



**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/ sprains	Contusions/ wounds	Fractures	Burns	Amputation
Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupational disease

7. Expected period of disablement:

0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed
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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
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**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: _____ _____
5. Suspected cause of accident: _____ _____
6. Recommended steps to prevent recurrence: _____ _____
<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