

	INCIDENT INVESTIGATION REPORT	Document No:	ESD 003 A

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

INCIDENT TYPE : 001/12/2025

<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"/> ENVIRONMENTAL HARM	

IDENTIFYING INFORMATION

COMPANY OR REGION AND ADDRESS VDS Camperdown		DEPARTMENT/SECTION Operations	
LOCATION OF INCIDENT VDS Camperdown		DATE OF INCIDENT 02/12/2025	TIME 10:00
DATE OF REPORT 02/12/2025			
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 F39 was offloading at VDS Camperdown 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.

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

FOLLOW UP

SIGNATURE OF INVESTIGATOR		DATE	02/12/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
				1.....	2.....	3.....
SIGNATURE OF REVIEWER		DATE		4.....	5.....	6.....