

USER MANUAL



Submitted By Smart Vision for Information Systems

INTRODUCTION

The Abu Dhabi Quality and Conformity Council (QCC) were established by law No. 3 of 2009, issued by His Highness Sheikh Khalifa Bin Zayed Al Nahyan, President of the UAE. QCC is responsible for the development of Abu Dhabi Emirate's Quality Infrastructure, which enables industry and regulators to ensure that products, systems and personnel can be tested and certified to UAE and International Standards. Development of Abu Dhabi's Quality Infrastructure ensures that the goods and services traded in Abu Dhabi meet the standards of an international developed economy and is central to positioning Abu Dhabi among the most competitive and innovative economies in the world. *Steps to be followed:*

Home Page:

Application home page that is used to find the latest recalled products, do recalled product search, also you can register new account for incident reporting system or retrieve your lost password.



Recalled Products Search:

- By clicking Go button a list with the most recent 200 recalled products will appear for the user.
- By adding any keyword in the text box and then click Go application will show products that contains the searched word in both name and recall reason description in order to narrow the search and get more accurate results user can use advanced search.



 For Advanced Search, fill the criteria and click the Advanced Search button the below screen will appear giving the user multiple search options to get more accurate results.

	Recalled Products Sea	rch
Advanced Search		
Notifier		
Date	From:	ш то:
Model No./Batch No./ Identification No.		
Product Description		
Product Type*	Electrical Appliances Children Toys Vehicle Tires,Vehicle Part Tobacco & Cigarette Nursery Product	□Garments & Textiles □Light bulbs s □Wiring Devices □Home maintainance equipments □Containers and packaging
	Beauty & Cosmetics Household Chemicals furniture and accessories	Fuel, lighter, firework Chemicals Eco Friendly Product
	Search Clea	ľ

Sign Up:

In order to report an incident related to unsafe product you need to have an account in our incident reporting system.

Don't have an account? Sign up

In order to create an account you will need to fill the information shown in the screen in and submit. An automatic e-mail will be sent to your mail box having your new username and password for our system. So please make sure to enter a valid e-mail address.

		Online Use	r Registration	
Accord	nt Type*	millionidual		
Nator		Ahmad		
Caurt	η γ *	United Arab Environment		
City		Aby Dhate		
Addre	16	Michelf Stel 21-	11	
P.O.B	TK .	109096		
Multili	e	0551234567		
Telepi	ione :	020111111		
Fast		028222222		
Email	User Name*	ahmed@mpmail.com		
Webs	te -	www.ahmed.com		

Sign In:

If you already signed up you can use the given username and password to sign in to incident reporting system.

If you are regisusername and	tent Reporting System stered before please enter your password
User Name	
Password	
	Enter

Forgot Your Password:

If in case you forgot your password, click the below shown button to reset it.

Forgot your password?

Enter your Email address or username in the screen as shown below. The link for entering the new password will be send to the particular Email Address.

K(.))`	1. 27 · 21 · 1 · · · 4. 5	Check e-Mail	
NAC DA	Email/User Name*		
		Submit	



The Home page screen will be as shown below with different modules.

Contra	amer Safety Servic	es System (Manne'a)	A.G., (Ko. a., Jap Cay, ABU DAME COALTY	AND CONTRACTOR OF THE CONTRACTOR
-				001
Aper	Accounts Decident And by			
	Home	Accounts	Incident And Injury	

<u>Home:</u>

To be in the Home page, click on the **Home** button

Accounts:

Here you can manage your Profile details and can change your Password.

Home	Accou	ints	Incident And Injury	
		Chang	ge Profile	
	C	Change Password		

Change Profile

Account Type*	Governmental Organization	٣			
Entity Type	Federal government 👻				
Entity Name	Smart Vision				
Name*	Ahmed Hussam	Ahmed Hussam			
Country*	Afghanistan	٠			
City	Abu Dhabi	Abu Dhabi			
Address	Address	1			
P.O.Box	109096				
Vlobile*	0509310912				
l'elephone	02-6764100				
Fax	0509310912				
Email/User Name*					
Website	www.smartv.ae				

Update

Clear



	Change Password		
User Name	ahmed		
Old Password			
New Password*			
Confirm Password*			
	Save Clear		

Incident and Injury Case registration:

To register a new incident, click on the **New Incident and Injury Case** button as shown in the below image

Home	Accounts	Incident And Injury		
		N	ew Incident And	d Injury Case
			Incomplete Ap	plications
			Completed Ap	plications
	Home	Home Accounts	Home Accounts Incide	Home Accounts Incident And Injury New Incident And Incomplete Ap Completed Ap

Once after the selection, the below page opens where you need to provide the necessary details in each modules listed in the left side of the window.

• **Details of Injured Person** – Enter the details and press 'SAVE' button.

Details of injured person	Details of injured person	
Injury details		
Product details	Injured person name*	Guest
Case submission Details	Nationality#	I luited Avala Evaluates
Supported Documents	Trationality	
Finish	Age Group*	20-30 🗸
	Gender*	Male
	Address	Guest Address
	Phone No.	02-123456
	P.O.Box	1234
	Relashionship to injured person	Parent
		Save Clear

After saving injured person details a new case is created with status "incomplete. And user can close the application page and complete filling the information in another time and user can view his incomplete applications as shown below:



Home	Accounts	Inci	dent And Injury	
			New Incident And	d Injury Case
			Incomplete Ap	plications
			Completed Ap	plications

After clicking **Incomplete Applications** the following page will appear showing all incomplete cases.

