

**ANNEXURE 1**  
**OCCUPATIONAL HEALTH AND SAFETY ACT, 1993**

Annexure 1 is a legal document and must be kept on record for inspection by the department of Labour Inspectorate

**A. RECORDING OF INCIDENT**

1. Name of employer \_\_\_\_\_

2. Name of affected person \_\_\_\_\_

3. Identity number of affected person \_\_\_\_\_

4. Date of incident \_\_\_\_\_ 5. Time of incident \_\_\_\_\_

6. Part of body affected	Head or Neck	Eye	Trunk	Finger	Hand
	Arm	Foot	Leg	Internal	Multiple

7. Effect on person	Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation
	Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease

8. Expected period of disablement	0-13 days	2-4 weeks	>4-16 weeks	>16-52 weeks	>52 weeks or permanent disablement	Killed
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9. Description of occupational disease \_\_\_\_\_

10. Machine/process involved/type of work performed/exposure\*\* \_\_\_\_\_

11. Was the incident reported to the Compensation Commissioner and Provincial Director?

Yes	No
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12. Was the incident reported to the police?\*

Yes	No
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13. SAPS office and reference \_\_\_\_\_

\* to be completed in case of a fatal incident. \*\* in case of a 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 Chairperson of Health and Safety Committee

\_\_\_\_\_  
Date