

# DEPARTMENT OF SPORT, ARTS & CULTURE

## ANNEXURE 1

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

REGULATION 9 OF THE GENERAL ADMINISTRATIVE  
REGULATIONS



# RECORDING AND INVESTIGATION OF INCIDENTS

## A. RECORDING OF THE INCIDENT

Name of Employer	<input type="text"/>	Date of Incident	<input type="text"/>
Name of Affected Person	<input type="text"/>		
Identity Number		Time of Incident	<input type="text"/>

Short description of incident	<input type="text"/>
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## PART OF BODY AFFECTED

<input type="checkbox"/> Head or Neck	<input type="checkbox"/> Eye	<input type="checkbox"/> Trunk	<input type="checkbox"/> Finger	<input type="checkbox"/> Hand
<input type="checkbox"/> Arm	<input type="checkbox"/> Foot	<input type="checkbox"/> Leg	<input type="checkbox"/> Internal	<input type="checkbox"/> Multiple

## EFFECT ON PERSON

<input type="checkbox"/> Strains or Sprains	<input type="checkbox"/> Contusion or Wounds	<input type="checkbox"/> Fractures	<input type="checkbox"/> Burns	<input type="checkbox"/> Amputation
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Occupational Disease

## EXPECTED PERIOD OF DISABLEMENT

<input type="checkbox"/> 0-13 Days	<input type="checkbox"/> 2-4 Weeks	<input type="checkbox"/> > 4-16 Weeks	<input type="checkbox"/> > 16-52 Weeks	<input type="checkbox"/> > 52 Weeks or permanent disablement	<input type="checkbox"/> Death
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Description of occupational disease	<input type="text"/>
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\* to be completed in case of a fatal incident.

\*\* in case of a hazardous chemical substance, indicate substance exposed to

Machine/process involved/type of work performed/exposure\*\*

Was the incident reported to the Compensation Commissioner and Provincial Director?

 Yes No

Was the incident reported to the police?\*

 Yes No

SAPS Office and Reference Number

## B. INVESTIGATION OF THE ABOVE INCIDENT BY PERSON DESIGNATED THERETO

Name of Investigator

Date of Investigation

Designation of Investigator

Short description of incident

Suspected course of incident

Recommended steps to prevent a recurrence

Signature of Investigator

Date

Action taken by the employer to prevent recurrence of a similar incident

Signature of Employer

Date

Remarks by Health Safety Committee

Signature of Chairperson

Date

\* to be completed in case of a fatal incident.

\*\* in case of a hazardous chemical substance, indicate substance exposed to