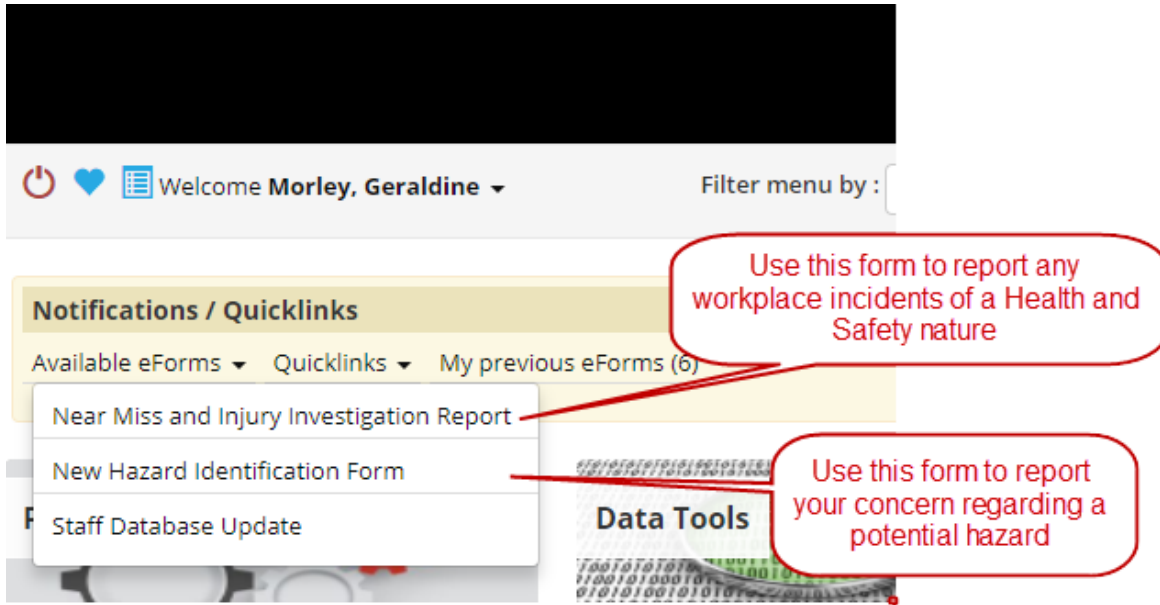


On-line Health and Safety via Spider

To report potential new hazards or near miss injury reports click to open the appropriate E Form on Spider as follows:



Ensure you complete your E Forms as soon as possible after the event. Please ensure you have completed all sections of the appropriate form.

