

To be completed within twenty four (24) hours of the Incident

**INCIDENT TYPE :**

001/12/2025

<input type="checkbox"/> INJURY/ILLNESS	<input type="checkbox"/> PROCESS LOSS	<input type="checkbox"/> NEAR MISS	<input type="checkbox"/> OTHER
<input type="checkbox"/> FIRE	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> ENVIRONMENTAL HARM	

**IDENTIFYING INFORMATION**

COMPANY OR REGION AND ADDRESS VDS Camperdown		DEPARTMENT/SECTION Operations		
LOCATION OF INCIDENT VDS Camperdown		DATE OF INCIDENT 02/12/2025	TIME 10:00	DATE OF REPORT 02/12/2025
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM	OTHER ACTUAL OR PONTIAL LOSS	
NAME OF INJURED / ILL		PROPERTY DAMAGE/ENVIRONMENTAL HARM Spillage	TYPE Hydraulic fluid	
ADDRESS		NATURE OF LOSS Hydraulic fluid	COST	
SEX	DATE OF BIRTH	COST	ESTIMATED ACTUAL	NATURE OF LOSS Hydraulic fluid

PART OF BODY	DAYS OFF WORK	OBJECT/AGENT INFILCTING HARM Hydraulic fluid	OBJECT/EQUIPMENT/SUBSTANCE RELATED
NATURE OF INJURY OR ILLNESS		NATURE OF SPILL/RELEASE Minor	
OBJECT/EQUIPMENT/SUBSTANCE INFILCTING HARM		AMOUNT OF SPILL/RELEASE 2 litres (Estimated)	
OCCUPATION	YEARS OF SERVICE	SPLILL/RELEASE SIZE Minor	
TIME IN PRESENT POSITION		PERSON IN CONTROL OF ACTIVITY AT TIME OF OCCURENCE Driver and Supervisor	

**INCIDENT SEVERITY AND RISK ASSESSMENT**

MAJOR	MINOR	SERIOUS	BRIEFLY DESRIBE	DAYS OF RESTRICTED WORK 0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		DAYS OF LOST TIME 0
LOSS POTENTIAL IF NOT CORRECTED Potential major spill			SEVERITY POTENTIAL <input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> MINOR	PROBABILITY OF RECURRENCE <input type="checkbox"/> FREQUENT <input checked="" type="checkbox"/> OCCASIONAL <input type="checkbox"/> SELDOM

## INCIDENT DESCRIPTION

### DESCRIBE HOW THE EVENT OCCURED: (INCLUDE PLACE, WORK BEING PERFORMED, PHYSICAL SURROUNDINGS, PPE, PROCESSES, EVENT OF HARM OR LOSS)

While F39 was offloading at VDS Camperdown the driver noticed hydraulic fluid leaking from a hydraulic pipe. Upon further inspection it was noted that the pipe had a crack and was leaking fluid everytime the line was pressurized during operation.

WITNESS TO INCIDENTS: Driver and VDQI Supervisor

## CAUSE ANALYSIS

### IMMEDIATE CAUSES: What substandard acts and conditions caused or could cause this event?

Crack in hydraulic line caused by general wear and tear

### BASIC CAUSES: What specific personal or job factors caused or could cause this event?

Pressure test of lines not conducted correctly at service

## CAUSE CHECKLIST

### ACTS

- OPERATING EQUIPMENT
- EQUIPMENT NOT SECURED
- OPERATING SPEED
- REMOVING SAFETY/ENVIRONMENTAL DEVICES
- LOADING
- PLACEMENT
- POSITION FOR TASK
- USE OF PPE
- SERVICING EQUIPMENT IN OPERATION
- HORSEPALY
- UNDER THE INFLUENCE OF DRUGS/ALCOHOL
- OTHERS

### CONDITIONS

- GUARDS/BARRIERS
- PROTECTIVE EQUIPMENT
- TOOLS, EQUIPMENT, MATERIAL
- CONGESTED OR RESTRICTED AREAS
- WARNING/MONITORING ALARMS AND SYSTEMS
- FIRE AND EXPLOSION SUPPRESSION SYSTEMS
- HOUSEKEEPING
- ENVIRONMENTAL CONDITIONS e.g. DUSTS  
FUMES, GASES, VAPORS, OTHERS
- NOISE
- RADIATION
- HIGH/LOW TEMPERATURE
- VENTILATION
- CONCURRENT OPERATIONS
- INCOMPATIBLE CHEMICALS
- INCOMPATIBLE ADDITIVES
- OTHERS

## CODING OF BASIC CAUSES

### INDIVIDUAL FACTORS

- KNOWLEDGE
- SKILL
- MOTIVATION
- PHYSICAL CAPABILITY

### WORK FACTORS

- LEADERSHIP
- ENGINEERING
- PURCHASING
- MAINTENANCE

### TYPE OF CONTACT

- STRUCK BY
- CONTACTED WITH
- STRUCK AGAINST
- CONTACT WITH
- CAUGHT BETWEEN
- EXPOSURE
- FALL TO BELOW
- FALL TO SAME LEVEL

<input type="checkbox"/> MENTAL CAPABILITY
<input type="checkbox"/> PHYSICAL STRESS
<input type="checkbox"/> MENTAL STRESS
<input type="checkbox"/> OTHERS

<input type="checkbox"/> WORK STANDARDS
<input checked="" type="checkbox"/> WEAR AND TEAR
<input type="checkbox"/> ABUSE AND MISUSE
<input type="checkbox"/> OTHERS

<input type="checkbox"/> CAUGHT IN
<input type="checkbox"/> CAUGHT ON

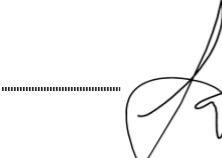
<input type="checkbox"/> OVER EXERTION
<input type="checkbox"/> OTHERS

#### ACTION PLAN FOR REMEDY

**CORRECTIVE ACTIONS:** What actions should be taken to avoid a recurrence of this type of incident? (State who, what, engineering changes, procedural changes or development rules, regulations, specific training, etc.)

Contact service/repair centre and inform them of the issue. Ensure vehicles are checked after service or repair

#### FOLLOW UP

SIGNATURE OF INVESTIGATOR		DATE	02/12/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
SIGNATURE OF REVIEWER		DATE		1.....	2.....	3.....
				4.....	5.....	6.....