



How to complete an Occupational Injury Illness or Incident Report Form through myHRonline

Step 1 – Create an Incident Report

Step 2 – Create an Injury Report

Step 3 – Add witness details

For any issues call ICT Help Desk
on x16000



To create an Incident Report:

1. Log on to **myHRonline**
2. **Open** the menu folder **Report Incident or Injury**

Irrespective of whether there has been an Injury as a result of the Incident, the Incident details must be entered first.

3. Click on **Step 1 – Complete Incident Report**

This will take you to the **New Incident** screen

4. Choose the **Type of Incident** by clicking on the **Drop Down List** icon.

This will bring up a list. Scroll down and highlight the appropriate **Type of Incident** and click **OK**, which will fill in the field and description.



5. Enter the **Incident Date** in format dd/mm/yy; OR choose the **Incident Date** by clicking on the **Calendar** icon.

This will bring up a calendar screen. Choose the appropriate date and click **OK**. This will fill in the field.

6. Enter the **Incident Time** in the format hhmm (ie 1105)

7. Enter the **Incident Description**. This is a free text field.

8. Enter the **Incident Description – (how incident occurred, any injuries or previous related injuries)**. This is a free text field.

9. Choose the **Building (Location of Incident)** by clicking on the **Drop Down List** icon.

10. Enter the **Specific Location Details**, whether on campus or at an external location. This is a free text field.

11. If the person the Incident was reported to is an employee, choose the **Reported To** employee by clicking on the **Drop Down List** icon. Enter the **Employee ID** if known and click **Find** . This will return the appropriate **Employee**. Double click the returned **Employee ID** and this fill in the details



12. Choose the **Reported By** employee (if reported by an employee) by clicking on the **Drop Down List** icon. Enter the Employee ID or Employees Surname if known and click **Find** .

This will return the appropriate **Employee**. Double click the returned **Employee ID** and this fill in the details

13. If **Reported By** a Non Employee enter the details in the free text field.
Please **specify name and phone**

14. Enter the **Reported Date** in format dd/mm/yy; OR choose the **Reported Date** by clicking on the **Calendar** icon. This will bring up a calendar screen. Choose the appropriate date and click **OK**. This will fill in the field.

15. Enter the **Reported Time** in the format hhmm (ie 1105)

16. **Specify prevention category** by clicking on the **Drop Down List** icon .

17. **Describe how you would prevent similar incidents** in the provided free text field.

18. **Select the Task Frequency** by clicking on the **Drop Down List** icon

19. If you are not the affected person enter **Date you were advised of Incident**



19. Click **SUBMIT** – and go to **Menu Step 2** if there is an **Injury** icon

This will generate a screen showing a grid of the details entered. Click on **Print icon** to bring up the standard **Print** dialog box. **Print** if required.



To create an Injury Record:

1. Click **Step 2 – Create Injury Report**

This will take you to the **Incident Selection** screen

2. Click on **Find all my Incidents** icon

This will generate a list of Incidents. You will only ever be able to view your own incidents

3. Click on underlined **Incident Number** (i.e. [T0000103](#))

This will take you to the **Incident Injuries** screen, with the details of the Incident showing in a grid.



4. Select **Step 2 – Create Injury Report**

5. This will expand the screen and show a new grid of information to be filled out.

6. Choose the **Status of Person Injured** by clicking on the **Drop Down List** icon. This will bring up a list. Scroll down and highlight the appropriate **Status of Person Injured** and click **OK**, which will fill in the field and description.

7. If the person who sustained an Injury is an employee, choose the **Employee No.** by clicking on the **Drop Down List** icon. This will bring up a dialog box that says “Please enter a Search Criterion for the Employee”. **EITHER:**

8. Enter the **Employee ID** if known. This will return the appropriate **Employee**. Double click the returned **Employee ID** and this will fill in the details of **First Name, Surname, Date of Birth, Street Address** (will not show), **Suburb** (will not show), **Postcode** (will not show), and **Phone** (will not show).

9. Perform a wildcard (%) search on the Surname and click **OK**. This will generate a list of possible **Employees**. Double click the appropriate **Employee ID** and this will fill in the details of **First Name, Surname, Date of Birth, Street Address** (will not show), **Suburb** (will not show), **Postcode** (will not show), and **Phone** (will not show).