Near Miss and Injury Investigation Report

* Mandatory fields

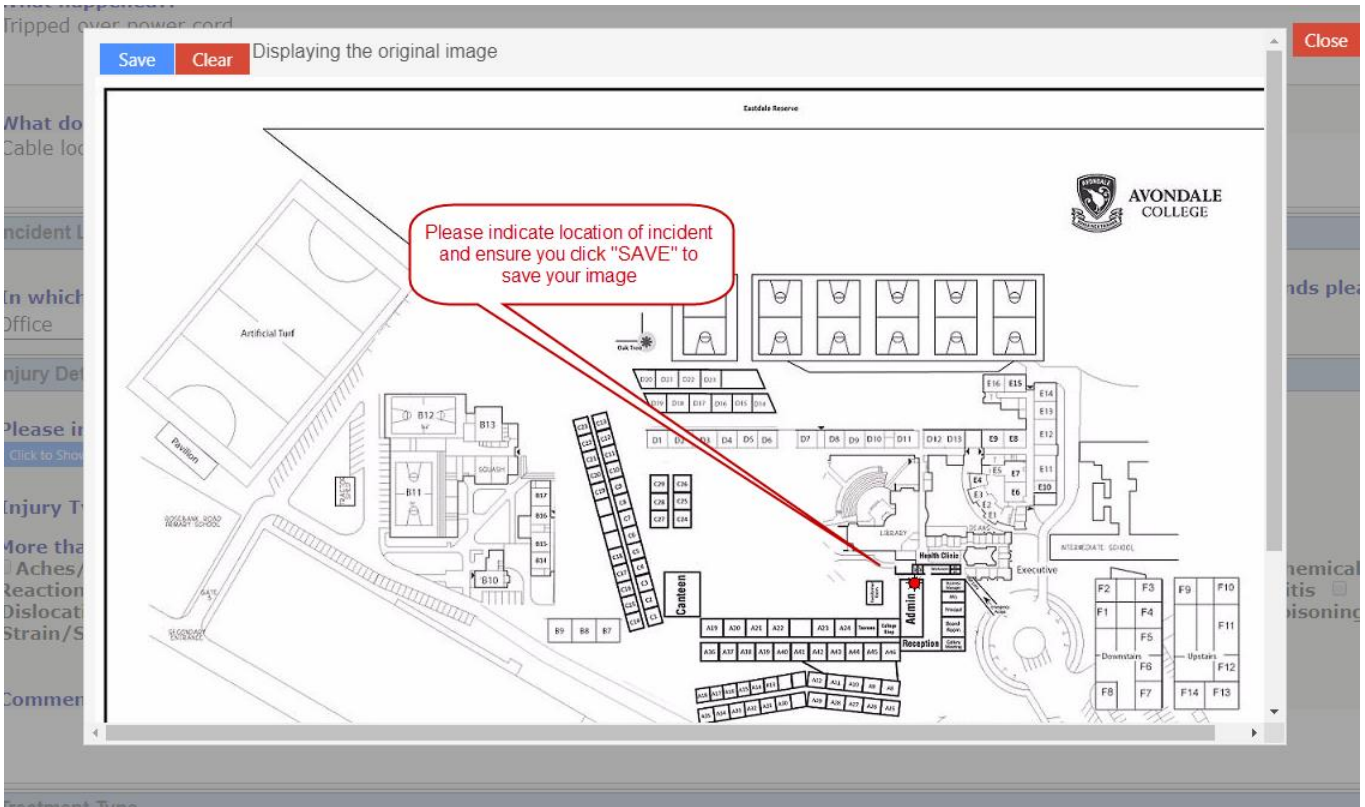
Injured/Affected Person to complete

Department: Office	Select which applies: <input type="radio"/> Not Selected <input checked="" type="radio"/> Near Miss <input type="radio"/> First Aid Injury <input type="radio"/> Medical Injury <input type="radio"/> Illness
Name: Geraldine Morley	Date and Time of Incident:
Position: still upright	Select: <input type="radio"/> Not Selected <input type="radio"/> Public <input checked="" type="radio"/> Staff <input type="radio"/> Visitor <input type="radio"/> Contractor
Contact Number: 021 0000000	Did the incident happen: <input type="radio"/> Not Selected <input checked="" type="radio"/> At work? <input type="radio"/> Externally?

Incident Description

What happened?:
Tripped over power cord

What do you think caused or contributed to the incident?:
Cable location



Injury Details

Please indicate the part of the body that is injured:
[Click to Show Image](#) If injured please click here to indicate where on your person you have suffered the injury and "Save" the image

Injury Type:
 More than one item can be selected.
 Aches/Pain (gradual) Aches/Pains (sudden) Amputation Broken Bone Bruising (incl crushing) Burn/Scald Chemical Reaction Choking/Suffocation Concussion/Head Injury Cut (infected) Cut (not infected) Dental Injury Dermatitis Dislocation Early report of discomfort Fatal Hearing Loss (Noise Induced) Inhalation Disease (Asbestos/Lead) Poisoning Strain/Sprain Multiple Injuries Property Damage Other

Comment (if required):
 no injury - pride only

Treatment Type

Treatment Details:
 Not Selected None First Aid Doctors Physio Hospital Other

Comments:

Broken Bone
 Bruising (incl crushing)
 Burn/Scald
 Chemical Reaction
 Choking/Suffocation
 Dental Injury
 Dermatitis
 Dislocation
 Early report of discomfort
 Fatal
 Hearing Loss (Noise Induced)
 Multiple Injuries
 Property Damage
 Other

Other

Comments:

Once completed click 'Save & Submit'.
 Once successfully saved close

You will automatically receive an email confirming submission of your form and informing you of progress.

New Hazard Identification Form

New Hazard Identification Form
 ID:0 | 11/10/2017 |
 Recipient: Geraldine Morley | ZMOG
 Originator: Geraldine Morley | ZMOG

1 Employee to complete
 2 Health and Safety Manager to complete
 3 Property Manager to complete
 4 Submit Form

* Mandatory fields

Employee to complete

Location:
 Office

Given Name:
 Geraldine

Surname:
 Morley

Date:
 / /

October, 2017						
Mo	Tu	We	Th	Fr	Sa	Su
25	26	27	28	29	30	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	1	2	3	4	5

Today: October 11, 2017

Click in "Date" to utilise the calendar.
 Complete all sections and "Submit Form"

ID:0 | 12/10/2017 |
 Recipient: Lisa Thompson | ZTHL
 Originator: Lisa Thompson | ZTHL

1 Employee to complete | 2 Health and Safety Manager to complete | 3 Property Manager to complete | 4 Submit Form

* Mandatory fields

Completion 1. Submit Form

Health and Safety Manager to complete:
 All Actions Completed Relevant Personnel Notified Hazard Register Updated

Comments:

Completion Date:

Completed by:
 Not Selected ▾

Submit Form 2. Save & Submit

To submit the form select the "save and submit" button

Previous Temporary Save Save & Submit Close

You will automatically be informed of progress via email.

If you are having any difficulty at all, please contact the Health and Safety Manager, Yasmin Khan at zkhy@avcol.school.nz.

Geraldine Morley
 12 October 2017

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