick.ac.uk

**Details of Immediate Actions taken –** Type text into the box and provide details

Remember if necessary if the incident involves infrastructure and/or building defects report to the Estates help desk.

The link to the Helpdesk webpage is available here (This will open a new page)

Was any First Aid Treatment
Given?*    ○ Yes    ○ No

Details of Treatment Given

Has the IP been Taken to
Hospital?*    ○ Yes    ○ No

Select option Yes or No for if any **First aid treatment** was given?

Type text into the box and provide **details of Treatment** given

Select option Yes or No for **Has the Injured Party (IP) been taken to hospital?**

# Injury/ ill Health Details



Injury / Ill Health Details

| Injury Type | Apparent Cause | Part(s) Of Body Affected |
| --- | --- | --- |

+ Add

If there has been
**injury/ill Health caused**:
click onto the green
'ADD' button

This will open further
options: use the drop-
down arrows to select
the correct option for:
**Injury type**
If there isn't an option
relevant select 'Other'

Add

Injury / Ill Health Details

Injury Type

Apparent Cause

Part(s) Of Body Affected

Dislocation

Amputation / Scalping
Asphyxia
Bruising / Swelling
Burn/Scald
Crush Injury
Cut
Dislocation
Eye Injury
Fatality
Food Allergen Incident
Food Poisoning
Fracture
Head Injury
Heat Induced Illness / Hypothermia
Infectious Disease
Non-Food Allergic Reaction
Musculoskeletal
Sprain / Whiplash
Stress Related Illness

Contact With Electricity Or An Electrical Discharge
Contact With Moving Machinery Or Material Being Machined
Contact With Sharp Object Excluding Needle
Contact With Something Hot Or Extremely Cold
Drowned Or Asphyxiated
Exposed To An Explosion
Exposed To Biological Agent
Exposed To Chemical
Exposed To Fire
Exposed To Radiation (Includes High Intensity Visible / IR / RF / UV)
Exposed To Respirable Fibres / Dust
Fell From A Height
Hand Tool / Knife
Hit By A Moving, Flying Or Falling Object
Hit By A Moving Vehicle
Hit Something Fixed Or Stationary
Injured By An Animal
Injured While Handling Lifting Or Carrying
Needle Stick Injury

Use the drop-down
arrows to select the
correct option for:
**Apparent Cause**

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Use the drop-down arrows to select the correct option for: **Part(s) of body injured**

Ankle
Arm
Back
Buttocks
Chest
Ear
Elbow
Eye
Face
Finger/s
Foot
Hand
Head (Excluding Face)
Hip
Knee
Leg
Neck
Shoulder
Stomach / Groin

**Add**

**✓ Injury / Ill Health Details**

| | |
|---|---|
| **Injury Type** | Dislocation ▾ |
| **Apparent Cause** | Contact With Something Hot Or ▾ |
| **Part(s) Of Body Affected** | Finger/s ▾ |

Once completed
CLICK 'save and close'

💾 Save & Close    ↶ Cancel

**✓ Injury / Ill Health Details**

| Injury Type | Apparent Cause | Part(s) Of Body Affected | |
|---|---|---|---|
| Dislocation | Contact With Something Hot Or Extremely Cold | Finger/s | 🗑 Remove |
| Asphyxia | Contact With Moving Machinery Or Material Being Machined | Arm | 🗑 Remove |

**+ Add**

There is an option to 'add' more than one injury here if necessary
Just click on 'add' and complete the task as mentioned in the steps before

## Was a Person Affected?



Select option Yes or No for **was aperson affected?**

Select option Yes or No for **if the incident involved a Young Person under 18?**

**Affected person's status** – CLICK onto drop down arrow to 'select' the options available; select the relevant option

Type text into the box provide **Forename(s) and Surname** of the affected person

Type text into the box for the **Affected persons department** and **Contact Details** for the affected person this can be a phone number OR email address
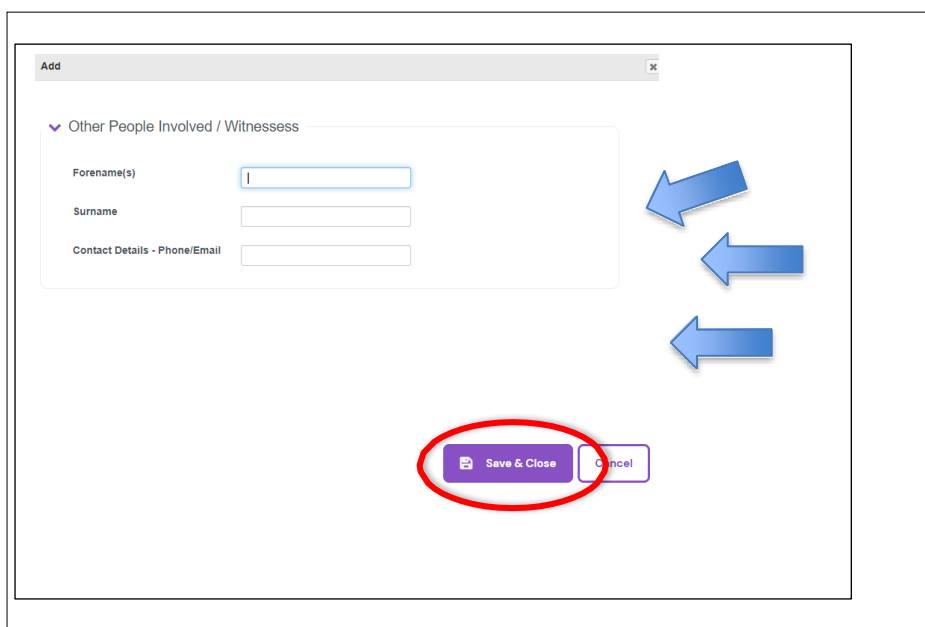
## Witness Details

