



## INVESTIGATION AND REPORT OF AN ACCIDENT AND DANGEROUS OCCURRENCE AT WORK

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

In accordance with the Occupational Safety and Health Act 1982 and the Regulations 2009, an Accident Investigation Report Form (OSH 1) must be completed in full by the investigating officer and submitted to the Occupational Safety and Health Officer **no later than 7 days after the accident**. Photographs and supporting documents may also be attached.

### **Occupational Safety and Health Act 1982 – Section 3A**

“Every employer shall investigate the cause of every accident or dangerous occurrence 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 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 Occupational Safety and Health Officer and safety and health committee or representative.

Submit form (pages 3 – 6) to:

Occupational Safety and Health Office

Email: [osho@gov.bm](mailto:osho@gov.bm)

Or in person to: Old Metro Building,  
6 Hermitage Road, Devonshire, FL 02

Phone: 278-5333

Fax: 232-1941

## Notes:

**Failure** to notify the Occupational Safety and Health Office immediately of an accident resulting in serious injury of dangerous occurrence is an **offence**.

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

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

## Definitions:

**Accident:** An occurrence at any employer's place of employment or in the course of employment that causes death or serious injury to any person.

**Dangerous Occurrence:** An occurrence or situation at a place of employment or in the course of employment that has the potential to cause death or serious injury to any person.

**Minor Injury:** Any injury incurred by any person at an employer's place of employment, or in the course of employment that requires medical treatment (other than first aid) but is not a serious injury.

**Serious Injury:** An occupational disease, illness or injury that is incurred by any at an employer's place of employment or in the course of employment that:

- Prevents the person from reporting from work or from effectively performing all duties connected with their regular work on any day subsequent to the day on which the injury, disease or illness was incurred;
- Results in the loss by the person of a body member or part of it or in the complete loss of the usefulness of a body member or part of it; or
- Results in the permanent impairment of a body function or person.



## ACCIDENT INVESTIGATION REPORT – FORM OSH 1

OCCUPATIONAL SAFETY AND HEALTH ACT 1982  
OCCUPATIONAL SAFETY AND HEALTH REGULATIONS 2009

### SECTION 1 - EMPLOYER INFORMATION

Instruction: 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.

Name of Company/Agency/Government Department:

Employer's Address and Postal Code:

Tel No:

Fax No:

e-mail:

Name of person in control of place of employment ( Print name):

Position:

Office Tel No:

Fax No:

e-mail:

Cell No:

### SECTION 2 - INFORMATION ABOUT INJURED PERSON

Full Name of Injured Person:

Telephone # & Email:

Occupation/Job Title:

Age:

Male

Female

Employee

Self-employed

Other   
(describe)

**SECTION 3 - ACCIDENT SITE INFORMATION****Date of Incident****D****M****Y****Time:****Site of accident (attach site plan if available):****Work Activity at time of Accident:****Weather conditions (if a contributing factor):****Names, telephone numbers and emails of persons who witnessed the incident:****Name:****Email:****Phone #:****SECTION 4 - IMPACT OF INJURY OR ILLNESS INCURRED****Death  or  
Serious injury   
resulting in:****Unfit for work** **Length of time unfit for  
work: \_\_\_\_\_** **Loss of body part** **Permanent impairment of a body function** **SECTION 5 - PART OF BODY INJURED AND CAUSE OF INJURY**

Instructions: 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       | (g) Inhaled carbon-monoxide |
| (d) Fingers touched live electrical conductor | (h) Lack of oxygen          |



Ministry of Health  
Department of Health

Eyes (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<input type="checkbox"/>	Ears L <input type="checkbox"/> R <input type="checkbox"/>	Face <input type="checkbox"/>	Neck <input type="checkbox"/>	Head <input type="checkbox"/>
Arm (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<input type="checkbox"/>	Wrist (L) <input type="checkbox"/> (R) <input type="checkbox"/>	Hand (L) <input type="checkbox"/> (R) <input type="checkbox"/>	Finger (s) <input type="checkbox"/>	Upper body <input type="checkbox"/>
Leg (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<input type="checkbox"/>	Ankle (L) <input type="checkbox"/> (R) <input type="checkbox"/>	Foot (L) <input type="checkbox"/> (R) <input type="checkbox"/>	Toe(s) <input type="checkbox"/>	Lower body <input type="checkbox"/>
Back (lower) <input type="checkbox"/>	<input type="checkbox"/>	Lung (L) <input type="checkbox"/> (R) <input type="checkbox"/>	Internal organs	Other <input type="checkbox"/> Describe _____	

**DESCRIBE INJURY:**

**CAUSE OF INJURY:**

**SECTION 6 - INVESTIGATION FINDINGS**

**THE SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT**

Requires a step-by-step account of the actions and conditions in the workplace.

**(D) FACTORS AND CAUSES OF INCIDENT:**

Some examples of causes of an incident are:

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

C) REMEDIAL ACTION TAKEN (e.g. to prevent a recurrence/similar risk):

Some examples of remedial action are:

- (a) Written standard operating 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 within 1 month and annually thereafter.

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<b>Name of Safety &amp; Health Committee Chairman:</b>	<b>Signature of Safety and Health Committee Chairman:</b>	<b>Date:</b>
<b>Email:</b>	<b>Telephone #:</b>	<b>Fax #:</b>
<b>Name of person appointed to conduct the investigation:</b>	<b>Signature of person appointed to conduct the investigation:</b>	<b>Date:</b>
<b>Email:</b>	<b>Telephone #:</b>	

- FOR OFFICIAL USE ONLY -

<b>Reviewed by</b>	<b>Position:</b>			<b>Date:</b>		
<b>OSHO Reference #</b>	<b>Follow-up Action</b>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	_____

**Notes:**

1. Reports are to be shared with the Occupational Safety and Health Committee/Representative and posted so that all employees may have access to them.
2. Supporting documents may be attached: photos, diagrams, etc