## ANNEXURE 1 OCCUPATIONAL HEALTH AND SAFETY ACT, 1993 (ACT 85 OF 1993)

	REGU		9 OF THE GENER RDING AND INVE					
Name of employer			A. RECORDIN					
2.Name of affected person								
3. ID Number of affected p	person							
4. Date of the incident				5. Tin	ne of incide	nt		
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	Occpat. Disease
8. Expected period of disablement	0-13 days 2-	4 weeks	>4-16 weeks	>16-	-52 weeks	> 52 wee	ks or permanent disablem	ent Killed
Description of Occupati	onal Disease**					1		
10. Machine / process invo	olved / type of work	performe	ed / exposure					
		1						
<ul><li>11. Was incident reported</li><li>12. Was incident reported</li></ul>				incial	Director?	YES 1	NO * Make a cross in	the appropriate square
13. SAPS office and refere								
			1.					
** In case of a hazardous of	chemical substance,	indicate s	substance exposed to	0				
1. Name of investigator	B. INVESTIGATIO	ON OF T	HE ABOVE INCII		Date of inve		IGNATED THERETO	
3. Designation of investiga	ntion							
4. Short description of inci	ldent							
5. Suspected cause of incid	lent							
6. Recommended steps to j	prevent a recurrence	;						
6. 6.1								
Signature of the investigate								ate
C. ACTI	ION TAKEN BY T	HE EMI	PLOYER TO PRE	VENT	THE REC	URRENC	E OF A SIMILAR INCI	DENT
Signature of the Employer							Di	ate
	D. R	REMARI	KS BY THE HEAL	ТН А	AND SAFET	ГҮ СОММ	ITTEE	
Remarks								
Signature of chairperson of the Health and Safety Committee							Da	