Click onto the green 'ADD' button
Give details of **Any other People Involved and/ OR witnesses**

This will open further options as shown below

Other People Involved / Witnessess

| Forename(s) | Surname | Contact Details - Phone/Email |
|---|---|---|

**+ Add**

---

Add

Other People Involved / Witnessess

Forename(s)

Surname

Contact Details - Phone/Email
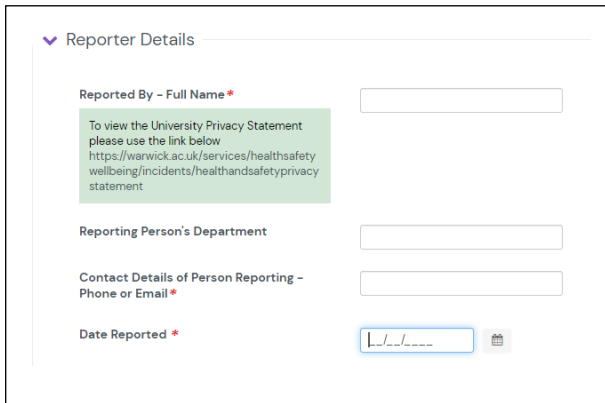
**Save & Close**   Cancel

Fill in details for any other People Involved and/ OR witnesses

Enter **Forename(s), Surname and Contact Details** - give Phone number or email information

Once completed CLICK 'save and close'

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There is an option to 'add' more than one witness here if necessary, Just click on 'add' and complete the task as before
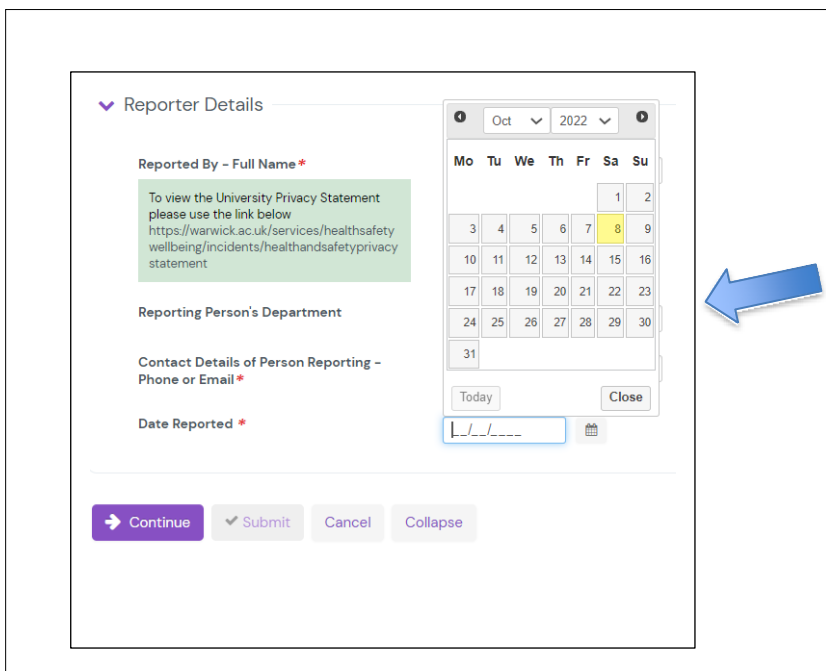
# Reporter Details



Type text into the boxes and provide **details of who reported the Incident**

Type text into the box **Reported by** please give the full name of the person

Type text into the **Reporting Person's Department**
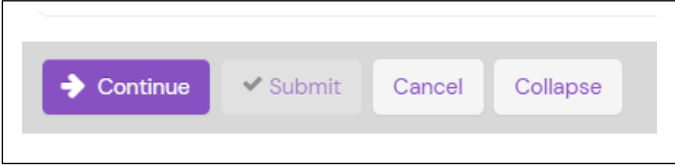
Type text into the **Contact Details** of Reporting Person' givePhone number or email information



**Date of incident** - Use the 'calendar symbol' to select the date the incident was reported CLICK on the date you wish to select or alternatively use the 'Today' button if required

# Once the form has been completed

Please ensure all sections with an *(asterisk) are completed in order for the form to process onto the next screen



Once completed CLICK on 'Continue'

Once the 'Continue' button has been used the page will process onto the next 'attachments' page

# Uploading Evidence

Photos and any other documents can be attached here

WARWICK
THE UNIVERSITY OF WARWICK

ℹ Report an Incident    ⚲ Attachments

## Module Attachments

⬆ Upload File    ⬇ Download All

You can click on the 'upload file' button

Upload File                    ✕

⬆ Upload File

DROP FILE HERE TO UPLOAD

You can click on the 'upload file' button <u>or</u> use the 'Drag and drop option'.

