## 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.*

|  |
| --- |
| 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  NoIf 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: ………………….