Incomplete Incident Notifications Applications

Injured person name*	Case Number	Product Type*	Posting Date / Time	Application Status
Guest	INF/99/2012			Incomplete

Select the **Injured Person name** or **Case Number** in order to complete the case information. After the selection, the following screen will be shown then click **NEXT**

inte		
0.10		
ails of injured person		
red person name*	Guest	1
anality*	Huitard Arab Emiratas	-
	Linkes Pade Linkes	
Group*	29-30	•
der"	Male	•
ress	Guest Address	
ne No.	02-123456	
Бах	1234	
shionship to injured person	Parent	
	Save Clear	
	alis of injured person red person name* ionality* Group* der* ress ne No. Box shionship to injured person	alis of injured person red person name* Cuest canality* United Arab Emirates Group# 29-30 der* Male ress Guest Address ne No. 02-123456 Box 1234 shionship to injured person Farent Slave Clear

Register New Incident and injury case

Note: Field with (*) is mandatory.

After clicking **NEXT** the following screen will appear to complete **injury details**.

فــجـلــس أبـــوظ بــــي للــجـودة والــمـطابــقــة ABU DHABI DUALITY AND CONFORMITY COUNCIL



Application No	INF/99/2012	Post Date		
Application Type	Incident and Injury	Application Source	Online Application	
Application Status	incomplete			
> Details of injured person	Talam datalla			
Injury details	Injery details			
> Product details	Incident Date	[
> Case submission Details	ACTION OF ACTION	0	0.000.000.000.000	
> Supported Documents	sevently or infinity.	Low (first aid, one day fre	etment needed or less)	2
> Finish	Types of Injury*	I - Internal Organ Inju ENerve Damage EObject Swallowed EPoisoning	Iny I. Lack of Oxygen FObject Inhaled POther/Not Stated FPuncture	1 11
	Part of the body ^a	□Abdomen □Ankle IØBad: □Brain □Elbow □Eye □Foot □Fore:	e Dapine DEar DFace m DForebead	*
	Description of Incident			
	Place of Incident*	other public place (e.g. h	otel/mail)	
			1 Barriel	

Note: Field with (*) is mandatory.

After clicking **NEXT** the following screen will appear to complete **Product details**.

Application No Application Type Application Status	INF/99/2012 Post Date Incident and Inkiny Application Source Incomplete	Online Application	
Details of injured person injury details Product details Case submission Details	Product details Product Name* Product Type*	TEST <<0thers>>>	-
> Supported Documents > Finish	Product Type* Model No./Elentification No.	TEST	
	Brand Name*	TEST	
	Country of Origin* Retailer Name	United Arab Emirates	
	Retailer Location Purchase Date (approximately)		
	Target Age Group	Please Select	
	Purpose of the product		
		Save Clear	oc Provinces Meat 10

The next screen appears as shown below in which you shall be entering the Product details. Enter the details and press '**NEXT**' button. Click '**PREVIOUS**' to make changes in the previous form.

After clicking **NEXT** the following screen will appear to complete **Case Submission Details**. Enter the details and press '**NEXT**' button. Click '**PREVIOUS**' to make changes in the previous form.

Application No Application Type Application Status	INF/99/2012 Incident and Injury Incomplete	Post Date Application :	Source	Online Application	
 Details of injured person Injury details Product details Case submission Details Supported Documents Finish 	Case submission D Incident Reasons* Product Available Product dam aged a Product modified b Product carry a safe	Details ifter incident efore incident ety mark	the way the p C Yes C No C Yes C No C Yes C No C Yes C No	ornduct is used	•
					Previous

After clicking **NEXT** the following screen will appear to complete **Supported Documents**. Enter the details and Upload the documents and press '**NEXT**' button. Click '**PREVIOUS**' to make changes in the previous Page.



Application Type Application Status	INF/99/2012 Incident and injury Incomplete	Post Data Application Source	Online Application	
> Details of injured person				
> Injury details	Supported Docu	mens		
> Product details	Document Man	TEST		
> Case submission Details	Remarks	-		
Supported Documents	1000000000000	1		
> Firesh	*Upload Files	zadco-logo.jpg Se	lect	

Note: Field with (*) is mandatory.

The next screen appears as shown below in which you shall be finalizing and submitting Application to **QCC**.

Select the convenient communication method and the suitable timing. Check the agreement box and click 'Submit Application' button.

Application No INF/9 Application Type Incident Application Status Incomp	19/2012 Post Date tand Injury Application Source Online Application tele
 Details of injured person Injury details Product details Case submission Details Supported Documents 	Submit Application Convenient Communication @E-Mai C Telephone C Fax Suitable Timings @Moming (08-11 AM) C Atternoon (12-03 PM) C Evening (04-07 PM) □ undertake that the information provided in this application are true.
	Salariil A

After submitting the application user can monitor application status by clicking on **Completed Applications.**

Home	Accounts	Incident And Injury		Product Recall	
		New Incident And		d Injury Case	
		Incomplete Ap		plications	
		Completed Ap		plications	

The below screen appears once after selecting the **Completed Applications** button Completed Incident Notification Applications

Injured person name*	Case Number	Product Type*	Posting Date / Time	Application Status
Guest	INF/99/2012		25/11/2012 05:58 PM	Submitted
Umar	INF/CT/94/2012	Children Toys	20/11/2012 02:18 PM	Submitted

Select the **Injured Person name** or **Case Number** for reviewing the saved case as read only. In case of missing information or more clarifications QCC personnel will call the user in order to clarify.