## Form 8: Workplace Injury and Disease Reporting and Recording Form

Reference number: …………………………

1. Name of the Enterprise/workplace: ………………………………………….
2. Nature of Business: …………………………………………………………….
3. Contact person: ……………………………………………………………
4. Address/ Location: ……………………………………………………………

Tel: ..................................... Fax: ………………………………………….

E-mail: ……………………………….

1. Total number of employee: ……………………
2. Incident Investigation

**Instructions**: *Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.) Individual incident investigation form should be filled up for every person involved in incident or accident.*

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| --- |
| This is a report of a:   Death  Lost Time   First Aid Only  Dangerous Occurrence   Injury  Occupational Diseases |
| Date of incident/accident: Date of investigation:  This report is made by:   Safety Officer  Employee   Supervisor  Others…………………(please specify) |

### Step 1: Injured or death employee (complete this part for each injured or death employee)

|  |  |  |
| --- | --- | --- |
| Name: | Sex:  Male  Female | Age: |
|  Employee   Non-employee | | |
| If the person is an employee(s), please complete the following details:  Department: …………………..  Job Title: …………………  Last month’s salary paid: ……………… | | |
| Part of body affected: (shade all that apply) | Nature of injury: (most serious one)   * Abrasion, scrapes * Amputation * Broken bone * Bruise * Burn (heat) * Burn (chemical) * Concussion (to the head) * Crushing Injury * Cut, laceration, puncture * Hernia * Illness * Sprain, strain * Damage to a body system: * Others: ……………. | This employee works:   * Regular * Contract * On the job training * Temporary |
| Months with this employer:  Months doing this job: |

### Step 2: Describe the incident

|  |  |
| --- | --- |
| Exact location of the incident: | Exact time: |
| What part of employee’s workday?     Entering or leaving work   Doing normal work activities   During meal period   During break   Working overtime   Other | |
| Names of witnesses (if any): | |
| What personal protective equipment was being used (if any)? | |

### Step 3: Why did the incident happen?

|  |  |  |  |
| --- | --- | --- | --- |
| Unsafe workplace conditions: (Check all that apply)   * Inadequate guard * Unguarded hazard * Safety device is defective * Tool or equipment defective * Workstation layout is hazardous * Unsafe lighting * Unsafe ventilation * Lack of needed personal protective equipment * Lack of appropriate equipment / tools * Unsafe clothing * No training or insufficient training * Others: ………………… | Unsafe acts by people: (Check all that apply)   * Operating without permission * Operating at unsafe speed * Servicing equipment that has power to it * Making a safety device inoperative * Using defective equipment * Using equipment in an unapproved way * Unsafe lifting * Taking an unsafe position or posture * Distraction, teasing, horseplay * Failure to wear personal protective equipment * Failure to use the available equipment / tools * Others: ……………………….. | | |
| Why did the unsafe conditions exist? | | | |
| Why did the unsafe acts occur? | | | |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts?  Yes  No  If yes, describe: | | | |
| Were the unsafe acts or conditions reported prior to the incident? | | * Yes | * No |
| Have there been similar incidents or near misses prior to this one? | | * Yes | * No |

### Step 4: How can future incidents be prevented?

|  |
| --- |
| What changes do you suggest to prevent this incident/near miss from happening again?   * Stop this activity  Guard the hazard * Train the employee(s)  Train the supervisor(s) * Redesign task steps  Redesign work station * Write a new policy/rule  Enforce existing policy * Routinely inspect for hazard  Personal Protective Equipment * Other: ………………. |
| What should be (or has been) done to carry out the suggestion(s) checked above?  Description continued on attached sheets:  |

### Step 5: Who completed and reviewed this form? (Please Print)

|  |  |
| --- | --- |
| Written by:  Department:` | Title:  Date: |
| Names of investigation team members: | |
| Reviewed by: | Title:  Date: |

### Step 6: Documents

Number of attachments: \_\_\_\_

 Written witness statement

 Medical certificate / death certificate (*incase of injury and occupational disease*)

 Photographic evidences

 Sketch and drawings (*place/site of incidant occurred*)

 Others: ………………….