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| **DETAILS** |
| **INCIDENT NUMBER** |  |
| **DATE** |  |
| **DAY OF THE WEEK** | M - T - W - T - F - SA - SU |
| **TIME OF OCCURRANCE** |  |
| **TIME INCIDENT REPORTED** |  |
| **IMMEDIATE AREA NAME** |  |
| **AREA OF INCIDENT** |  |
| **SECTION** |  |
| **INCIDENT INVESTIGATOR NAME** |  |
| **DIRECT SUPERVISOR** |  |
| **MANAGER NAME** |  |
| **WITNESS NAME** |  |
| **AFFECTED / RESPONSIBLE PERSON (WHERE APPLICABLE):** |
| **TITLE:** |  |
| **NAME:** |  |
| **SURENAME** |  |
| **IDENTITY NUMBER** |  |
| **AGE:** |  |
| **OCCUPATION:** |  |
| **CONTACT NO:** |  |
| **NEXT OF KIN:** |  |
| **NEXT OF KIN CONTACT NUMBER:** |  |
| **CLASSIFICATION** |
| **Incident Classification** | **Transport** | **Machinery** | **Electricity** | **Fire / Explosion** | **Falling From** | **Falling Objects** | **Material Handling** | **Other** |
| **Loss/Potential Loss** | **Fatality** | **Injury** | **Illness** | **Liability** | **Fire Damage** | **Crime Loss** | **Pollution** | **Environmental Impact** |
| **Sub-Quality Prod/Service** | **Damage** | **Production Loss** | **Financial Loss** | **Other:** |  |  |  |  |
| **Injury Classification** | **First Aid** | **Medical**  | **Lost Time Injury** | **Fatal/Disabling** | **Multiple Fatality** |  |  |  |  |
| **Part of body affected** | **Head** | **Hand** | **Eye** | **Finger** | **Neck** | **Leg** | **Trunk** | **Foot** | **Back** |
| **Internal** | **Arm** | **Multiple** |  |  |  |  |  |  |
| **Nature of Injury** | **Sprains** | **Strains** | **Contusions** | **Wounds** | **Fractures** | **Unconsciousness** | **Electric Shock** | **Asphyxiation** | **Burns** |
| **Poisoning** | **Amputation** | **Multiple** |  |  |  |  |  |  |

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| **OCCURANCE INVESTIGATION CLASSIFICATION (Mark with (X))** |
| **Level 4** | **Level 3** | **Level 2** | **Level 1** |
| **Damages exceed R100 Million** |  | **Damages exceed R1 Million** |  | **Damages exceed R100 Thousand**  |  | **Damages exceed R50 Thousand** |  |
| **Max Business interruption** |  | **Significant Fraud / Theft / Politics, SAPS investing** |  | **Significant Business interruption**  |  | **Minor Business Interruption** |  |
| **Fatality/ Disabling Injury/Hospitalization** |  | **Injury On Duty not hospitalised Medical Treated Case** |  | **First Aid Injury** |  | **Near Miss** |  |
| **Incident Details:** |
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| **Root Causes:** |
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| **Preliminary Cause:** |
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| **Conclusion**  |
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| **DESCRIPTION OF ACTIONS TAKEN / TO BE TAKEN AFTER INVESTIGATION TO PREVENT RECURRENCE** |
| **NO** | **ACTION** | **RESP PERSON** | **TARGET DATE** |
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| **CONFIRMATION OF CORRECT DETAILS** |
| **Manager Signature** |  | **Date:** |  |
| **Supervisor Signature** |  | **Date:** |  |
| **Safety Personal Signature** |  | **Date:** |  |