

ANNEXURE 1

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT NO. 85 OF 1993) REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS RECORDINGS AND INVESTIGATION OF INCIDENTS

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 / Strains	Contusion / 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 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 accident.

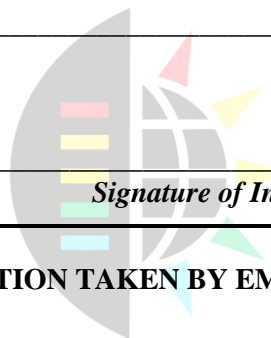
** In case of a hazardous chemical substance, indicate exposed to

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: _____



UNIVERSITY OF
KWAZULU-NATAL

Signature of Investigator

Date

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

UNYUVESI
YAKWAZULU-NATALI

Signature of Employer

Date

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Signature of Chairman (Health & Safety Committee)

Date