**REGULATION 9 of the GENERAL ADMINISTRATIVE REGULATIONS, OHSAct (Act 85 of 1993)**

**A. RECORDING OF INCIDENT**

1. Name of Employer
2. Name of affected person
3. Date of incident 4. Time of incident

5. Part of Body affected

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head or Neck | Eye | Trunk | Finger | Hand |
| Arm | Foot | Leg | Internal | Multiple |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sprains or Strains | Contusion or Wounds | Fractures | Burns | Amputation |
| Electric Shock | Asphyxiation | Unconsciousness | Poisoning | Occupat. Disease |

6. Effect on person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 0-13 Days | 2-4 Weeks | 4-16 Weeks | 16-52 Weeks | 52 Weeks for permanent Disability | Killed |

1. Expected period of Disablement

8. Description of Occupational Disease \*\*

9. Machine / process involved / type of work performed / exposure

10. Was incident report to the Compensation Officer?

|  |  |
| --- | --- |
| YES | NO |
| YES | NO |

11. Was the incident reported to Provincial Director?

\*\* In case of hazardous chemical substance, indicate substance exposed to.

**B. INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO**

1. Name of Investigator 2. Date of investigation

3. Designation of Investigator

4. Short description of incident

5. Suspected cause of incident

6. Recommended steps to prevent a recurrence

Signature of Investigator Date

**C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT**

Signature of Employer Date

**D. REMARKS BY HEALTH AND SAFETY COMMITTEE**

Remarks

Signature of Chairman of Health & Safety Committee Date