

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

INCIDENT TYPE :

002/07/2025

<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"/> X ENVIRONMENTAL HARM	

IDENTIFYING INFORMATION

COMPANY OR REGION AND ADDRESS VDS Kempton Park		DEPARTMENT/SECTION Operations	
LOCATION OF INCIDENT VDS Kempton Park		DATE OF INCIDENT 16/07/2025	TIME 14:00
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM	
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 Major	
OBJECT/EQUIPMENT/SUBSTANCE INFILCTING HARM		AMOUNT OF SPILL/RELEASE 25 litres (Estimated)	
OCCUPATION	YEARS OF SERVICE	SPLILL/RELEASE SIZE Major	
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 type="checkbox"/>	<input checked="" type="checkbox"/> X		DAYS OF LOST TIME 0
LOSS POTENTIAL IF NOT CORRECTED Potential major spill			SEVERITY POTENTIAL <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> X SERIOUS <input type="checkbox"/> MINOR	PROBABILITY OF RECURRENCE <input type="checkbox"/> FREQUENT <input checked="" type="checkbox"/> X 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 the driver of F228 was operating the deck a Hydraulic pipe burst causing a major spill.

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

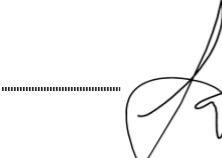
<input type="checkbox"/> OVER EXERTION
<input type="checkbox"/> OTHERS

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.)

Ensure consistent and thorough examination of hydraulic equipment regularly

FOLLOW UP

SIGNATURE OF INVESTIGATOR		DATE	16/07/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
SIGNATURE OF REVIEWER		DATE		1.....	2.....	3.....
				4.....	5.....	6.....