

SOL-PLAATJE MUNICIPALITY



INCIDENT/ACCIDENT REPORTING PROCEDURE

SPM: HSE/SOP/SWP/2017

	SPM	INCIDENT \ ACCIDENT REPORTING PROCEDURE	SPM: HSE/SOP/SWP/2017
	Date Originated: 24/01/2013	Reviewed: 12/09/2017	Issue No. 2

1. Purpose & Scope

To ensure that all employees are familiar how to report all Incidents \ Accidents and the Investigations that should take place.

The Occupational Health and Safety Act, Act 85 of 1993, Section 24(1) stipulates that certain types of Incidents \ Accidents, occurring at work or arising out of or in connection with the activities of persons at work, or in connection with the activities of persons at work, or in connection with the use of Plant or Machinery, in which, or in consequence of which must be reported to Department of Labour.

Section 24(1) (b) similarly provides for the compulsive reporting of any major Incident that occurred. Section 24(1) (c) provides for compulsory reporting where the Health and Safety of any person was endangered.

In the view of the above mandate, you are hereby informed to report all Incidents \ Accidents in the following manner:

2. Responsibilities

- 2.1 All Managers, Line Managers, Supervisors & Employees
- 2.2 Health & Safety Committee members
- 2.3 Health & Safety Representatives
- 2.4 Occupational Health & Safety Practitioner (Investigation)
- 2.5 Occupational Health & Safety Administration
- 2.6 Incident Investigators
- 2.7 Risk Management Unit
- 2.8 Organised Labour


3. Related Documents

- 3.1 Regulation 8 of General Administrative Regulations of the OHS Act.
- 3.2 Section 24 of the Occupational Health & Safety Act 85/93
- 3.3 Department of Labour Annexure 1 Form – Reporting of Section 24 Incidents
- 3.4 Workman's Compensation Commissioner W.CL 2 or W.CL 1(E) Form
- 3.5 Incident \ Accident Investigation Document

4. Definitions

- 4.1 Incident: An Incident as contemplated in Section 24 of the Occupational Health and Safety Act, Act 85 of 1993.
- 4.2 Accident: Accident arising out of and in the course of an employee's employment and resulting in a personal injury, illness or the death of the employee.

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4.3 Minor Injury: An injury that needs first aid treatment only and the person can return to work immediately.

4.4 Near miss: Any occurrence, which could result in any loss, damage or injury to any property, equipment or person.

4.5 Reportable Injury: An injury where the person's injuries are within the parameters of Section 24 of the Occupational Health & Safety Act and it is compulsory to report the injuries to the Divisional Inspector in the Department of Labour.

4.6 Section 24: Each of the following incidents must be reported to the inspector:

- If a person dies, may die, or suffer permanent disability, becomes unconscious, suffers loss or partial loss of a limb, or after 14 days cannot come back to work to do the same job he was doing prior to the accident.
- Any major incident that has occurred should be reported to the Occupational Health & safety Practitioner to be recorded on Miracles.
- The health and safety of a person was endangered when a dangerous substance was spilled, there was uncontrollable pressure release of any substance, and machine failure in flying, falling or uncontrolled movement of objects.


5. Procedure

5.1 What should be reported?

Reportable incidents include events where any person:

- dies;
- becomes unconscious;
- suffers the loss of a limb or part of a limb; or
- is otherwise injured or becomes ill to such a degree that he is likely either to die; or
- suffer a permanent physical defect; or
- Is likely to be unable for a period of at least 14 days either to work or to continue with the activity for which he was employed or is usually employed.
- where a dangerous substance was spilled;
- where the uncontrolled release of any substance under pressure took place;
- Where machinery or any part thereof fractured or failed resulting in flying, falling or uncontrolled moving objects; or where machinery ran out of control.
- All first aid cases
- All minor injuries

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- All serious injuries
- Motor vehicle accidents

5.2 Who should report?

- All SPM Employees should report to their first level of Supervision.
- Supervisors need to report Incidents \ Accidents by means of Incident \ Accident Reporting Document.


