



**Gauteng Sustainable Health Care Waste Project**

# **ACCIDENT REPORT FORM**

## **CATASTROPHIC, MAJOR AND SERIOUS ACCIDENTS**

*Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)  
Regulation 8 of the General Administrative Regulations*

### **A. RECORDING OF ACCIDENT**

|   |
|---|
| 1. Name of Employer: _____                            |
| 2. Name of affected Person: _____                     |
| 3. Date of Accident: _____ 4. Time of Accident: _____ |

***Make a cross in the appropriate square***

5. Part of body affected:

|  |             |      |       |          |          |
|--|-------------|------|-------|----------|----------|
|  | Head / neck | Eye  | Trunk | Finger   | Hand     |
|  | Arm         | Foot | Leg   | Internal | Multiple |

6. Effect on person:

|                     |                       |                 |           |                         |
|---------------------|-----------------------|-----------------|-----------|-------------------------|
| Sprains/<br>sprains | Contusions/<br>wounds | Fractures       | Burns     | Amputation              |
| Electric<br>shock   | Asphyxiation          | Unconsciousness | Poisoning | Occupational<br>disease |

7. Expected period of disablement:

|              |              |                |                 |  |        |
|--------------|--------------|----------------|-----------------|--|--------|
| 0-13<br>days | 2-4<br>weeks | >4-16<br>weeks | >16-52<br>weeks | >52 weeks or<br>permanent<br>disablement | Killed |
|--------------|--------------|----------------|-----------------|--|--------|

8. Description of occupational disease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Machine / process involved / type of work performed / exposure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. In case of hazardous chemical substance, indicate substance exposed to:

\_\_\_\_\_

\_\_\_\_\_

11. Was the accident reported to the Compensation Commissioner?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**B. INVESTIGATION OF THE ABOVE ACCIDENT BY A PERSON DESIGNATED THERETO**

|  |
|--|
| 1. Name of Investigator: _____                             |
| 2. Date of Investigation: _____                            |
| 3. Designation of Investigator: _____                      |
| 4. Short description of accident: _____<br>_____           |
| 5. Suspected cause of accident: _____<br>_____             |
| 6. Recommended steps to prevent recurrence: _____<br>_____ |
| <i>Signature of Investigator:</i> _____ <i>Date:</i> _____ |

**C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR ACCIDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Investigator:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**D. REMARKS BY HEALTH AND SAFETY COMMITTEE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signature of Chairman of Health and Safety Committee:* \_\_\_\_\_ *Date:* \_\_\_\_\_



# UNSAFE INCIDENT REPORT FORM

## UNSAFE ACTS AND DAMAGE TO EQUIPMENT

|                            |                            |
|----------------------------|----------------------------|
| 1. Name of Hospital: _____ |                            |
| 2. Department: _____       |                            |
| 3. Date of Incident: _____ | 5. Time of Incident: _____ |

6. Description of incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Causes identified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Action to prevent recurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Comments by Health and Safety Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of Investigator:* \_\_\_\_\_

*Designation:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Signature of Employer:* \_\_\_\_\_

*Designation:* \_\_\_\_\_

*Date:* \_\_\_\_\_

# INCIDENT INVESTIGATION CAUSE ANALYSIS

*Make a cross in the appropriate square*

| <b>Immediate Causes</b>  |   |                                |   |
|--------------------------|---|--------------------------------|---|
| <b>Sub-standard Acts</b> |   | <b>Sub-standard Conditions</b> |   |
|                          | Failure to lock-out, secure, isolate, make safe |                                | Fire, explosion                                 |
|                          | Instruction or warning given                    |                                | Ergonomic design or lay-out                     |
|                          | Aggressive behaviour or horseplay               |                                | Signs, notices, warning systems                 |
|                          | Working under the influence of alcohol or drugs |                                | Housekeeping, disorder                          |
|                          | Procedure or instructions not followed          |                                | Environmental pollution, dust, gas, smoke, etc. |
|                          | Improper lifting, carrying or placing           |                                | Protective clothing, devices or equipment       |
|                          | Improper use of equipment                       |                                | Buildings, structure, furniture, equipment      |
|                          | Working on live or moving or unsafe equipment   |                                | Stacking, storage, disorder                     |
|                          | Acting without authority                        |                                | Uncontrolled access, security                   |
|                          | Not using protective equipment or clothing      |                                | Noise, vibration, heat, cold or radiation       |
|                          | Insufficient persons for the task               |                                | Hygiene, lighting, ventilation                  |
|                          | Safety devices made inoperative                 |                                | Underfoot conditions                            |
|                          | Improper position for the task                  |                                | Barriers, trolleys, cot-sides, screens          |
|                          | Using defective machines or equipment           |                                | Waste removal                                   |
|                          |   |                                | Machines, equipment and material                |
| <b>Basic Causes</b>      |   |                                |   |
| <b>Personal Factors</b>  |   | <b>Management Factors</b>      |   |
|                          | Cultural or social factors                      |                                | Coaching, training or re-training               |
|                          | Knowledge, training or awareness                |                                | Engineering standards                           |
|                          | Physical stress or fatigue                      |                                | Maintenance, inspections and repairs            |
|                          | Medical or health problems (allergies)          |                                | Work procedures or standards                    |
|                          | Skill or experience                             |                                | Supervision or discipline                       |
|                          | Physical or mental disabilities                 |                                | Purchasing standards                            |
|                          | Improper attitude or motivation                 |                                | Work scheduling or planning                     |
|                          | Mental or emotional stress or fatigue           |                                | Selection, placement of staff                   |