



DESIGNATION

INCIDENT INVESTIGATOR

**IN TERMS OF GENERAL ADMINISTRATIVE REGULATION 8 OF THE
OCCUPATIONAL HEALTH AND SAFETY ACT, NO 85, OF 1993**

I, _____ designated as the _____ for
_____ do hereby designate you _____ as

INCIDENT INVESTIGATOR.

This assignment is valid from date of signature until cancelled or amended in writing

For this position you will have the following duties and responsibilities:

1. Investigate all incidents and accidents in accordance with General Administrative Regulation 8.
2. Report the findings of the investigation on the Annexure 1 form.
3. Ensure that the Annexure 1 forms are endorsed by your employer and (if applicable) the Chairman of the Health and Safety Committee.

Signature of
CEO/Representative of Employer

Date

ACCEPTANCE

I, _____ hereby accept this designation as detailed above.

Signature of Designate

Date