REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS
RECORDING AND INVESTIGATION OF INCIDENTS

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
(ACT NO. 85 OF 1993)

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| A.  RECORDING OF INCIDENT |
|  1. Name of employer  |
|   |
|  2. Name of affected person  |
|  3. Identity number of affected person  |
|  4. Date of incident 5. Time of incident  |
|  6. Part of body affected | Head or neck | Eye | Trunk | Finger | Hand |
|  | Arm | Foot | Leg | Internal | Multiple |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  7. Effect on person | Sprains or strains | Contusion or wounds | Fractures | Burns | Amputation |
|  | Electric shock | Asphyxiation | Unconsciousness | Poisoning | Occupational Disease |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  8. 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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| --- |
|  9. Description of occupational disease  |
|  10. Machine/process involved/type of work performed/exposure\*\*  |
|   |
|   |
|  11. Was the incident reported to the Compensation Commissioner and the Provincial Director? |
|  |  | Yes | No |  |
|  12. Was the incident reported to the police?\* |
|  |  | Yes | No |  |
|  13. SAPS office and reference  |
| \* to be completed in case of a fatal incident. |
| \*\* in case of a hazardous chemical substance, indicate substance exposed to |

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| B.  INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO |
|  1. Name of investigator  |
|  2. Date of investigation  |
|  3. Designation of investigator  |
|  4. Short description of incident  |
|   |
|   |
|   |
|  5. Suspected cause of incident  |
|   |
|   |
|   |
|  6. Recommended steps to prevent a recurrence  |
|   |
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|   |
|   |  |   |
| *Signature of investigator* |  | *Date* |

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| C.  ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT |
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|   |  |   |
| *Signature of* *employer* |  | *Date* |

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| D.  REMARKS BY HEALTH ANDSAFETY COMMITTEE |
| Remarks |
|   |
|   |   |
| *Signature of Chairman of Health and Safety Committee* | *Date* |