

## ANNEXURE 1

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

#### REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS

#### RECORDING 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 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 |
|-----------|-----------|-------------|--------------|------------------------------------|--------|

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 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

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5. Suspected cause of incident

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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 AND SAFETY REPRESENTATIVE**

Remarks

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\_\_\_\_\_  
Signature Health & Safety Representative

\_\_\_\_\_  
Date