

Report of an injury or dangerous occurrence

Reporting of Injuries, Diseases and Dangerous Occurrences. Labour Law Regulations (Cayman Islands) 2008



Filling in this form - This form must be filled in by an employer or other responsible person.

Checklist

Notify the Department of Employment Relations OSH Inspectorate by telephone as soon as possible, for all notifiable injuries 345-945-3114. Documentation of the incident can be sent within 10 days after occurrence of incident.

Record details of minor injuries at the worksite and keep on file.

Keep a blank copy of all Accident/Incident Report Forms (Schedule 3, Labour Law Regulations - **Report of an injury or dangerous occurrence**) at the worksite.

In the event of **an electrical or gas incident**, notify the Planning Department (345-769-7526) and the Fire Services Unit (345-949-2276) immediately prior to reporting to the Department of Employment Relations.

In the event of an **incident involving chemicals**, notify the Environmental Health Department (345-244-4185) immediately prior to reporting to the Department of Employment Relations.

Copies of the following are attached to the incident.

Report of an injury or dangerous occurrence form. Complete the relevant sections.

<input type="checkbox"/>	Part A	Completed for all reports
<input type="checkbox"/>	Part B	For Fatalities, Major Injuries, Occupational Diseases
<input type="checkbox"/>	Part C	Completed for all reports except Occupational Diseases unless Applicable
<input type="checkbox"/>	Part D	Completed for all reports
<input type="checkbox"/>	Part E	For Notice of Occupational Disease reports only (including Part A, C & D)
<input type="checkbox"/>	Part F	For Notice of Dangerous Occurrences (including part A,C & D)
<input type="checkbox"/>	Part G	Notice of Rescue/retrieval Operations. Must include Part A & D <input type="checkbox"/> Attached OSH report <input type="checkbox"/> Attached Safety Orientation <input type="checkbox"/> Attached Job Hazard Analysis

After full understanding the following, please sign and date this form below:

To the best of my knowledge, the statements in this document are correct. I understand that a copy of this form and any attachments that are needed may be shared with necessary organizations. I represent that I have the proper authority to execute this release.

Signature of Injured (if applicable):

Date of Submission:

Signature of Organization Representative:

Date of Submission:

Where to send the form(s)

Please send to The Department of Employment Relations c/o Occupational Safety & Health

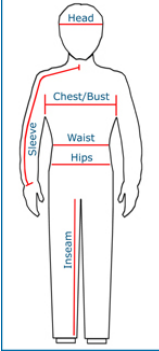
By Mail: PO Box 2257 GT, KY1 - 1107

By hand: 2nd floor of Royal Plaza, Cardinall Avenue, George Town

By Fax: 345-945-3115 **Att. Occupational Safety & Health**

By E-mail: worksafe@gov.ky, subject - OSH Report

Was time lost from Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ceased work: _____ / _____ / _____ DD/MM/YY
--	--

Location of injury on the body?		Industry
<input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Head <input type="checkbox"/> Body (specific) _____ <input type="checkbox"/> Burn (specific) _____		<input type="checkbox"/> Construction <input type="checkbox"/> General Workplace <input type="checkbox"/> Marine/Watercraft <input type="checkbox"/> Aviation <input type="checkbox"/> Hospitality/Tourism <input type="checkbox"/> Other _____

Causes of Occupational Injury (Select all that apply)	
<input type="checkbox"/> Fall from Height <input type="checkbox"/> Slip, trip and fall (fall from same height) <input type="checkbox"/> Hit by/struck by object <input type="checkbox"/> Exposed to gases/vapors <input type="checkbox"/> Powered industrial equipment (forklift, loader, lift) <input type="checkbox"/> Materials handling & stacking <input type="checkbox"/> Structural collapse (scaffolding, scaffold/form works) <input type="checkbox"/> Hand and power tools (including Powder Actuated tools)	<input type="checkbox"/> Mechanical injury <input type="checkbox"/> Drowning <input type="checkbox"/> Electrocution/electrical hazard <input type="checkbox"/> Injured by an animal <input type="checkbox"/> Physically assaulted by a person <input type="checkbox"/> Exposed to, or in contact with a harmful substance <input type="checkbox"/> Exposed to fire <input type="checkbox"/> Other _____

Part C - Witness Information

Witness I	
Name: _____	
Contact number(s): _____	e-mail: _____
Employer (if applicable): _____	
Witness II	
Name: _____	
Contact number(s): _____	e-mail: _____
Employer (if applicable): _____	

Part D - Organization Details

Does the organization have a written safety policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide documentation
Has the injured person received safety training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes choose all that apply
<input type="checkbox"/> 10 Hour Safety Training <input type="checkbox"/> Directed Study Safety Training Courses <input type="checkbox"/> 30 Hour Safety Training <input type="checkbox"/> Induction/Safety Orientation <input type="checkbox"/> One Day Safety Training Seminar <input type="checkbox"/> Other _____ <input type="checkbox"/> In-House Safety Seminar
Pension policy number for injured person: _____
Pension Provider: _____
Health Insurance policy number for injured person: _____
Health Insurance Provider: _____
Workman's Comp/Liability Insurance policy number: _____
Workman's Comp/Liability/Construction Insurance Provider: _____

