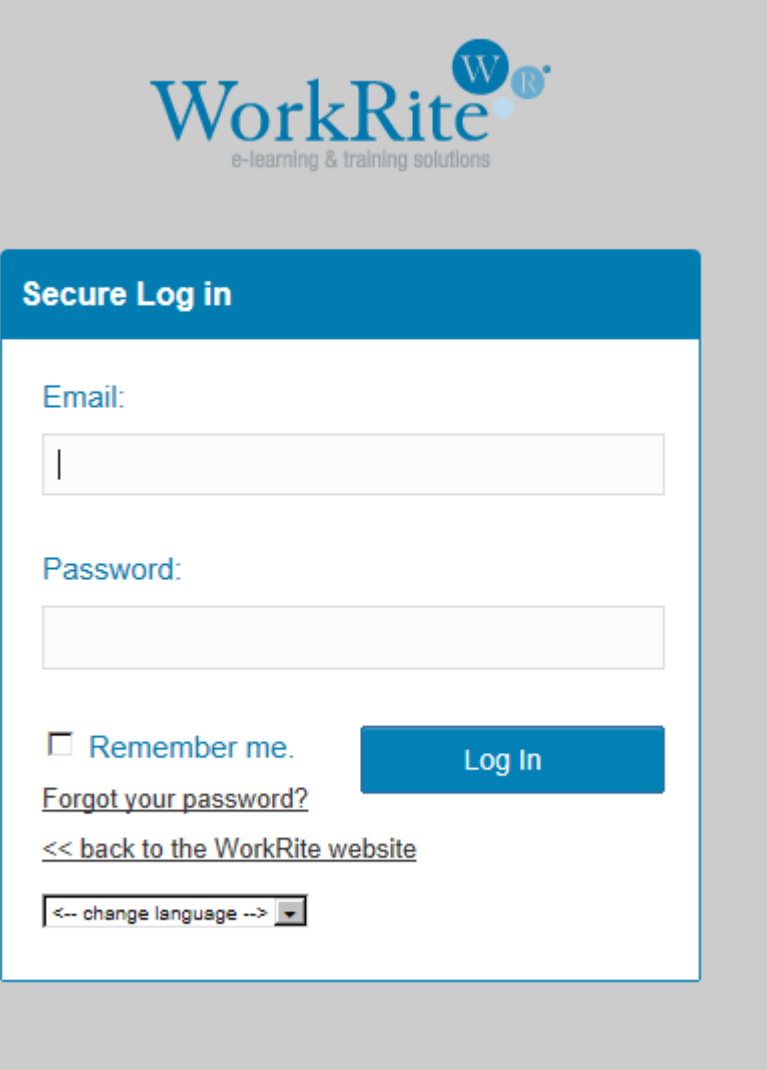


Workrite Accident Reporting

To report an accident, use this link, either click on it or copy and paste it into your browser window:

<https://app.workrite.co.uk/SecureLogin/SecureLogin.aspx>

Following this link will take you to a login screen as follows:



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Secure Log in

Email:

Password:

Remember me.

[Forgot your password?](#)

[<< back to the WorkRite website](#)

Enter your email address and password to log in. If you don't know your password you can follow the "forgot your password" link to retrieve it.

This will take you to the main menu page where you will find the following options:

The screenshot shows the main menu of the AMS (Accident Management System) interface. At the top left is the AMS logo with the text 'Accident Management System'. At the top right is the Isle of Wight Council logo. A blue navigation bar contains a 'SIGN OUT' button. Below this, the heading 'What would you like to do?' is followed by two large buttons: 'View Incidents' and 'Report Incident', both with right-pointing chevrons. A 'Change password' button is located below these. The footer is a dark blue bar divided into four sections: 'Support' (with links for FAQ, Contact Us, and Version: 2.3.4), 'News' (with links for 'Follow us on Twitter' and 'Read Our Blog'), 'Other Services' (with links for 'www.Posturite.co.uk' and 'www.Office-Environments.co.uk'), and 'POSTURITE' (with contact information for WorkRite, a division of Posturite Ltd., including address, phone number, and email).

Select the Report incident button by clicking on it. This will take you to a page with the following choices:

Please select the type of incident you wish to report from the options listed below

- Incident with Injury ?
- Dangerous Occurrence ?
- Near Miss ?
- Work Related Illness ?
- Work Related Absence ?
- Reportable Disease ?
- Verbal Aggression/Bullying ?

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e. software@WorkRite.co.uk

This will bring up a form. The following is the Incident with Injury form, however the other reports are similar. Complete each field in each page of the report and click next

Your Details

Confirm Your Details

Title

First name

Surname

Contact number

Job title

Your Organisation's Details

Organisation name

Type of business

Work Address line 1

Work Address line 2

Town

County

Postcode

Home address line 1

Home address line 2

Town of Home Address

County of Home Address

Postcode of Home Address

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Incident Details

Date & Time

Date of incident (dd/mm/yyyy)

Time of incident (24hr clock format)

Location of Incident

Where did the incident occur?

In which department, or where on the premises did the incident happen?

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The Person Involved

Type of person involved

Title

First name

Surname

Home Address

Address line 1

Address line 2

Town

County

Postcode

Contact number

Age

Sex

Job title (if applicable)

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About the Injury

Injury description

Injured part(s) of body

Type of injury

- A minor injury or condition
- An injury to an employee or self-employed person which prevented them doing their normal work for more than seven days
- A major injury or condition
- An injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment
- A fatality

Date of commencement of absence (if person was not absent from work enter N/A)

Did the injured person (select all that apply):

- Become unconscious
- Need resuscitation
- Remain in hospital more than 24 hours
- None of the above



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About the Accident

Select the best description of what happened

- Contact with moving machinery of material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit by something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to or in contact with a harmful substance
- Exposed to fire
- Exposed to an explosion
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person
- Another kind of accident



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Full Description

Please provide a detailed account of what happened

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Finally you will be presented with a summary of the information you have submitted. At the bottom of that page is the following:

About the Accident - click to amend details in this section	
Select the best description of what happened	Exposed to or in contact with a harmful substance
Full Description - click to amend details in this section	
Please provide a detailed account of what happened	foot hurt
Incident History	
09/06/2014 09:11:30	HS Assistance changed the status of this incident to Entered
09/06/2014 09:11:30	HS Assistance created this incident
<input type="checkbox"/> I hereby declare that to the best of my knowledge and belief, all the information I have entered is correct and true.	
Allocate incident to:	<- please select ->
<input type="button" value="Submit Now"/> <input type="button" value="Save For Later"/>	

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Click in the box next to the declaration to confirm that the information you have entered is correct and true.

Next from the allocate incident drop down menu select the person you are allocating this incident to. In the majority of cases this will be your line manager.

If you are happy with the information you have submitted click “submit now”. If you have not finished the form and would like to come back and finish it later click “save for later”