



## Occupational Safety and Health Agency

### SUPPLEMENTAL PARTICULARS OF ACCIDENT OR MAJOR INCIDENT

Request made in accordance with section 72 of the Occupational Safety and Health Act Chapter 88:08

<b>Section A – IMMEDIATE NOTIFICATION OF ACCIDENT/INCIDENT</b>							
<p>Where there has been critical injury, death OR an incident prejudicial to the safety and health of the public the information under section A must be reported <b>immediately</b> to the Chief Inspector: by telephone (623-OSHA), by facsimile ( 623-5905 ) or by e-mail “oshainspectorate@gov.tt”</p>							
<p><b>Type of Accident / Incident</b> (please tick)</p> <p> <input type="checkbox"/> An Accident which resulted in <input type="checkbox"/> <b>Critical Injury</b>    <input type="checkbox"/> <b>Death</b>        <input type="checkbox"/> <b>Non-Critical Injury</b>  <input type="checkbox"/> An Incident which <input type="checkbox"/> Has the potential to cause critical Injury or  <input type="checkbox"/> May be prejudicial to the safety or health of the public         </p>							
<p><b>Date of Accident/Incident:</b> .. / .. / ... ( dd / mm / yyyy)</p>		<p><b>Time of Accident:</b></p>					
<p><b>Location of Accident / Incident:</b></p>							
<p><b>Name of Deceased / Injured:</b></p>		<p><b>NAME OF EMPLOYER</b> <b>NAME OF OCCUPIER</b></p>					
<p><b>Brief Description of Accident / Incident:</b></p>							
<p><b>Nature and Severity of Injury:</b></p>							
<p><b>Name of Person Reporting</b></p>		<p><b>Telephone:</b></p>	<p><b>Immediate Report was Made</b></p>				
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Date:</b></td> <td style="width: 50%; padding: 5px;"><b>Time:</b></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	<b>Date:</b>	<b>Time:</b>		
<b>Date:</b>	<b>Time:</b>						

**Sections B-F DETAILS OF ACCIDENT/INCIDENT(pages 2 – 3)**

You are required to submit parts B-F in conjunction with the Prescribed Form 3

By direct mail delivery (address: Chief Inspector, OSH Agency, and 50 – 54 Duke Street, Port of Spain, by facsimile (623-5905) or by email “oshainspectorate@gov.tt”.

**Section B – Description of Accident/Incident**

Description Guide:

- 1) Step by Step description of incident
- 2) Specify the tasks, equipment and operations involved
- 3) Immediate actions taken
- 4) Role of persons involved in the incident

Description:

Exact address where accident /incident occurred (Leave blank if address is the same as stated above)

Location of accident/incident scene: (Warehouse, Kitchen, Main deck of offshore platform, marine vessel etc )

**Section C – Particulars of Injured Person (Fill out a separate sheet for each injured person)**

Name:

ID/DP/PP Number	Date of Birth	Tel:	Email
	.. / .. / .... (dd/mm/yyyy)		

Address:

Occupation/Job Description:

Start date of Employment:

.. / .. / .... (dd/mm/yyyy)

Nationality:

Gender

Male  Female

The injured person is (please tick):

Company employee

Member of the public

<b>Section D – Details of Injury</b>			
Nature of Injury:		Body Part Injured:	
Name of Attending Physician:		Tel:	
Name and address of Hospital or Clinic:			
Date of Diagnosis:		Number of Days Injury Leave:	
<b>Section E – Particulars of Injured Person's Employer/Occupier</b>			
Name of Employer/Occupier :			
Address:			
Nature of Business:			Number of Employees:
Tel:	Fax:	Email:	
<b>Section F – Particulars of Person Reporting</b>			
Name:		Occupation:	
ID/DP/PP Number:	Tel:		Fax:
	E-mail:		
Signature:			Date:
For Official Use:			

## INSTRUCTIONS

### **Notification of Accidents (Section 46)**

1. Where there occurs in an industrial establishment or during the course of employment-

- a) An accident causing death or critical injury as defined by the OSH Act 2004 (as amended)

The occupier or employer shall immediately notify the Chief Inspector via telephone, fax, email or by other means, and send a written notice of the accident using the prescribed form within forty-eight hours of learning of the accident.

- b) Where there occurs in an industrial establishment an incident which has the potential to cause critical injury or harm to the safety and health of the public, the occupier shall immediately inform the Chief Inspector via telephone, fax, email or other means, and send a written notice of the incident within forty-eight hours of learning of the incident.
- c) Where an accident resulting in a critical injury is followed by death, written notification must be sent to the Chief Inspector within forty-eight hours.
- d) Where the occupier is not the employer of the deceased or seriously injured, it is the duty of the employer to immediately report the accident to the occupier.

### **Notice of Injury (Section 46A)**

2. An accident which results in injury where the person is unable to perform his usual work or requires medical attention shall be reported to the Chief Inspector using the prescribed form within four days of the occurrence.

### **Definitions**

“critical injury” means an injury that—

- (a) places life in jeopardy;
- (b) produces unconsciousness;
- (c) results in substantial loss of blood;
- (d) involves the fracture of a leg or arm, but not a finger or toe;
- (e) involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye;

“industrial establishment” means a factory, shop, office, place of work or other premises but does not include—

- (a) premises occupied for residential purposes only; or
- (b) other categories of establishment exempted by the Minister in accordance with this Act;

“occupier” means the person who has the ultimate control over the affairs of an industrial establishment