

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

INCIDENT TYPE :

001/06/2025

<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 Ladybrand Toyota		DEPARTMENT/SECTION Operations		
LOCATION OF INCIDENT Ladybrand Toyota		DATE OF INCIDENT 06/06/2025	TIME 15:00	DATE OF REPORT 06/06/2025
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 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 F228 was loading at Toyota Ladybrand 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 seal on the pipe indicating a possible worn seal.

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 seal

BASIC CAUSES: What specific personal or job factors caused or could cause this event?

Potential improper installation of the seal during service or a mistake in the inspection of the seal 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"/> 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	06/06/2025	FOLLOW UP DATES FOR EACH EMEDIAL ACTION		
SIGNATURE OF REVIEWER		DATE		1.....	2.....	3.....
				4.....	5.....	6.....

REVIEWER'S COMMENTS

REACTIONS TO THE INVESTIGATOR'S ANALYSIS OF THE CAUSES AND THE REMEDIAL ACTIONS:

SIGNATURE:

TITLE

DATE:

SKETCH OF INCIDENT SITE (Attach additional photos, drawings or other graphic material if applicable to the investigation)