



INCIDENT REPORT		In No
Date		Time
Section		
Name of Workplace		
Report by		
Supervisor/Sect Head		
HOD		
Equipment Damaged		
Witness		

Description of Incident

Immediate Causes (to be completed by section Supervisor)	
Sub-Standard Acts	Sub-Standard Conditions

Basic Causes (to be completed by section Supervisor)	
Personal Factors	Job Factors

Remedial Action				
Short Term	Resp Person	Target Date	Follow Up Date	Name (Signature)
Long Term	Resp Person	Target Date	Follow Up Date	Name (Signature)

Investigated by		Date	
Feedback given to originator by		Date	

Closed off by		Date	
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REFERENCE

CAUSES Sub-Standard Acts WHAT WAS DONE WRONG	CAUSES Sub-Standard Conditions WHAT IS / WAS WRONG
Deliberate disregard standards / regulations	Congestion or Restricted Action.
Fail to complete pre-use checklist	Defective Tools, Equipment, Machinery, Materials.
Fail to comply with standards/procedures	Face Shape Incorrect
Fail to make the area safe	Faulty Electrical Equipment
Fail to secure	Friable Ground Conditions
Fail to take preventative action	Hazard Environ: Gas, Dust, Smoke, Fumes, Vapours.
Fail to use PPE as specified	High/Low Temperature.
Fail to warn	Housekeeping
Failure to comply with instructions	Inadequate / Improper Protective Equipment
Failure to Conduct Pre-Risk Assessment.	Inadequate bunding
Failure to Identify the Hazard.	Inadequate Guards / Barriers / Barricades
Horseplay	Inadequate Ventilation
Improper lifting/loading	Inadequate Warning System
Improper placement	Inadequate/Excessive Illumination.
Incorrect explosive control	Incorrect storage of haz material
Improper position / taking unsafe position	Incorrect storage of Incompatible chemicals
Lack of supervision	Incorrect storage of waste
Lack of support staff	Loose Hangingwall / Sidewall
Non adherence to standards	Natural disasters: rain, wind
Operating at improper speed	Noise Exposure.
Operating Equipment without Authority.	Operator not Licenced
Safety Devices - bypass / remove / make inoperable	Platform Incorrectly Installed
Under influence alcohol and/or drugs	Radiation Exposure
Using Defective Equipment.	Slippery Surface Conditions
Using Equipment Improperly.	Support not to Standard
Working on equipment in operation	Undemarcated areas used for storage
Other - specify	Other - Specify

CAUSES Personal Factors / System Failures (Knowledge, Skills, Training, Capacity etc)	CAUSES Job Factors / System Failures (Systems, Procedures, Standards etc)
Change of staff	Abuse / Misuse.
Improper motivation	Inadequate Engineering.
Inadequate mental/ physiological capability	Inadequate hazardous task identification
Inadequate Physical/ Psychological capability	Inadequate Leadership & Supervision.
Lack of knowledge	Inadequate Maintenance
Lack of skill	Inadequate Purchasing.
Lack of training	Inadequate Tools & Equipment.
Mental or psychological stress	Inadequate Work Standards.
Not knowing standard procedure	No/inadequate task analysis and procedures system
Physical/ psychological stress	Wear & Tear.
Wrong person for the job	Other (Specify Below).

INCIDENT REPORT					
Safety		VOH		Environmental	
Date					
Reported By					
Section					
Workplace					

DESCRIPTION OF INCIDENT

REMEDIAL ACTION TAKEN OR SUGGESTION

REPORTED TO (<i>If applicable</i>)	
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PRELIMINARY INJURY REPORT *(Submission to Doctor)*

Person completing report	
Supervisor	
Witnesses	

INJURED PERSONAL DETAILS

Coy No	
Name	
Designation	

INCIDENT DETAILS

Date		Time	
Section			
Workplace			
Description of incident			

Safety Dept Notified	Yes	No	To whom	
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INCIDENT CLASSIFICATION

FAC	MTC	LTI	FATAL
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