



GOVERNMENT OF BERMUDA

Ministry of Health
Department of Health

FORM OSH 1

INVESTIGATION AND REPORT OF ACCIDENT AND DANGEROUS OCCURRENCE AT WORK

(Only accidents resulting in serious injury or death are to be reported on this form)

Occupational Safety and Health Act 1982 - Section 3A

“Every employer shall investigate the cause of every accident (*an occurrence at a place of employment that causes serious injury or death to any person*) or dangerous occurrence (*an occurrence at a place of employment that has the potential to cause a serious injury or death to any person*) at the work place and furnish a report to the Minister, in such form as the Minister may direct, on the cause of the accident or the dangerous occurrence and the remedial action taken to prevent a recurrence of the accident or dangerous occurrence, within one week of the accident or dangerous occurrence.”

Occupational Safety and Health Regulations 2009 – Regulation 24

- (1) Every employer shall appoint a qualified person to carry out an investigation of an accident or dangerous occurrence and shall assist the investigator in carrying out the investigation.
- (2) The employer shall notify a Safety and Health Officer and the safety and health committee or safety and health representative of the name and coordinates of the investigator and ensures that the investigator provides copies of the report to himself, a Safety and Health Officer and the safety and health committee or representative.
- (3) If an accident or dangerous occurrence involves a motor vehicle and is investigated by a police authority, the employer shall obtain a copy of the report and provide a copy to the Safety and Health Officer and safety and health committee or representative.

The OSH 1 Form is to be completed by the investigating officer who must complete each section thoroughly before submitting it by hand or by fax or by email to the Occupational Safety & Health Office no later than 7 days after the accident. Photographs may be attached as well as additional notes if necessary.

Occupational Safety & Health Office:
(Safety & Health Officer)
Fax: 232-1941

278-5333

E-mail: osho@gov.bm

Failure to notify the Occupational Safety and Health Office immediately of an accident resulting in serious injury or dangerous occurrence is an offence. Failure to investigate an accident or dangerous occurrence and forward a report to the Occupational Safety and Health Office within 7 days after the incident is an offence that may result in a fine of \$20,000

The scene of the incident must not be interfered with and should be made secure to enable the investigator to gather evidence as well as the attending Government Safety and Health Officer or the Bermuda Police Service in the event of a death.

Work Safe - Bermuda

01/2018

ACCIDENT INVESTIGATION REPORT – FORM OSH 1OCCUPATIONAL SAFETY AND HEALTH ACT 1982
OCCUPATIONAL SAFETY AND HEALTH REGULATIONS 2009

SECTION 1 - EMPLOYER INFORMATION

Name of Company/Agency/Government Department:

Employer's Address and Postal Code:

Person in control of place of employment

Tel No:

Fax No:

e-mail:

SECTION 2 - INFORMATION ON INJURED PERSON

Full Name of Injured Person:

Occupation/Job Title:

Age:

Male Female Employee Self-employed Other

SECTION 3 - ACCIDENT SITE INFORMATION

Date of Incident

D

M

Y

Time

Site of accident:

Work Activity at time of Accident:

Weather conditions (if a contributing factor)

Names persons who witnessed the incident:

(B) CAUSES OF INCIDENT:

(C) REMEDIAL ACTION TAKEN:

Signature of Safety and Health Committee Chairman:

Date:

Signature of person appointed to conduct the investigation:

Date:

- FOR OFFICIAL USE ONLY -

Reviewed by

Date:

OSHO Registration #

Follow-up
Action

YES

NO

INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

LEGAL REQUIREMENT:

The completion of this form is required by Section 3A of the Occupational Safety and Health Act. The Act provides details of the investigation and reporting obligations of persons to whom the Act applies.

GENERAL INSTRUCTIONS:

The information required in this report form may be typed or hand-written, and the completed form should be forwarded to:

Mail: Senior Safety and Health Officer, The Occupational Safety and Health Office, P.O. Box HM 1195, Hamilton, Bermuda HM EX

Hand Delivery Only: Occupational Safety and Health Office, Metro Building, 6 Hermitage Road, Devonshire

SECTION 1: This section should provide adequately detailed information on the employer to allow the Occupational Safety and Health Office to make contact with senior members of management and with the person in charge of the place of employment where the reported incident occurred.

SECTION 2: This section requires the provision of information on the employment status of the injured person.

SECTION 3: This section provides details of the type of incident being reported, the location where the incident took place, the date and time that it occurred, the prevailing weather at the time (if it was a contributing factor), and the names of any witnesses to the incident

SECTION 4: This section provides information on the impact of the injury

SECTION 5: This section requires the naming of the body parts on which injury was inflicted, and the identification of the cause of the injury sustained. Some examples of the cause of injury suited for use in subsection are:

- | | |
|---|-----------------------------|
| (a) Contact with moving saw blade | (e) Fall from ladder |
| (b) Head struck by falling brick | (f) Slipped on wet floor |
| (c) Hand trapped in cogwheel of machine | (h) Inhaled carbon-monoxide |
| (d) Fingers touched live electrical conductor | (i) Lack of oxygen |

SECTION 6: This section requires the investigator(s) of the incident to report the circumstances leading up to the incident, identify the causes of the incident, and list the measures taken to prevent a reoccurrence.

SUBSECTION 6(A) - SEQUENCE OF EVENTS : Requires a step-by-step account of the actions and conditions in the workplace

SUBSECTION 6(B) - CAUSES OF THE INCIDENT: Some examples of causes of an incident are:

- (a) The worker failed to wear protective gloves.
- (b) Electrical power was not disconnected before work commenced on the machine.
- (c) Equipment was not properly maintained.
- (d) Supervision of the apprentice worker was inadequate.
- (e) The worker was not trained in the use of the equipment
- (f) No warning signs were posted in the danger area
- (g) No written safe work procedure was available

SUBSECTION 6(C) - REMEDIAL ACTION TAKEN: Some examples of remedial action are:

- (a) Written instructions are now provided to all electricians.
- (b) The manager has directed foremen to provide supervision for all apprentices.
- (c) Training is to be provided to all workers involved in manual lifting.

NOTE: Copies of the accident report form can be obtained from:

Occupational Safety and Health Office, Metro Building, 6 Hermitage Road, Devonshire FL 01

Telephone: 278-5333

E-mail osho@gov.bm

[Website www.gov.bm](http://www.gov.bm)