

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

INCIDENT TYPE :

002/12/2025

<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 NS Repairs centre		DEPARTMENT/SECTION Operations		
LOCATION OF INCIDENT NS Repairs centre		DATE OF INCIDENT 03/12/2025	TIME 11:00	DATE OF REPORT 03/12/2025
INJURY/ILLNESS		PROPERTY DAMAGE/ENVIRONMENTAL HARM	OTHER ACTUAL OR PONTIAL LOSS	
NAME OF INJURED / ILL		PROPERTY DAMAGE/ENVIRONMENTAL HARM Spillage	TYPE Diesel	
ADDRESS		NATURE OF LOSS Diesel	COST	
SEX	DATE OF BIRTH	COST	ESTIMATED ACTUAL	NATURE OF LOSS Diesel

PART OF BODY	DAYS OFF WORK	OBJECT/AGENT INFILCTING HARM Diesel	OBJECT/EQUIPMENT/SUBSTANCE RELATED
NATURE OF INJURY OR ILLNESS		NATURE OF SPILL/RELEASE Minor	
OBJECT/EQUIPMENT/SUBSTANCE INFILCTING HARM		AMOUNT OF SPILL/RELEASE 4 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 F163 was parking at NS repairs centre the driver noticed Diesel leaking from the diesel cap. Upon further inspection it was noted that the cap was leaking and needed to be repalceld .

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 CAPABILITY

WORK FACTORS

- LEADSHIP
- 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

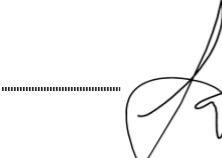
<input type="checkbox"/> OVER EXERTION
<input type="checkbox"/> OTHERS

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.)

Contact NS repair centre and inform them of the issue. Ensure vehicles are checked after service or after each fill.

FOLLOW UP

SIGNATURE OF INVESTIGATOR		DATE	03/12/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
SIGNATURE OF REVIEWER		DATE		1.....	2.....	3.....
				4.....	5.....	6.....