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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.
 | ImmediatelyMonthlyAs 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)
 | ImmediatelyMonthly |
| * **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 hoursWithin 2 DaysMonthlyImmediatelyImmediatelyImmediately |
| * **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 hoursWithin 2 daysMonthlyImmediatelyImmediatelyImmediately |
| * **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 hoursWithin 72 hoursMonthlyImmediatelyImmediatelyImmediately |

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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** |