



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

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 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<sup>st</sup> of each year. Please complete Form OSHR 30 even if no incidents have occurred by placing zero in the boxes. Definitions are included below to provide clarity.

**Thank you for your cooperation,**

**Occupational Safety & Health Office**

Definitions:

<b>Accident:</b>	An occurrence at any employer's place of employment or in the course of employment that causes death or serious injury to any person.
<b>Dangerous Occurrence</b>	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.
<b>Minor Injury</b>	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.
<b>Serious Injury</b>	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"><li>• 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;</li><li>• 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</li><li>• results in the permanent impairment of a body function of the person.</li></ul>





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Form OSHR 30  
(Revised January 2023)

# EMPLOYER'S ANNUAL REPORT of ACCIDENTS, OCCUPATIONAL ILLNESSES & DANGEROUS OCCURRENCES

Regulation 30 of the Occupational Safety and Health Regulations 2009

For Official Use Only

Employer Information	Employer ID No. (if applicable)
Name: _____	
Address: _____	Economic Activity No. (if applicable)
Type of Business: _____	

Total # Employees:

Office Employees:

Non-office Employees:

Regulation 30 of the Occupational Safety and Health Regulations 2009 - "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 31 of the preceding year".

Complete the form and return to the Safety & Health Office, P. O. Box HM 1195, Hamilton HM EX  
Email: [osho@gov.bm](mailto:osho@gov.bm), or Tel: 278-5333, Fax: 232-1941

Workplace Accidents	Number	Types of Accidents	Number
Fatal		Falls	
Serious Injuries		Falling Objects	
Minor Injuries		Faulty Equipment	
Total No. of Injuries		Burns	
Total No. of Hours Lost due to Injury		Other (explain)	

No. of Dangerous Occurrences		Total No. of Hours lost due to Dangerous Occurrences	
No. of Workplace Illnesses/Disease		Total No. of Hours Lost due to Illness/Disease	
For any hospitalizations please list and give dates and brief details of accidents/illnesses:			
<hr/> <hr/> <hr/> <hr/> <hr/>			
No. of Hospitalizations (in patient)		Total No. of Days in Hospital	
Please confirm whether individual HS01 forms were submitted for each accident. (If not, please attach).			Y / N
Please confirm whether Workers Compensation claims were submitted for each accident.			Y / N
Please complete the Workplace Safety Survey (if you have 10 + employees):			
Do you have a Safety and Health Committee?			Y/N
Does your Safety and Health Committee Meet Monthly?			Y/N
If no, how often does it meet?			Y/N
Do you have a Safety and Health Noticeboard for all employees to view?			Y/N
Do you have trained first aider(s) on staff (valid St. John's certificate or equivalent)?			Y/N
Name and Position of Reporting Official:		Name and Position of Contact Person:	
Email:		Email:	
Telephone No:		Telephone No:	
Year of Report:		Date of Report:	