

INCIDENT/ ACCIDENT RECORDING AND INVESTIGATION REGISTER

(Occupational Health and Safety Act, 1993)

Name of Employer

Incident/ Accident Recording and Investigation Register

Name of investigator(s):

Date of investigation:

Designation of Investigator(s):

Injured persons details, and incident details	Name of injured				Employee	Yes	No
	Date of incident / accident	201.../.../...	Time of incident / accident		Place of incident/ accident		
	Injured persons ID no				Employee address		
	Date, incident was reported	201.../.../...	Time, incident was reported		Reported to?		

Type of Loss	Property damage	Y	N	Disabling lost time	Y	N
	Fire	Y	N	Medical	Y	N
	Explosion	Y	N	First aid	Y	N
	Spillage	Y	N	Motor vehicle accident	Y	N
	Public accident	Y	N	Occupational disease	Y	N
	Theft	Y	N	Fatality*	Y	N
	Assault	Y	N		Y	N
	Off the job	Y	N		Y	N

Period of disablement	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0-13 days</td> <td>2-4 weeks</td> <td>>4-16 weeks</td> <td>>16-52 weeks</td> <td>>52 weeks or permanent disablement</td> <td>Killed*</td> </tr> </table>						0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed*
	0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed*						
*Was the incident reported to the police?			Y	N	SAPS office and reference:							
Was the incident reported to the Compensation Commissioner?			Y	N	Was the incident reported to the Provincial Director?		Y	N				
Was hazardous chemical substance(s) involved?*						Y	N					
<p>*Machine/process involved/type of work performed/exposure:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>												

Description of Incident									
Description of Incident	Nature of injury/ disease	Sprains		Type of incident/ accident / disease	Struck by		Part of body affected	Head	
		Strains			Struck against			Hand	
		Bruises			Fall same level			Fingers	
		Wounds			Fall diff. Level			Eye	
		Fractures			Inhalation			Arm / elbow	
		Unconscious			Absorption			Neck	
		Burns			Ionising radiation			Leg	
		Poisoning			Caught in			Trunk	
		Amputation			Caught between			Foot	
		Electric Shock			Foreign body (eye)			Toes	
		Asphyxiation			Vehicle collision			Back	
		Multiple			Electrical contact			Internal	
		Occupational Disease			Temperature extreme			Multiple	
					Type of Disease				

List of witnesses					
	Initials	Surname	Department	Contact details	Direct or indirect witness
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Supervisor(s) detail					
	Initials	Surname	Department	Contact details	Direct or indirect supervisor
1					
2					
3					
4					

COID: "Person Event Details" Related Info

Agent (What injured the person/ object?): Example - "Stairs"

Activity (How was the worker injured?): Example - "Fell down"

Actions (Wat was he/ she doing when he got injured?): Example - "Walking"

What was the employee doing at the Time of the Event?

Did this Accident lead to the Death of the Person?

YES	NO

Fatality?

Injury?

Total #Months in Industry

Did Accident occur at Normal Workplace?

YES	NO

Was this a Road Accident?

YES	NO

Was this an Assault?

YES	NO

Did the employees spectacles break during the accident?

YES	NO

Were the employee's dentures damaged during the accident?

YES	NO

Travel on Business

Travel to Training/Test/Seminar

Travel to/from Work

Callout

StandBy

Public Road

Private Road

Employee Vehicle Make

Employee Vehicle Reg No.

Other Party Vehicle Make

Other Party Vehicle Reg
No

Police Reference No

Police Station Name

Unsafe Acts Id the individual or team actions that contributed to the incident	Improper lifting		Working without authority		Adjusting or working on moving machinery	
	Not using PPE		Failure to secure machinery/material		Taking up unsafe positions	
	Improper use of PPE		Using defective equipment		Drinking or drugs	
	Improper use of equipment		Arranging or placing object unsafely		Safety regulations, procedure or rule ignored	
	Driving too fast		Fooling, teasing abusing workmates			
	Working at unsafe speed		Using equipment in an unsafe manner			
Unsafe Conditions Id the conditions that contributed to the incident	Inadequate or broken equipment		Overcrowding in workplace		Inclement weather	
	Gas leak		No personal protective equipment		Operate at unsafe speed	
	Poor road conditions		Unsafe lighting		Poorly marked walkways	
	Poor housekeeping		Storage of hazardous substance		Poor ventilation	
	Unsafe construction		Inadequate warning system		Unsafe design	
	Inadequate guarding		Fire and explosion hazard		Unsafe clothing	
	Defective working conditions		Poor housekeeping		Thermal conditions	
	Poor layout		Excessive noise			
	Poor floor condition		Radiation exposure			
Indirect causes (Set the stage for the incident, they are the reasons or causes for unsafe acts or conditions)						
Human Factors Id possible human factors that contributed to the direct course	Lack of knowledge		Drug or alcohol abuse			
	Lack of skill		Stress			
	Tried to avoid discomfort		Physical or emotional problems			
	Failure to follow instruction		Preceding medical condition			
	Willful deviation		Was ill, fatigued or incapacitated			
	Failure to use PPE		Dermatitis			
	Failure to secure		Allergies			
	Failure to plan		Excessive overtime			
	Horseplay		Abuse or misuse Impairment (fatigue, substance abuse)			
	Lack of motivation					

Workplace (Job) Factors Id the workplace factors that contributed to the direct course	Inadequate work standards/ procedures		Improper substitution		Excessive vibration	
	Inadequate purchase standard		Tampering		Inadequate supervision	
	Inadequate security standard		Mechanical failure		Unnecessary material handling	
	Inadequate fire equipment & training		Delays		Inadequate transport facilities	
	Abuse or misuse		Inadequate planned maintenance		Unscheduled overtime	
	Inadequate tools & equipment		Inadequate planned inspections		Wear and tear	
	Inadequate engineering		Inadequate emergency planning		Manufacturing errors	
	Inadequate ergonomic design		Congestion, lack of storage space		Excessive vibration	
	Excessive heat / cold control		Unauthorised removal			
	Inadequate personnel selection		Excessive noise			
Which process could prevent a recurrence?						
Possible root causes Root causes underlie all other causes	Buildings & Floors		Good lighting		Ventilation	
	Pollution: Air, ground, water		Aisle and storage area demarcation		Good housekeeping	
	Colour coding		Machine guarding		General electrical installation	
	Notices and signs		Lifting gear records		PPE	
	Ladders, stairways, walkways, scaffolds		Earth Leakage		Committees and communication	
	Motorised equipment		Hearing Conservation		Pre-employment medicals	
	Ergonomics		No outdated risk assessments		Written Safe Operating procedures	
	Accident recording and investigation		Lack of knowledge		Safety Policy	
	Safety awareness		Lack of skill		Hygiene	
	No outdated standards		Statutory appointments		Waste removal system	
	Lock-out system and usage		Safety Training		Labelling switches and circuits	
	Compressed gas cylinders / pressure vessels		Safety Specifications		Fire prevention and control	
	Hazardous substances control		Hand tools		Selection and placement	
	Emergency preparedness		First aid facilities			
Planned Job Observation		Off the job safety				

Follow - up			
By:			
Date of follow-up:			
Signature of accident / Incident Investigator(s)		Date:	
Signature of employer		Date:	
Signature of Chairperson of the safety committee		Date:	