

Once you have logged into **DMS** on your iOS device and have tapped **OH&S Forms** in the DMS menu, the next screen you will see is **My OH&S Forms**. Tap on the **Plus Sign** in top right-hand corner to start a new **OH&S Form**.



OH&S FORMS WITH INCIDENT DATES SINCE NOV 4,
2016

No OH&S Forms

Tap the + button to start a new report



News



Resources



Agreements



DMS

The next screen will be **New OH&S Form.**

Cancel

New OH&S Form

Done

Unsubmitted

My Local 6



Contact Info *(optional)*



Employer / Unit



Incident Date &
Time of Shift



DESCRIBE THE NATURE OF THE INCIDENT



WHAT IS THE SUSPECTED HAZARD?



ANY INJURY OR DISEASE RELATED TO THE PROBLEM?
(IF KNOWN)

(optional)



Enter **Contact Info**. This is an optional field. Once the field has been tapped, a screen will open to enter **Phone Number** and **Email Address**. If you choose to enter this information, do so and tap **Save**.

Cancel **Save**

If we need to contact you about this OH&S Form and you want to be reached at a specific phone number or e-mail address (or both), specify them here.

Phone Number	780-555-1234 <input type="text"/>
E-mail Address	<i>(optional)</i>

The next field to complete is **Choose Your Unit**. Tap the field to enter worksite or unit name, if you know this information. Otherwise, enter a the asterisk symbol (*) and a list of **Units/Employers** will automatically fill in. Tap to choose the correct one.

Cancel

Choose Your Unit

FOX CREEK HEALTH CENTRE

Fox Creek Health Centre

Alberta Health Services

NZ FOXC HC NU09 CombMedSurg

Alberta Health Services

VALLEYVIEW HEALTH CENTRE

Valleyview Health Centre

Alberta Health Services

NZ VLYVW HC NU09 CombMedSurg

Alberta Health Services

NZ VLYVW HC NU44 LTC

Alberta Health Services

Next field is to enter in the **Incident Date & Time of Shift**. Tap in each field and manually enter the information. Tap on **Save**.

Cancel

Save

Incident Date & Time of Shift

Date

05/04/2017

Time / Shift

hh:mm OR shift info

Now you will need to complete **Describe the Nature of the Incident**. Tap in the field and manually enter the details of incident. Tap **Save** to save entry.

Cancel

Save

Please refrain from using names of the patients, clients, residents, staff, or doctors involved.

Describe the Nature of Incident

Next is the **What is the Suspected Hazard?** Tap in the field and manually enter the details of suspected hazard. Tap **Save** to save entry.

Cancel

Save

What is the suspected hazard?



The next section is **Any Injury or Disease Related to the Problem?** This is optional. If you do choose to complete this field, tap in the field and manually enter the details. Tap **Save** to save your entry.

Cancel

Save

Any injury or disease related to the problem? (if known)

Next is **What Action is Required?** Tap in the field and manually enter the details of action required. Tap **Save** to save your entry.

Cancel Save

What action is required?

|

Another optional field is **Supervisor Reported TO** . If you do choose to complete this field, tap in the field and manually enter the details. Tap **Save** to save your entry.

Cancel Save

Supervisor Reported To

Supervisor's Name	Bob Smitherington
On Date	05/04/2017 ×

Next is the **Action Taken** field. Tap in the field and manually enter the details of action taken. Tap **Save** to save entry.

Cancel

Save

Action Taken

|

Once all the fields have been completed, tap on **Done** in top right had corner. A message will appear on the screen, "**Once you have submitted your form, you will not be able to make changes to it**". Tap on **Submit OH&S Form**.

Cancel

New OH&S Form

Done

Unsubmitted

My Local 6

Contact Info 780-555-1234

Employer / Unit Alberta Health Services /
Valleyview Health Centre /
NZ VLYVW HC NU09

Incident Date & 05/04/2017 @ 14:45


DESCRIBE THE NATURE OF THE INCIDENT


Once you have submitted your form, you will not
be able to make changes to it.

Submit OH&S Form

Cancel

A message will appear indicating the "OH&S form xxx-xxxx-xxxx has been successfully submitted".

Done **OH&S Form 006-2017-0014** 

 **OH&S Form Submitted**
OH&S Form 006-2017-0014 has been successfully submitted.

My Local **6**

Contact Info **780-555-1234**

Employer / Unit **Alberta Health Services /
Valleyview Health Centre / NZ
VLYVW HC NU09
CombMedSurg**

**Incident Date &
Time of Shift** **05/04/2017 @ 14:45**

Back at the **My OH&S Forms** screen, you will see a list of all the forms that have been submitted and their status. To see the details, tap the individual form and it will open.



OH&S Form 006-2017-0014

Submitted; Awaiting approval by Local 6

[My Local](#) 6

[Contact Info](#) 780-555-1234

[Employer / Unit](#)

Alberta Health Services /
Valleyview Health Centre / NZ
VLYVW HC NU09
CombMedSurg

[Incident Date &
Time of Shift](#)

05/04/2017 @ 14:45



OH&S FORMS WITH INCIDENT DATES SINCE NOV 4, 2016

006-2017-0014

Valleyview Health Centre / NZ VLYVW
HC NU09 CombMedSurg



Incident Date: 05/04/2017 @ 14:45

Submitted; **Awaiting approval by Local 6**



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