SECTION HR 14

MUNICIPAL HELTH AND SAFETY POLICY

ANNEXURE I

INCIDENT / ACCIDENT REPORT AND INVESTIGATION

Complete Part 'A' in triplicate and sbumit to the Industrial Professional Nurse, Safety & Welfare - Director of Management Services

Case No.: _____

Name of Injured Employee: _____ **Dept:** _____

RACE	**WHITE**	**COLOURED**	**INDIAN**
SEX	**MALE**	**FEMALE**	

PAY No.: _____

REPORTED BY: _____ **DESIGNATION:** _____

NAME OF WITNESS: _____

Make a cross in the appropriate blocks

INJURY OR DAMAGE		Head or Neck		Finger		Strain or sprain
		Eyes		Leg		Poisoning
		Trunk		Foor		Fracture
		Arm		Internal		Asphyxiation
		Hand		Wound/Contusion		Multiple
		Burn		Foreign Body		Dermatitis
		Unconscious		Death		
DAMAGE		Machinery		Equipment		Building
		Floor		Product		Other

Date of Incident: _____ Time: _____ Sect/Dept where occurred: _____

Date Reported: _____ Date Resumed Duty: _____ Time: _____

Number of days unable to continue normal duty: _____

ACCIDENT / INCIDENT	**GENERAL AGENCIES**		**OCCUPATIONAL HYGIENE AGENCIES**	
	Struck By	Struck Against	Dust	Gas
	Falling Object	Fall	Fuses	Aerosal
	Handling	Transport	Vapour	Heat/Cold
	Electricity	Roving Machinery	Noise/Vibration	Fire
			Radiation	Ergonomic
			Chemical	Wind

Describe incident/accident: _____

_____

What was the injured doing when injured? _____

_____

Was this his normal work? **YES / NO**

_____

Signature: Workman

Unsafe Act and/or Unsafe Conditions	☐	Operating without authority	☐	Inadequately guarded
	☐	Operating at unsafe speed	☐	Unguarded
	☐	Makind safety device inoperative	☐	Defective tools/equioment/substances
	☐	Using unsafe equipment	☐	Hazardous arrangement/stacking
	☐	Unsafe loading, placing, mixing	☐	Unsafe design / construction
	☐	Takind unsafe position	☐	Poor lighting
	☐	Working on moving or unsafe equipment	☐	Unsafe clothing
	☐	Distracting, teasing, horseplay	☐	Poor floor condition
	☐	Failure to use protective equipment	☐	Poor ventilation
	☐	Safety regulations/company rules	☐	Storage of hazardous substance
	☐	Safe work practices ignored	☐	Other (Specify)
Personal Factors	☐	Lack of knowledge or skill ☐ Physical / mental defect	☐	Improper attitude or motivation
Job Factors	☐	Unsafe conditions / environment	☐	Inadequate work standards
		Remarks: _____		

Recommended to Prevent Recurrence

☐	Stop the worker	☐	Follow-up training
☐	Instruct how to do the job	☐	Enforce
☐	Prepare safe job procedure	☐	Other

Unsafe Conditions

☐	Remove	☐	Repair	☐	Provide protection
☐	Guard	☐	Worn	☐	Other

Any further recommendations: _____

_____

_____

_____ _____

Signature: Desginated Investigator **Designation of Investigator**
(e.g. Safety Rep, Foreman, Engineer)

Action taken by Head of Department: _____

_____

_____ _____ _____

Signature **Title** **Date**

Examination of Report by _____ Safety Committee.

REMARKS: _____

_____

_____

_____ _____

Chairman: Safety Committee **Date**

Reported to Workmen's Compensation Commissioner	**YES / NO**
Reported to Divisional Inspector	**YES / NO**

SAFETY COMMENTS _____

Accident Category	☐	Annex 1, Sect 17	☐	Annex 2	☐ First Aid