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| * **NEAR MISS** * **INCIDENT** | * Any incident which has the potential to ; * Cause harm or danger, * Cause property damage, * Cause environmental damage, * Cause a major incident | * Record down all the details of the incident. * Secure the area and ensure the area is safe. * Switch off and lockout Machinery involved. * Ensure that no further injury/damage can take place. * Determine the root cause. * Put proper controls in place to prevent similar incidents. * Implement, Monitor and review Controls. | * Supervisor * Manager * Safety Consultants | * Near miss Report * LTI (Stats) * Any documentation required by the Client. | Immediately  Monthly  As stipulated |
| * **FIRST AID** | * Minor injuries not requiring doctor or hospital treatment * Injuries which can be treated on site. * Should there be any doubt about the seriousness of the injury, then rather send the injured to a doctor or hospital. | * Injury to be treated by the trained First Aider. * Where applicable the injured is to be taken to the first aid clinic on site for treatment. * Determine the root cause. * Put proper controls in place to prevent similar incidents. * Implement, Monitor and review Controls. | * Supervisor * Manager * Safety Consultants | * Incident Report * Monthly Accident Report (Stats) | Immediately  Monthly |
| * **MEDICAL** | * Any injury which requires medical attention from either a; * Doctor * Hospital | * Trained First Aider to render assistance. * The injured is to be taken to the nearest hospital, doctor, or clinic for treatment. * Ensure that the cause of the injury is addressed and that the area or machinery is made safe. * Determine the root cause. * Put proper controls in place to prevent similar incidents. * Implement, Monitor and review Controls. | * Supervisor * Manager * Safety Consultants * Managing Director * CEO | * Incident Report * Investigation Form * Monthly Accident Report (Stats) * WCL2/CC Employers Report of Accident Form To be accompanied to hospital * Certified copies of employee ID required * Annexure 1 | Within 5 hours  Within 2 Days  Monthly  Immediately  Immediately  Immediately |
| * **SERIOUS** * **INJURY / INCIDENT** | * Any of the following injuries; * Fractures or Amputations, * Temporary or Permanent Disablement, * Severe injury and likely to die, * Unconsciousness / Asphyxiation, * Booked off work >14 days. * Any of the following incidents; * Machinery Fracturing or Failing, * Machinery running out of control, * Uncontrolled release of a dangerous substances, * Uncontrolled release of a substance under pressure, * Any Major Hazardous Incident. | * Trained First Aider to render assistance. * If neck or back injuries are suspected then the injured is to be stabilised while an Ambulance is called. * If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. * If possible the injured is to be taken to the nearest hospital, doctor, or clinic. * Do not disturb the scene of the accident unless for further rescue purposes. * Take photographs of the scene and note down names of eyewitness. * Determine the root cause. * Put proper controls in place to prevent similar incidents. * Implement, Monitor and review Controls. | * In all cases notify Level 2 &1; * Supervisor * Manager * Safety Consultants * Regional Labour Dept * Client or Representative. * Managing Directors * CEO | * Incident Report * Investigation Form * Monthly Accident Report (Stats) * WCL2/CC Employers Report of Accident Form To be accompanied to hospital * Certified copies of employee ID required * Annexure 1 | Within 5 hours  Within 2 days  Monthly  Immediately  Immediately  Immediately |
| * **FATAL** * **INCIDENT** | * Any incident which results in the death of any employee or other person affected by the construction operations. | * If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. * Cover the body and do not disturb the scene of the incident unless for further rescue purposes or to ensure that the area is made safe. * Take photographs of the scene and note down names of eyewitness. * Do not make any statements to any media or person. Statements should only be made to the Police and Labour Departments. * Determine the root cause. * Put proper controls in place to prevent similar incidents. * Implement, Monitor and review Controls. | * Supervisor * Manager * Safety Consultants * Local Police Dept * Regional Labour Dept * Client or Representative. * Managing Directors * CEO | * Incident Report * Investigation Form * Monthly Accident Report (Stats) * WCL2/CC Employers Report of Accident Form To be accompanied to hospital * Certified copies of employee ID required * Annexure 1 | Within 5 hours  Within 72 hours  Monthly  Immediately  Immediately  Immediately |

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| **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Damages exceed R500000,** | **Damages exceed R200000** | **Damages exceed R100000** | **Damages exceed R50000** |
| **Max Business interruption** | **IOD’s not hospitalised MTC** | **Significant Business interruption by executives** | **Significant Near Miss** |
| **Death / Hospitalization** | **Significant Fraud / Theft / Politics, SAPS investing** | **First Aid Injury** | **Any Occurrence with potential of loss** |