

APPOINTMENT

INCIDENT INVESTIGATOR IN TERMS OF GENERAL ADMINISTRATIVE REGULATION 9 (2) OF THE OCCUPATIONAL HEALTH AND SAFETY ACT NO. 85 OF 1993

I, _____, assigned as the _____ for _____
hereby appoint you _____ as
INCIDENT INVESTIGATOR.

This appointment is valid from date of signature until cancelled or amended in writing

For this position you will have the following duties and responsibilities:

1. Report Incidents and Occupational Diseases as prescribed in GAR 8
2. Record and investigate all incidents in accordance with General Administrative Regulation 9
3. Record the findings of the investigation on the Annexure 1 form
4. Ensure that the Annexure 1 forms are endorsed by your employer and (if applicable) the Chairman of the Health and Safety Committee

Signature of CEO /
Representative of Employer

Date

ACCEPTANCE

I, _____, hereby accept this appointment as detailed above.

Signature of Appointee

Date