Department of
Labour & Pensions
Cayman Islands Government

Occupational Safety & Health Unit

Complete this form as soon as possible after an incident that results in serious injury or illness.

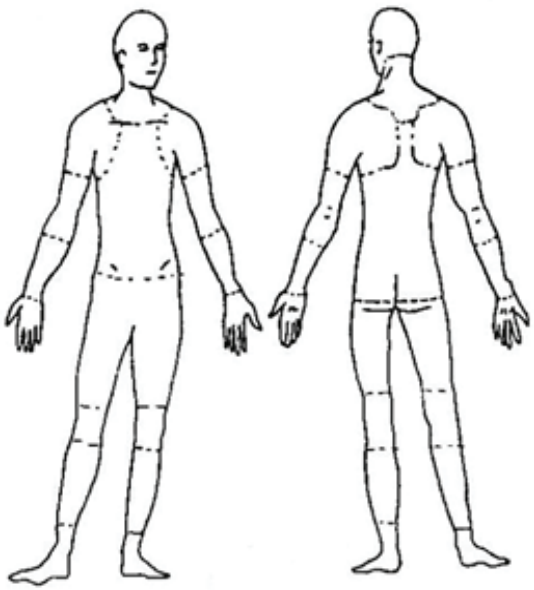
This is to report a: ☐ Death ☐ Lost Time ☐ Dr.Visit Only ☐ First Aid Only ☐ Near Miss

Date of incident: _____ Report made by: ☐ Employer ☐ Supervisor ☐ Team Leader ☐ Employee

1. Injured Employee *(complete this part for each injured employee)*

Name: _____ Age: _____ ☐ Male ☐ Female

Department: _____ Job title at time of incident: _____



Nature of injury: (most serious one)

- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system: _____
- ☐ Other: _____

This employee works: ☐ Regular full time ☐ Regular part time ☐ Seasonal ☐ Temporary

Months with this employer: _____

Months doing this job: _____

Important Notice: The Department of Labour & Pensions (DLP) enforces the National Pensions Act (2012 Revision) (the "Act") and engages with employers and employees to prevent breaches of this Act by providing the necessary information and training to both parties in accordance of this Act. The information collected from an employer or an employee is derived from the completion of this document, which will not be shared with any other external persons and/or organizations. However, the information provided may be shared with the employer of an employee who has authorized the sharing of such information or requests a further investigation to be completed by the DLP. The information collected from this enquiry will be stored in DLP's secure database and used in investigations authorised by the provider and will be archived at the conclusion of the matter as per the National Archive and Public Records Act. Please visit www.dlp.gov.ky to read our Privacy Notice. To learn more about how we process your personal data or exercise your rights under the Freedom of Information Act (2021 revision) and Data Protection Act (2021 Revision), please visit www.dlp.gov.ky or contact foi.dlp@gov.ky.

2. Describe the Incident

Exact location of the incident: _____ Exact time: _____

What part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities

☐ During meal period ☐ Working overtime ☐ Other

Weather at time of incident (describe the existing weather conditions i.e. sunny, rainy, windy, cloudy): _____

_____

_____

Names of witnesses (if any): _____

_____

Number of attachments

Written witness statements:_____ Photographs: _____ Maps / drawings: _____

What personal protective equipment was being used (if any)? _____

Describe, step-by-step the events that led up to the injury: *Include names of any machines, parts, objects, tools, materials and other important details*

Description continued on attached sheets ☐

3. Why did this incident happen?

Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment / tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training

Other: _____

Unsafe acts by people: *(Check all that apply)*

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools

Other: _____

Why did the unsafe conditions exist? _____

_____

_____

Why did the unsafe acts occur? _____

_____

_____

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If yes, describe:_____

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

4. How can future incidents be preventive?

What changes do you suggest to prevent this incident/near miss from happening again?

- ☐ Stop this activity
- ☐ Guard the hazard
- ☐ Train the employee(s)
- ☐ Train the supervisor(s)
- ☐ Redesign task steps
- ☐ Redesign work station
- ☐ Write a new policy/rule
- ☐ Enforce existing policy
- ☐ Routinely inspect for the hazard
- ☐ Personal Protective Equipment
- Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets ☐

5. Who completed and reviewed this form? *(Please Print)*

Written by: _____ Title: _____

Department: _____ Date: _____

Names of investigation team members: _____

_____

Reviewed by: _____Title: _____ Date: _____

On completion, the form must be sent to The Department of Labour and Pensions (DLP) for the attention of Gene Hydes, Head of inspections. The form can be e-mailed to: gene.hydes@gov.ky. The form must be completed and maintained by employer for all incidents/accidents but must only be sent to the DLP for any serious injuries/lost time incidents.