Done

Once completed select 'Done'.

Confirm

Do you wish to submit this record?

OK          Cancel

▸  ⤒                                    No items to display

✔ Submit  ↶ Cancel  ⤢ Collapse

Once completed CLICK 'submit' and then 'OK' to submit the record

Health & Safety Software

**NOTE: If you don't have any attachments to add, just then click on the 'Submit' button and then 'OK' to submit the record**

# Confirmation Page

Once this screen is displayed the Incident form has now been submitted <u>successfully</u>
**Remember to inform your manager/ supervisor of the incident**
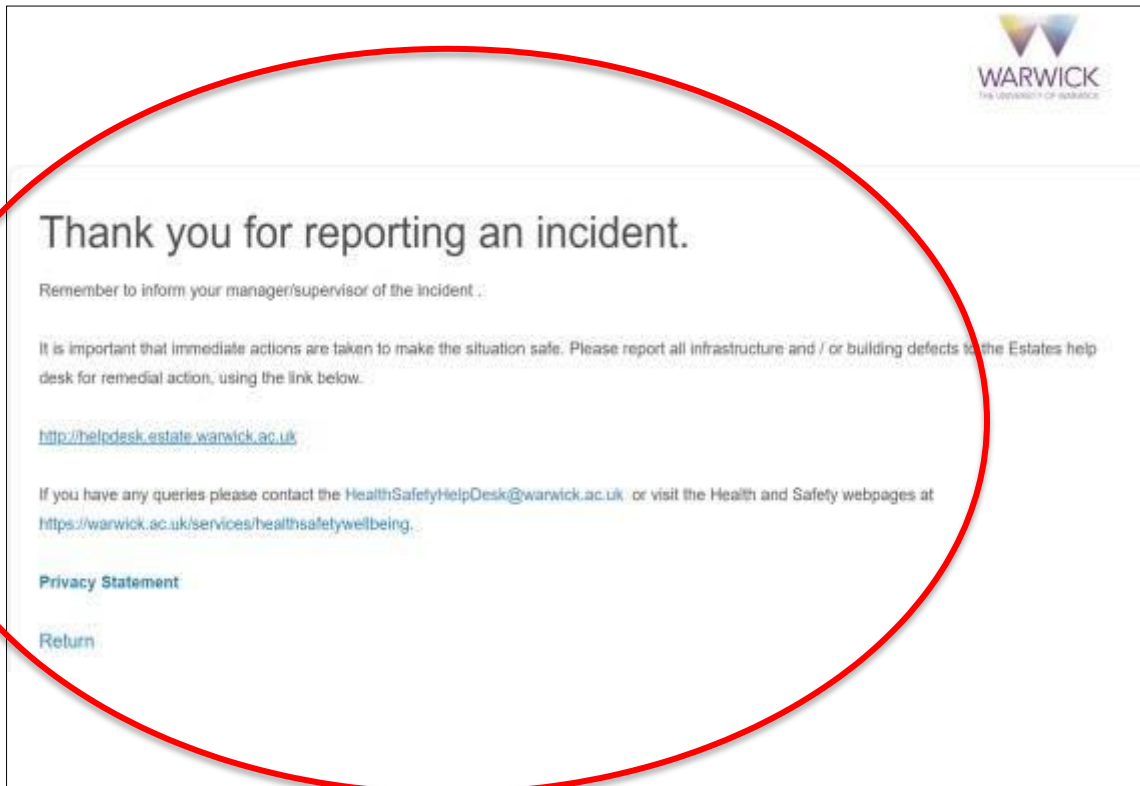


**Health and Safety Privacy Statement**

The University of Warwick will process personal data relating to accidents for the purpose(s) of investigation and onward reporting to statutory or insurance bodies where necessary.

The legal basis for processing this personal data is statutory obligation, namely under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and the Social Security Administration Act 1992.

Your personal data will not be shared or disclosed to any third parties external to the University of Warwick, except Assure (formally SHE Assure) who will process your personal data for the purpose(s) of centrally recording details of the incident. This data may be required to be shared with those agencies with legal entitlement.

Your personal data will not be transferred outside of the EEA, will be kept securely by the University of Warwick and will be retained in accordance with the University Records Retention Schedule.

The University of Warwick is the Data Controller of this information and is committed to protecting the rights of individuals in line with Data Protection Legislation. Please visit the University's Data Protection webpages for further information in relation to your rights and how the University processes your personal data. The University's Data Protection Officer can be contacted through DPO@warwick.ac.uk or infocompliance@warwick.ac.uk and any requests or complaints should be made in writing to the University's Data Protection Officer.

**If you have any queries please visit the Health and Safety webpages at https://warwick.ac.uk/services/healthsafetywellbeing.**