

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

REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS RECORDING AND INVESTIGATION OF ACCIDENTS

A. RECORDING OF ACCIDENT

1	Name of employer:																	
2	Workman's Compensation No:			Commissioner's reference number:														
3	Postal address:					Code: _____												
4	Address where accident occurred:																	
5	Main or principle activity of employer:																	
6	Name of affected person:																	
7	Identity number of affected person:																	
8	Date of accident:																	
9	Time of accident:																	
10	Part of body affected	Head or neck Arm	Eye Foot	Trunk Leg	Finger Internal	Hand Multiple												
11	Affect on person	<table border="1"> <tr> <td></td> <td>Sprains or strains</td> <td>Contusion or wounds</td> <td>Fractures</td> <td>Burns</td> <td>Amputation</td> </tr> <tr> <td>None</td> <td>Electric Shock</td> <td>Asphyxiation</td> <td>Unconsciousness</td> <td>Poisoning</td> <td>Occupational Disease</td> </tr> </table>						Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation	None	Electric Shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease
	Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation													
None	Electric Shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease													
12	Expected period of disablement	0 - 13 days	2 - 4 weeks	>4 - 16 weeks	>16 - 52 weeks	>52 weeks or perm disablement												
13	Description of occupational disease:																	
14	Machine / process involved / type of work performed / exposure**:																	
15	Was the accident reported to the Compensation Commissioner and the Provincial Director?	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>					Y	N										
Y	N																	
16	Was the accident reported to the police?*	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>					Y	N										
Y	N																	
17	SAPS office and reference:																	
18	Investigating Officer's name and contact number:																	

B. INVESTIGATION OF THE ABOVE ACCIDENT BY A PERSON DESIGNATED THERETO

1	Name of investigator:	
2	Date of investigation:	
3	Designation of investigator:	
4	Short description of accident:	
5	Suspected cause of accident:	
6	Recommended steps to prevent a recurrence:	

Signature of investigator

Date

REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS
RECORDING AND INVESTIGATION OF ACCIDENTS
C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR ACCIDENT

Signature of employer

Date

D. REMARKS BY HEALTH AND SAFETY COMMITTEE

Signature of Chairman of Health and Safety Committee

Date