



INCIDENT INVESTIGATION REPORT

Document No:

ESD 003 A

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

INCIDENT TYPE :

001/03/2025

<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 Toyota SA Vdc1		DEPARTMENT/SECTION Operations	
LOCATION OF INCIDENT VDC1 loading area		DATE OF INCIDENT 22/03/2025	TIME 15:00
DATE OF REPORT 22/03/2025			
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 INFLECTING HARM Hydraulic fluid	OBJECT/EQUIPMENT/SUBSTANCE RELATED
NATURE OF INJURY OR ILLNESS		NATURE OF SPILL/RELEASE Minor	
OBJECT/EQUIPMENT/SUBSTANCE INFLECTING 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 <input type="checkbox"/>	MINOR <input checked="" type="checkbox"/>	SERIOUS <input type="checkbox"/>	BRIEFLY DESRIBE	DAYS OF RESTRICTED WORK 0	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 F213 was loading at VDC1 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. Cleaning of the spill was conducted using spillkit.

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

FOLLOW UP

SIGNATURE OF INVESTIGATOR		DATE	22/03/2024	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
				1.....	2.....	3.....
SIGNATURE OF REVIEWER		DATE		4.....	5.....	6.....