

	<b>INCIDENT INVESTIGATION REPORT</b>	Document No:	ESD 003 A

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

INCIDENT TYPE : 001/01/2025

<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		DEPARTMENT/SECTION	
Ford Silverton		Operations	
LOCATION OF INCIDENT	DATE OF INCIDENT	TIME	DATE OF REPORT
Ford Silverton loading area	29/01/2025	17:00	29/01/2025
INJURY/ILLNESS	PROPERTY DAMAGE/ENVIRONMENTAL HARM	OTHER ACTUAL OR PONTIAL LOSS	
NAME OF INJURED / ILL	PROPERTY DAMAGE/ENVIRONMENTAL HARM	TYPE	
	Spillage	Hydraulic fluid	
ADDRESS	NATURE OF LOSS	COST	
	Hydraulic fluid		
SEX	DATE OF BIRTH	COST	NATURE OF LOSS
		ESTIMATED ACTUAL	Hydraulic fluid

PART OF BODY	DAYS OFF WORK	OBJECT/AGENT INFLECTING HARM	OBJECT/EQUIPMENT/SUBSTANCE RELATED
		Hydraulic fluid	
NATURE OF INJURY OR ILLNESS	NATURE OF SPILL/RELEASE		
	Minor		
OBJECT/EQUIPMENT/SUBSTANCE INFLECTING HARM	AMOUNT OF SPILL/RELEASE		
	3 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 DESCRIBE	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			SEVERITY POTENTIAL	PROBABILITY OF RECURRENCE	
Potential major spill			<input type="checkbox"/> MAJOR <input type="checkbox"/> SERIOUS <input checked="" type="checkbox"/> MINOR	<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 loading at Ford Silverton the driver was operating the deck and notices hydraulic fluid leaking from a pipe. Upon futher inspection it was noted that the fluid was leaking from the phydraulic pipe indicating a possible damage. - F176

WITNESS TO INCIDENTS: Driver and VDQI Supervisor

CAUSE ANALYSIS

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

General wear and tear of hydraulic pipe

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

Potential improper installation of the pipe during service or a mistake in the inspection of the pipe during 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 SUPPRESION 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 CAPABILTY

WORK FACTORS

☐ LEADRSHIP

☒ 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"/> WORK STANDARDS	<input type="checkbox"/> CAUGHT IN	<input type="checkbox"/> OVER EXERTION
<input type="checkbox"/> PHYSICAL STRESS	<input checked="" type="checkbox"/> WEAR AND TEAR	<input type="checkbox"/> CAUGHT ON	<input type="checkbox"/> OTHERS
<input type="checkbox"/> MENTAL STRESS	<input type="checkbox"/> ABUSE AND MISUSE		
<input type="checkbox"/> OTHERS	<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 29/01/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION 1..... 2..... 3..... 4..... 5..... 6.....
SIGNATURE OF REVIEWER	DATE	