Part E - Notice of Occupational Disease	
Remember! complete Sections A & D, C if applicable	
Is the disease communicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was the disease first diagnosed? / / / DD/MM/YY	
Name of diagnosing physician: _____	
Where was the disease first diagnosed (country, town/city): _____	
Place of employment when first diagnosed _____ -	
Was the disease a result of your current occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of time with current employer: _____	
Length of time at current occupation: _____	
Are you currently being treated for the disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Occupational disease - See reference under Definitions Section III	

Part F - Notice of Dangerous Occurrence	
Remember! complete Sections A, C & D	
The location of the dangerous occurrence: _____	Block and Parcel
Street Address and Building: _____	
Clear concise description of the apparent cause of the dangerous occurrence: <i>If insufficient space is provided on this form, please attach additional sheet</i>	
The nature and extent of any damage caused:	
The work (if any) that was being carried out at the time of the dangerous occurrence	

Causes of Occupational Occurrence (Select all that apply)	
<input type="checkbox"/> Collapse: Building, Structural, Mechanical <input type="checkbox"/> Unintended collapse or failure of an excavation (1.5 meters or more) <input type="checkbox"/> Escape of any gas, hazardous substance or steam <input type="checkbox"/> Unintended ignition or explosion of an explosive <input type="checkbox"/> Incident where breathing apparatus fails	<input type="checkbox"/> Electrical short circuit, malfunction or explosion <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Uncontrolled explosion, fire <input type="checkbox"/> Unintended event involving a flood of water, rock burst, rock fall, or any collapse of ground <input type="checkbox"/> Other unintended or uncontrolled incident from operations at a worksite

Part G - Notice of Rescue/Retrieval Operation

Has notice been given to the respective Government Authority/Present during operation?	
<input type="checkbox"/> Planning Department <input type="checkbox"/> Fire Services <input type="checkbox"/> Petroleum Inspector	<input type="checkbox"/> Building Control <input type="checkbox"/> Marine Unit <input type="checkbox"/> Environmental Health <input type="checkbox"/> Other

Document Steps used/that occurred to remedy the occurrence. **Note for rescue/retrieval operations an Occupational Safety & Health Specialist must be present during operation.**

Was a Job Hazard analysis completed prior to the repair/rescue operation:
 Yes No If no why? _____

If Yes, attach copies of Occupational Safety & Health Specialist Report

Definitions

For further explanation or guidance on the following list, please contact the Department of Employment Relations or refer to Labour Law regulations (2007): A Guide to the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations.

1. MAJOR INJURY CLASSIFICATION

- 1.1. Any fracture, other than to the fingers, thumbs or toes.
 - 1.1.1. Any amputation of any limb.
 - 1.1.2. Dislocation of the shoulder, hip, knee or spine.
 - 1.1.3. Loss of sight (whether temporary or permanent).
 - 1.1.4. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
 - 1.1.5. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
 - 1.1.6. Any other injury -
 - 1.1.6.1. leading to hypothermia, heat-induced illness or to unconsciousness
 - 1.1.6.2. requiring resuscitation, or
 - 1.1.6.3. requiring admittance to hospital for more than 24 hours
- 1.2. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
 - 1.2.1. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin:
 - 1.2.1.1. acute illness requiring medical treatment; or
 - 1.2.1.2. loss of consciousness.
 - 1.2.2. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

2. DANGEROUS OCCURRENCES

- 2.1. Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- 2.2. Explosion, collapse or bursting of any closed vessel or associated pipework
- 2.3. Failure of any freight container in any of its load-bearing parts
- 2.4. Plant or equipment coming into contact with overhead power lines
- 2.5. Electrical short circuit or overload causing fire or explosion
- 2.6. Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- 2.7. Accidental release of a biological agent likely to cause severe human illness
- 2.8. Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period
- 2.9. Malfunction of breathing apparatus while in use or during testing immediately before use
- 2.10. Failure of diving equipment during testing operations where a death or drowning did not occur. Example trapping of a diver, an explosion near a diver, or an uncontrolled ascent
- 2.11. Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall
- 2.12. Dangerous occurrence at a well (other than a water well)
- 2.13. Dangerous occurrence at a pipeline including burst pipes, over pressurization or collapse.
- 2.14. Failure of any load-bearing fairground or unintended collision of powered industrial equipment/mechanised vehicles.
- 2.15. A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released
- 2.16. A hazardous substance being conveyed by road is involved in a fire or released
- 2.17. Unintended collapse of : any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work

- 2.18. Explosion or fire causing suspension of normal work for over 24 hours
- 2.19. Sudden, uncontrolled release in a building of: 100 kg or more of flammable liquid;
10 kg of flammable liquid above its boiling point
- 2.20. Accidental release of any substance which may damage health

3. REPORTABLE DISEASES

- 3.1. Certain poisonings
- 3.2. Some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- 3.3. Lung disease including : occupational asthma, farmer's lung, pneumoconiosis, asbestosis, mesothelioma
- 3.4. Infections such as leptospirosis, hepatitis, tuberculosis, anthrax, legionellosis and tetanus
- 3.5. Other conditions such as: occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome