## 9964 Workplace Research Assessment

There was an accident at the college (or at work). One of the learners cut his/her finger while working with a power tool. The accident happened because the learner was not wearing protective clothing.

1. Conduct an investigation and describe the procedures that you followed to report and record the accident. (6)
2. Complete the form on the next page regarding the accident. Attach a copy of this form to your assessment. (21)
3. Follow the procedure to claim against workman’s compensation. (6)

Write a health and safety plan for a small business. Make sure that the following is included:

1. The procedure for reporting accidents (2)
2. The procedure for reporting injuries (2)
3. The procedure to claim against workman’s compensation (1)
4. Emergency evacuation procedures (2)
5. Guidelines about practicing fire drills and evacuation procedures (2)
6. Location of fire extinguishers (2)
7. Identify hazards (2)
8. What unsafe acts are (2)
9. Guidelines about writing incident reports (2)
10. Who should accidents and injuries be reported to? (1)
11. The safety committee:
* Who must be members of the committee? (1)
* What are their duties? (2)
* How often must they meet? (1)

TOTAL POINTS 55

**OCCUPATIONAL HEALTH AND SAFETY ACT, 1993**

**(ACT NO 85 OF 1993)**

**REGULATION 9 OF THE GENERAL ADMINISTRATIVE REGULATIONS**

**RECORDING AND INVESTIGATION OF INCIDENTS**

**A. RECORDING OF INCIDENT**

1. Name of employer

………………...................................................................…………………………………….(1)

2. Name of affected person.……………………………………………………….................…………(1)

3. Identity number of affected person….…………………………….…………………………………. (1)

4. Date of incident .......................................

5. Time of incident……………………............………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6. Part of body affected (1) | Head or Neck | Eye | Trunk | Finger | Hand |
|  | Arm | Foot | Leg | Internal | Multiple |
| 7. Effect on person (1) | Sprains or strains | Contusion or wounds | Fractures | Burns | Amputation |
|  | Electric shock | Asphyxiation | Unconsciousness | Poisoning | Occupational Disease |
| 8. Expected period of disablement (1) | 0-13 days | 2-4 weeks | 4-16 weeks | 16-52 weeks | 52 weeks or permanent disablement | Killed |

9. Description of occupational disease………………………………………………………………….

10. Machine/process involved/type of work performed/exposure\*\* ..………………………..……… (1)

11. Was the incident reported to the Compensation Commissioner and Provincial Director? (1)

|  |  |
| --- | --- |
| Yes | No |

12. Was the incident reported to the police?\* (1)

|  |  |
| --- | --- |
| Yes | No |

13. SAPS office and reference …………………………………………………………………….……

\*to be completed in case of a fatal incident.

\*\* 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 .........................................…………………………........…………………… (1)

2. Date of investigation ........….……………………........……………………………………………… (1)

3. Designation of Investigator ….………………………………………………………………………..(1)

4. Short description of incident(1)

………………………………………………..…………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...

5. Suspected cause of incident………………………………………………………………………………… (1)

……………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………...

6. Recommended steps to prevent a recurrence ……………………………………………………………. (1)

……………………………………………………………………………………………………………………….

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Signature of Investigator (1) Date (1)

**C. ACTION TAKEN BY EMPLOYER TO PREVENT THE RECURRENCE OF A SIMILAR INCIDENT** (1)

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…………………………….. ………………...............

 Signature of employer (1) Date (1)

**D. REMARKS BY HEALTH AND SAFETY COMMITTEE**

Remarks (1).................................................................................................................................................................................................................................................................................................................……………………………………………………………………………………...………..………………

……………………………………………………………………… ……………………

Signature of Chairperson of Health and Safety Committee (1) Date.. (1)