



BITINREP FORM

Complete one form PER INCIDENT by: 1) ticking (✓) in the box or 2) filling in a number in the empty box or 3), writing on the dotted line.

Section 1 – Administrative details

Company Name **Site** **Province** **City**

Reporting Period

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
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Section 2 – Incident details

Type of Incidents

01. Spillage	02. Explosion	03. Burn	04. Fire	05. Foaming	06. Other
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Losses

07. Production down time	Days	Hours	08. Human	09. Equipment	10. Buildings	11. Product	tons
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Employment status (*Insert number of people injured*)

12. Member of public	13. Permanent	14. Fixed term	15. Casual	16. Sub contractor	17. Years of service	17.1 <12mths	17.2 >12mths	17.3 >5yrs	17.4 >10yrs	17.5 >15yrs	17.6 >20yrs
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Activity

18. Refining	19. Loading	20. Offloading	21. Storing	22. Heating	23. Binder manufacture	24. HMA manufacture	25. Spraying	26. Paving
27. Sampling	28. Testing	29. Chip spreading	30. Transporting	31. Compacting	32. Cleaning	33. Road maintenance	34. Plant Maintenance	35. Other

Product Involved

35. Penetration bitumen	36. Cutback bitumen	37. Bitumen emulsion	38. Hotmix asphalt	39. Bitumen rubber	40. Polymer modified	41. Cutter/ Solvent	42. Other
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Nature Incident/Injury (*Insert number of people injured*)

43. People	43.1 Temporary disability	43.2. Partial disability	43.3. Permanent disability	43.4. Fatal	44. Equipment	45. Building	46. Environmental
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Job Classification of injured person

47. Labourer	48. Operator	49. Driver	50. Mechanic	51. Foreman / supervisor	52 Site management	53. Consulting staff	54. Laboratory	55. Other
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Measures Taken

56. On site treatment	Y	N	57. Evacuation	Y	N	58. Decontamination	Y	N	59. Restoration	Y	N	60. Site closure	Y	N	61. None required	Y	N
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Post Accident Action Taken

62. Investigation	Y	N	63. Corrective Action	63.1 Counselling	Y	N	63.2 Re-induction	Y	N	63.3 Warning	Y	N
				63.4 Change procedure	Y	N	63.5 Engineering controls	Y	N	63.6 Dismissal	Y	N

Injured Body Part

Head	64. Skull	65. Eye	66. Ear	67. Mouth	68. Nose	69. Face
Neck & Trunk	70. Neck	71. Upper back	72. Lower back	73. Chest	74. Stomach	
Limbs	75. Arm	76. Leg	77. Hands	78. Feet		
Internal Systems	79. Circulatory	80. Respiratory	81. Digestive	82. Nervous		

Nature of Injury

83. Sprain	84. Dislocation	85. Fracture	86. Concussion	87. Internal	88. Amputation	89. Cut	90. Minor Burn	91. Major burn	92. Poisoning	93. Asphyxiation	94. Muscular	95. Other
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Cause of Incident

96. No induction	97. Poor work performance	98. Derelict of duty	99. Lack of training	100. Carelessness	101. Gross negligence	102. Alcohol/ drugs	103. Fatigue	104. Lack of supervision	105. Vandalism
106. Technical problems	107. Mechanical failure	108. Lack of skills	109. Ignorance of product	110. Ignorance of systems	111. Ignorance of procedures	112. Equipment failure	113. Act of God	114. Unknown	

When did the incident take place

115. Normal time	116. Overtime	117. Weekend	118. Night work	119. Off duty	120. State time of day	:
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I..... (*name*) in my capacity as (*Position*) declares the above information to be correct.

Signature:..... Date: