

	INCIDENT INVESTIGATION REPORT	Document No:	ESD 003 A

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

INCIDENT TYPE : 002/03/2025

<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	
Motus Umbongintwini		Operations	
LOCATION OF INCIDENT		DATE OF INCIDENT	TIME
Motus Umbongintwini loading area		13/03/2025	17:00
DATE OF REPORT			
13/03/2025			
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM	
NAME OF INJURED / ILL		TYPE	
		Spillage	
ADDRESS		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	
		Major	
OBJECT/EQUIPMENT/SUBSTANCE INFLECTING HARM		AMOUNT OF SPILL/RELEASE	
		30 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 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		
Potential major spill			<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> SERIOUS <input type="checkbox"/> MINOR		
			<input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input checked="" 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 F209 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?

General wear and tear of hydraulic pipe

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	CONDITIONS	
<input checked="" type="checkbox"/> OPERATING EQUIPMENT	<input type="checkbox"/> GUARDS/BARRIERS	<input type="checkbox"/> HIGH/LOW TEMPERATURE
<input type="checkbox"/> EQUIPMENT NOT SECURED	<input type="checkbox"/> PROTECTIVE EQUIPMENT	<input type="checkbox"/> VENTILATION
<input type="checkbox"/> OPERATING SPEED	<input checked="" type="checkbox"/> TOOLS, EQUIPMENT, MATERIAL	<input type="checkbox"/> CONCURRENT OPERATIONS
<input type="checkbox"/> REMOVING SAFETY/ENVIRONMENTAL DEVICES	<input type="checkbox"/> CONGESTED OR RESTRICTED AREAS	<input type="checkbox"/> INCOMPATIBLE CHEMICALS
<input type="checkbox"/> LOADING	<input type="checkbox"/> WARNING/MONITORING ALARMS AND SYSTEMS	<input type="checkbox"/> INCOMPATIBLE ADDITIVES
<input type="checkbox"/> PLACEMENT	<input type="checkbox"/> FIRE AND EXPLOSION SUPPRESION SYSTEMS	<input type="checkbox"/> OTHERS
<input type="checkbox"/> POSITION FOR TASK	<input type="checkbox"/> HOUSEKEEPING	
<input type="checkbox"/> USE OF PPE	<input type="checkbox"/> ENVIRONMENTAL CONDITIONS e.g. DUSTS	
<input type="checkbox"/> SERVICING EQUIPMENT IN OPERATION	FUMES, GASES, VAPORS, OTHERS	
<input type="checkbox"/> HORSEPALY	<input type="checkbox"/> NOISE	
<input type="checkbox"/> UNDER THE INFLUENCE OF DRUGS/ALCOHOL	<input type="checkbox"/> RADIATION	
<input type="checkbox"/> OTHERS		

CODING OF BASIC CAUSES

INDIVIDUAL FACTORS

<input type="checkbox"/> KNOWLEDGE
<input type="checkbox"/> SKILL
<input type="checkbox"/> MOTIVATION
<input type="checkbox"/> PHYSICAL CAPABILTY

WORK FACTORS

<input type="checkbox"/> LEADRSHIP
<input checked="" type="checkbox"/> ENGINEERING
<input type="checkbox"/> PURCHASING
<input type="checkbox"/> MAINTENANCE

TYPE OF CONTACT

<input type="checkbox"/> STRUCK BY	<input type="checkbox"/> CAUGHT BETWEEN
<input type="checkbox"/> CONTACTED WITH	<input type="checkbox"/> EXPOSURE
<input type="checkbox"/> STRUCK AGAINST	<input type="checkbox"/> FALL TO BELOW
<input type="checkbox"/> CONTACT WITH	<input type="checkbox"/> 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 13/03/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION
		1..... 2..... 3.....
SIGNATURE OF REVIEWER	DATE	4..... 5..... 6.....