OR

10. If the person who sustained an Injury is not an employee, enter the person details in the **First Name, Surname, Date of Birth, Street Address, Suburb, Postcode** and **Phone** fields.

Choose the **Injury Category** by clicking on the **Drop Down List** icon. This will bring up a list. Scroll down and highlight the appropriate **Injury Category** and click **OK**, which will fill in the field and description.

11. Choose **Injury Occurred during** by clicking on the **Drop Down List** icon

12. Choose the injured **Body Location** by clicking on the **Drop Down List** icon. This will bring up a list. **EITHER:**

13. Scroll down and highlight the appropriate **Part of Body Injured** and click **OK**, which will fill in the field and description; **OR**

14. Enter a wildcard (%) search in the % field ie Neck% and click **Find**. This will return a list of possible matches. Scroll down and double click the appropriate **Part of Body Injured** and this will fill in the details

15. Choose **How Injury Occurred** by clicking on the **Drop Down List** icon

16. Choose **Current Work status** by clicking on the **Drop Down List** icon.



17. Enter the **Date ceased (if relevant)** in format dd/mm/yy; OR choose the **Date Injury Reported** by clicking on the **Calendar** icon. This will bring up a calendar screen. Choose the appropriate date and click **OK**. This will fill in the field.
18. Click on the **Drop Down List** to choose who the **Initial treatment provided by**.
19. Choose the **Worker's Compensation Claim** type by clicking on the **Drop Down List** icon.
20. This will bring up a list of Yes or No.
21. If it is a Worker's Compensation Claim, highlight "**Yes**" click **OK**.
22. If it is not a Worker's Compensation Claim, highlight "**No**" and click **OK**. This will fill in the field and description.
23. Enter the **Name and details of initial treatment provider (eg Doctor/First Aid Officer)** if known. The **Doctor's Details** should include **Name**, **Address** and **Phone Number**.
24. Click **SUBMIT – and go to Menu Step 3 if there is a Witness** icon
25. This will generate a screen showing a grid of the details entered. Click on Print icon to bring up the standard Print dialog box. Print if required.



Create Witness Details Instructions:

1. Click **4 – Create witness details**
2. This will take you to the **Incident Selection** screen
3. This will take you to the **Incident Selection** screen
4. Click on **Find all my Incidents** icon

This will generate a list of Incidents. You will only ever be able to view your own incidents

5. Click on underlined **Incident Number** (i.e. [T0000103](#))

This will take you to the **Incident Witnesses** screen, with the details of the Incident showing in a grid.

6. Click on **Step 3 - Create Witness Details**

This will expand the screen and show a new grid of information to be filled out.



7. Choose the **Type of Witness** by clicking on the **Drop Down List** icon. This will bring up a list
8. Scroll down and highlight the appropriate **Type of Witness** and click **OK**, which will fill in the field and description.
9. If the person who witnessed the Incident/Injury is an employee, choose the **Employee No.** by clicking on the **Drop Down List** icon.

This will bring up a dialog box that says “Please enter a Search Criterion for the Employee”.

EITHER:

10. Enter the **Employee ID** if known. This will return the appropriate **Employee**. Double click the returned **Employee ID** and this will fill in the details of **First Name**, **Surname**, **Date of Birth**, **Street Address** (will not show), **Suburb** (will not show), **Postcode** (will not show), and **Phone** (will not show).

OR

11. Perform a wildcard (%) search on the Surname and click **OK**. This will generate a list of possible **Employees**. Double click the appropriate **Employee ID** and this will fill in the details of **First Name**, **Surname**, **Date of Birth**, and **Address** (will not show).



AND

- Enter the employee's Mobile Phone and Email Address details if known.

OR

alf the person who witnessed the Incident/Injury is not an employee, enter the person details in the **First Name, Surname, Date of Birth, Address, Mobile Phone** and **Email Address** fields.

13. Click **SUBMIT** icon

This will generate a screen showing a grid of the details entered. Click on **Print** icon to bring up the standard Print dialog box. Print if required.