5.3 How to report

- SPM Employees to report verbally to Supervisors.
- Supervisors need to report Incident \ Accidents officially by completing the Incident \ Accident Reporting Document and submit to Health & Safety Administration (CEE).
- In the event of personal injuries to employees on duty, it should be reported to the Risk Management Unit **immediately** or before the end of the shift. In the event where Medical Treatment is required, a certified copy of the Employee's Identity Document and Payslip and a copy of the Incident \ Accident Reporting Document need to be submitted to Risk Management Unit.
- In the event where this is not practicable possible, Section 14(e) of the Occupational Health and Safety Act, Act 85 of 1993 stipulates that injuries on duty shall be reported as soon as practicable possible but not later than the end of the particular shift to **Chief: Risk Management (082 418 5688) or Risk Management Assistant (082 552 7140)** and the **Health and Safety Practitioner (083 261 9561)**. Should it be required, reporting could be done via **Control Room @ 053 - 8306442, Security Services @ 053 - 8306661 or Emergency Services @ 053 - 8324211\2\3**

6. Investigation

6.1 The Occupational Health and Safety Practitioner will arrange for an internal investigation of the Incident & Accident within 7 days.

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6.2 The Occupational Health and Safety Practitioner will then arrange for an Internal Investigation to take place to determine the cause of the Incident & Accident and to agree on steps to be taken to eliminate or reduce a re-occurrence.

6.3 The internal Investigation Committee may consist of the following persons:

- 6.3.1 The immediate Line Manager
- 6.3.2 Health & Safety Representative
- 6.3.3 Organised Labour Representative
- 6.3.4 Occupational Health and Safety Practitioner

6.4 The recommendation will be recorded in the Incident & Accident Investigation Report Form and captured on Miracles.

6.5 Incidents strictly recorded on Miracles by Line Manager/ Occupational Health and Safety Practitioner.

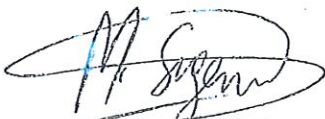
6.6 For all Section 24 Incident, Line Managers must complete an Annexure 1 Form in as much detail as possible. The Annexure 1 must be kept on the premises in the Health and Safety File and Occupational Health and Safety Practitioner to report to Department of Labour.

6.7 The Annexure 1 will eventually be referred to the Health & Safety Committee meeting for approval by Chairperson.

Disciplinary Action


In the event of failure to comply and adhere with this procedure, Disciplinary Action could apply.

For summary of **INCIDENT & ACCIDENT REPORTING PROCEDURE** refer to flow chart attached.




M. SIGENU
OCCUPATIONAL HEALTH AND SAFETY PRACTITIONER

24/10/2017
DATE



W. L. WIESE
CHIEF RISK OFFICER

24-10-2017
DATE



G. H. AKHARWARAY
MUNICIPAL MANAGER

28/10/17
DATE

INCIDENT/ACCIDENT REPORTING INFORMATION



1.1 GENERAL INFORMATION

Originator/Reported by		Date reported	
Date of incident		Time of incident	

Incident Kind:	Description
Safety	
Damage	
Other : Specify	

1.2 Location

Directorate		Name of ED	
Sub Directorate		Name of Section Head/ Line Manager	
Section		Name of Supervisor	
Area		Name of SHE Rep	

Involved Employee/s: Information				Involved/Affected/Injured/Witness/ Driver/Operator
Name	Surname	Pay nr	ID nr	

Equipment/Vehicle: Information				SAPS Case nr and Police Station (When Applicable)
Type	Vehicle Registration nr. (When Applicable)	Asset nr	Estimated cost	

1.3 INCIDENT DETAILS

Incident description (Provide a brief description of the incident)

IMMEDIATE ACTIONS TAKEN

ANNEXURE 1

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

(ACT NO 85 OF 1993)

REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS RECORDING AND INVESTIGATION OF INCIDENTS

A. RECORDING OF INCIDENT

1. Name of Employer:..... **SOL PLAATJE MUNICIPALITY**

2. Name of affected person:.....

3. Identity number of affected person:

4. Date of incident:.....

5. Time of incident:.....

6. Part of body affected

7. Effect on person

8. Expected period of

Head or neck	Right Eye	Trunk	Finger	Hand	Back
Arm	Right leg	Left Leg	Internal	Multiple	
Sprains / Strains	Contusion/wounds	Fractures	Burns	Amputation	
Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupational Disease	
0 - 13 Days	2 - 4 Weeks	>4 - 16 Weeks	>16 - 52 Weeks	>52 Weeks or permanent disablement	Killed

9. Description of Occupational Disease:.... **N/A**

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... **N/A**

(to be completed in case of a fatal incident)

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:.....

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:.....

