



GOVERNMENT OF BERMUDA

Ministry of Health
Department of Health

Form OSH 1
(Revised January 2019)

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 contact information of the investigator and ensure 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
6 Hermitage Road, Devonshire, FL 01
Phone: 278-5333, Fax: 232-1941
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

N.B. Please read instructions on pages 5 and 6 before completing.

ACCIDENT INVESTIGATION REPORT – FORM OSH 1

OCCUPATIONAL 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

Accident or Dangerous Occurrence

Site of Accident/Dangerous Occurrence:

Work Activity at time of Accident/Dangerous Occurrence:

Weather conditions (if a contributing factor):

Names persons who witnessed the incident:

ACCIDENT/DANGEROUS OCCURRENCE INVESTIGATION REPORT

SECTION 4 - IMPACT OF INJURY OR ILLNESS INCURRED

Death <input type="checkbox"/> Or Serious injury <input type="checkbox"/>	} resulting in...	Unfit for work <input type="checkbox"/>	Loss of body part <input type="checkbox"/>	Permanent Impairment of a body function <input type="checkbox"/>
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SECTION 5 - PART OF BODY INJURED AND CAUSE OF INJURY

Eyes (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<input type="checkbox"/>	Ears (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Hand (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Foot (L) <input type="checkbox"/> (R) <input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Internal organs	<input type="checkbox"/>	Other	<input type="checkbox"/>		

DESCRIBE INJURY:

CAUSE OF INJURY:

SECTION 6 - INVESTIGATION FINDINGS

(A) THE SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT:

(B) CAUSES OF INCIDENT:

Did the incident involve any of the following?

- Falls
- Falling Objects
- Faulty Equipment
- Burns
- Other

If other please describe:

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:

The Senior Safety and Health Officer, The Occupational Safety and Health Office, P.O. Box HM 1195, Hamilton, Bermuda HM EX
Hand Delivery Only to: Ministry of Health, Continental Building, Church Street, City of Hamilton, Bermuda (Please mark OSHO).

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. A list of examples of causes of injury includes but is not limited to:

- | | |
|---|-----------------------------|
| (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
- 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 the incident are:

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

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

- Written instructions are now provided to all electricians.
- The manager has directed foremen to provide supervision for all apprentices.
- Training is to be provided to all workers involved in manual lifting with details entered in training records.

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, Fax: 232-1941
E-mail: osho@gov.bm



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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, disease or illness 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	<p>an occupational disease, illness or injury that is incurred by any person at an employer's place of employment or in the course of employment that:</p> <ul style="list-style-type: none">• prevents the person from reporting for 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 of the person.

Thank you for your cooperation,

Occupational Safety & Health Office