

Appendix 3 – IOD Report

ANNEXURE 2

4550

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
(ACT NO 85 OF 1993)

REGULATION 8 OF THE GENERAL ADMINISTRATIVE REGULATIONS

RECORDING AND INVESTIGATION OF INCIDENTS
(ON COMPLETION OF INVESTIGATION RETAIN COPY ON SECTION I.O.D. FILE)

A RECORDING OF INCIDENT

1. SUPERVISOR: _____ SECTION: DEPARTURES TEL NO: _____

2. NAME OF INJURED PERSON: _____ PENS NO: _____ GRADE: SAT

3. DATE: _____ TIME: 10:40 D. NO: _____ MALE ☒ FEMALE ☐ DISABLING ☒ Y ☒ N

4. LENGTH OF EXPERIENCE IN PRESENT WORK (MONTHS) 150 LENGTH OF TIME EMPLOYED (MONTHS) 116

5. PART OF BODY AFFECTED

HEAD OR NECK	EYE	TRUNK	FINGER	HAND	BACK	ARM	FOOT	LEG	INTERNAL	MULTIPLE
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6. EFFECT ON PERSON

SPRAINS OR STRAINS	CONTUSION OR WOUNDS	FRACTURES	BURNS	AMPUTATION	FOREIGN BODY
ELECTRIC SHOCK	ASPHYXIATION	UNCONSCIOUSNESS	POISONING	MULTIPLE	

7. EFFECT PERIOD OF DISABLEMENT

0 DAYS	1-13 DAYS	2-4 WEEKS	4-16 WEEKS	16-52 WEEKS	>52 WEEKS	KILLED
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8. MACHINE / PROCESS INVOLVED / TYPE OF WORK PERFORMED: (i.e.. Area of accident) _____

9. DESCRIPTION OF OCCUPATIONAL DISEASE** HEARDING LOSS

10. DETAILS OF INJURY AND TREATMENT: _____

11. WAS ACCIDENT REPORTED TO COMPENSATION COMMISSIONER? ☒ Y ☒ N WCI CLAIM NO ☐ _____

WAS INCIDENT REPORTED TO THE PROVINCIAL DIRECTOR? ☒ Y ☒ N DIARY NUMBER ☐ _____

12. REFERRED TO: ☐ DOCTOR ☐ HOSPITAL ☐ BACK TO WORK

13. TREATED BY: NAME (Print): DR. BOB LIPSON Signature: [Signature]

DESIGNATION: CL. HEARDING MURDER DATE: _____

** in case of a hazardous chemical substance, indicate substance exposed to

B INVESTIGATION OF THE ABOVE INCIDENT BY A PERSON DESIGNATED THERETO

1. Name of investigator _____ 2. Date of investigation _____

3. Designation of investigator SENIOR OIL RISK OFFICER

4. Short description of incident Employee exposed to Aircraft engine noise and APU noise throughout his employment at different dept at SAT. Suffered noise induced hearing loss.

5. Suspected cause of incident Exposure to noise

6. Recommended steps to prevent a recurrence Employer has initiated a hearing conservation programme and the wearing of protective equipment is enforced.

Signature of investigator: _____

C ACTION TO BE TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT

WEARING OF HEARING PROTECTION TO BE ENFORCED

Signature of employer: _____

D REMARKS BY HEALTH AND SAFETY COMMITTEE

Remarks: As Above

Date: _____