

Incident report

as recommended by the Occupational Health and Safety Act 85 of 1993



A) RECORDING OF INCIDENT

EMPLOYER NAME	
NAME OF AFFECTED PERSON	
AFFECTED PERSON ID No.	
TIME OF ACCIDENT	
DATE OF ACCIDENT	

BODY PART AFFECTED

HEAD / NECK	LEG
ARM	FINGER
EYE	INTERNAL
FOOT	HAND
TRUNK	MULTIPLE

EFFECT ON PERSON

SPRAINS / STRAINS	UNCONSCIOUSNESS
ELECTRIC SHOCK	BURNS
CONTUSION / WOUND	POISONING
ASPHYXIATION	AMPUTATION
FRACTURES	OCCUPATIONAL DISEASE

EXPECTED RECOVERY PERIOD

0-13 DAYS	>16-52 WEEKS
2-4 WEEKS	>52 WEEKS / PERMANENT DISABLEMENT
>4-6 WEEKS	KILLED

DESCRIPTION OF OCCUPATIONAL DISEASE

MACHINE / PROCESS INVOLVED / TYPE OF WORK INVOLVED / EXPOSURE (HAZMAT)

TICK / CROSS

INCIDENT REPORTED TO COMPENSATION COMMISSIONER & PROVINCIAL DIRECTOR?	<input type="checkbox"/>
INCIDENT REPORTED TO POLICE? (in the case of a fatal incident)	<input type="checkbox"/>

SAPS OFFICE & REFERENCE

B) INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO

INVESTIGATOR NAME	
INVESTIGATION DATE	
DESIGNATION OF INVESTIGATOR	

Continued overleaf

SHORT DESCRIPTION OF INCIDENT

SUSPECTED CAUSE OF INCIDENT

RECOMMENDED STEPS TO PREVENT A RECURRENCE

**INVESTIGATOR
SIGNATURE**

DATE

STEPS TAKEN BY EMPLOYER TO PREVENT A SIMILAR INCIDENT FROM TAKING PLACE

**EMPLOYER
SIGNATURE**

DATE

D) REMARKS MADE BY THE HEALTH AND SAFETY COMMITTEE

**SIGNATURE OF
CHAIRPERSON
OF HEALTH
AND SAFETY
COMMITTEE**

DATE