

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

REGULATION 8 OF THE GENERAL ADMINISTRATIVE REGULATIONS

RECORDING AND INVESTIGATION OF INCIDENTS

A RECORDING OF INCIDENT

1. Name of employer
2. Name of affected person
3. Date of incident 4. Time of incident
5. Part of body affected*

| | | | | |
|--------------|------|-------|----------|----------|
| Head or Neck | Eye | Trunk | Finger | Hand |
| Arm | Foot | Leg | Internal | Multiple |
6. Effect on person*

| | | | | |
|--------------------|---------------------|-----------------|-----------|----------------------|
| Sprains or strains | Contusion or wounds | Fractures | Burns | Amputation |
| Electric shock | Asphyxiation | Unconsciousness | Poisoning | Occupational Disease |
7. Expected period of disablement*

| | | | | | |
|-----------|-----------|-------------|--------------|------------------------------------|--------|
| 0-13 days | 2-4 weeks | >4-10 weeks | >16-52 weeks | >52 weeks or permanent disablement | Killed |
|-----------|-----------|-------------|--------------|------------------------------------|--------|
8. Description of Occupational disease**
9. Machine/process involved/type of work performed/exposure**
10. Was incident reported to the Compensation Commissioner?*

| | |
|-----|----|
| Yes | No |
| Yes | No |
11. Was incident reported to the Provincial Director?*

* **Make a cross in the appropriate square.**

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

.....
Signature of investigator

.....
Date

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

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D REMARKS BY HEALTH AND SAFETY COMMITTEE

Remarks

.....
Signature of Chairman of Health and Safety Committee