

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"/> X ENVIRONMENTAL HARM	

**IDENTIFYING INFORMATION**

COMPANY OR REGION AND ADDRESS Ford Silverton		DEPARTMENT/SECTION Operations	
LOCATION OF INCIDENT Ford Silverton loading area		DATE OF INCIDENT 29/01/2025	TIME 17:00
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM	
NAME OF INJURED / ILL		PROPERTY DAMAGE/ENVIRONMENTAL HARM Spillage	
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 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 DESRIBE	DAYS OF RESTRICTED WORK 0
<input type="checkbox"/>	<input checked="" type="checkbox"/> X	<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"/> X 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 loading at Ford Silverton the driver was operating the deck and notices hydraulic fluid leaking from a pipe. Upon further inspection it was noted that the fluid was leaking from the hydraulic 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
- HORSEPLAY
- 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

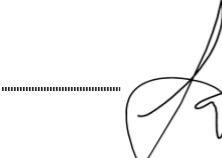
<input type="checkbox"/> OVER EXERTION
<input type="checkbox"/> OTHERS

#### 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	29/01/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
SIGNATURE OF REVIEWER		DATE		1.....	2.....	3.....
				4.....	5.....	6.....