



GOVERNMENT OF BERMUDA
Ministry of Health and Seniors
Department of Health

**EMPLOYER'S ANNUAL REPORT
Of
ACCIDENTS AND OCCUPATIONAL ILLNESSES**

Regulations 30 of the Occupational Safety and Health Regulations 2009

Name of Establishment:			
Type of Business:			
Physical Address:			
Mailing Address:			
<p>Regulations 30 of the Occupational Safety and Health Regulations 2009 – <i>“Every employer shall, not later than March 1 in each year, submit to a Safety and Health Officer a written report setting out the number of accidents, dangerous occurrences and minor injuries that are reported or recorded by an employer under this Part during the 12 month period ending on December 31st of the preceding year.”</i></p> <p>Complete the form and return to The Senior Safety & Health Officer, P.O. Box HM 1995, City of Hamilton HM EX., email: osho@gov.bm cc: ylichtbourne@gov.bm or fax: 232-1941</p>			
Number of fatal accidents		Total Number of Employees	
Number of accidents causing serious injury. (hospitalization)		Total man-hours lost to work injuries	
Number of incidents of occupational disease or illness		Total man-hours lost to occupational disease and illness	
Number of incident Reports – (reportable – non reportable injuries)		TOTAL MAN-HOURS LOST	
TOTAL NUMBER OF ACCIDENTS DISEASES AND ILLNESSES			
Name and Title of Reporting Official	Telephone No.:		
	Fax No:		
	Email		
Signature:	Date of Report:(dd/mm/yy)		

To All Employers,

The Occupational Safety and Health Regulations 2009 requires every employer to submit an annual report of the number of accidents, dangerous occurrences and minor injuries that occurred at the workplace during the calendar year of January to December.

As an employer you will be responsible for ensuring that the report is submitted as required no later than March 1 of each year. Please complete Form OSHR 30 even if no incidents have occurred by placing zero in the boxes.

For clarification, see definitions below.

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	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: <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.