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Applying Attribution Theory to Perceptions of Maintenance Error

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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: 1030 I.D. NO. _____ MALE ☒ FEMALE ☐ DISABLING Y ☒ N ☐
4. LENGTH OF EXPERIENCE IN PRESENT WORK (MONTHS) 156 LENGTH OF TIME EMPLOYED (MONTHS) 156
5. PART OF BODY AFFECTED: HEAD OR NECK | EYE | TRUNK | FINGER | HAND | BACK | ARM | FOOT | LEG | INTERNAL | MULTIPLE
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
8. MACHINE / PROCESS INVOLVED / TYPE OF WORK PERFORMED: (i.e.. Area of accident) _____
9. DESCRIPTION OF OCCUPATIONAL DISEASE** HEARING 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): [illegible] Signature: [illegible]
DESIGNATION: OH HEALTH NURSE 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 OH 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: _____