

Incident reporting input codes and descriptions



excellence in bituminous products

Input category:		Incident type					
Code	Description	Code	Description	Code	Description	Code	Description
01	Injury	02	Asset Damage	03	Environmental Impact	04	Fires and Explosions
05	Reputation Impact	06	Other				
Input category:		Activity					
Code	Description	Code	Description	Code	Description	Code	Description
07	Refining	08	Loading	09	Off –loading	10	Storage
11	Heating	12	Binding Manufacture	13	HMA Manufacture	14	Spraying
15	Paving	16	Sampling	17	Testing	18	Chip Spreading
19	Transporting	20	Compacting	21	Cleaning	22	Road Maintenance
23	Plant Maintenance	24	Other				
Input category:		Product involved					
Code	Description	Code	Description	Code	Description	Code	Description
25	Penetration Bitumen	26	Cutback Bitumen	27	Bitumen Emulsion	28	Hot-mix Bitumen
29	Bitumen rubber	30	Polymer modified	31	Cutter / Solvent	32	Other
Input category:		Injury severity					
Code	Description	Code	Description	Code	Description	Code	Description
33	Multiple Fatalities	34	Single Fatality	35	Permanent Disability	36	Lost Workday Case
37	Restricted Workday Case	38	Medical Treatment Case				
Input category:		Part of body injured					
Code	Description	Code	Description	Code	Description	Code	Description
39	Skull and Face	40	Eye	41	Ear	42	Nose
43	Mouth	44	Neck	45	Upper back	46	Lower back
47	Chest	48	Stomach	49	Arm	50	Hands
51	Leg	52	Feet	53	Respiratory system	54	Other
Input category:		Injury type					
Code	Description	Code	Description	Code	Description	Code	Description
55	Sprain	56	Dislocation	57	Fracture	58	Cut / Puncture wound
59	Concussion	60	Amputation	61	Major burn	62	Minor burn
63	Poisoning	64	Asphyxiation	65	Muscular	66	Internal
Input category:		Occupation of injured					
Code	Description	Code	Description	Code	Description	Code	Description
67	Labourer	68	Operator	69	Driver	70	Mechanic
71	Supervisory	72	Laboratory staff	73	Contractor staff	74	3 rd Party visitor
Input category:		Incident cause/s					
Code	Description	Code	Description	Code	Description	Code	Description
75	Operating equipment improperly	76	Failure to secure				
77	Operating at improper speed	78	Inadequate guards or barriers				
79	Servicing equipment in operation	80	Safety devices removed or made inoperable				
81	Using defective equipment	82	Inadequate or incorrect personal protective equipment				
83	Failing to use personal protective equipment	84	Improper lifting/loading/placement				
85	Improper position for task	86	Failing to follow Safe Work Procedure				
Input category:		When did the incident occur					
Code	Description	Code	Description	Code	Description	Code	Description
87	Normal time	88	Overtime	89	Night work	90	Weekend overtime
91	Public holiday	92	Off duty				

Members report of HSE incident information to SABITA

Note to compiler:

- 1) Refer to Annexure 6 for descriptions and input codes.
- 2) Complete one form for each incident
- 3) Fill in the applicable codes or **x** in the empty box as appropriate.
- 4) Incidents usually have more than one cause. Please indicate ALL of the likely causes identified during the incident investigation.

Company name _____ **Site** _____ **City** _____

Reporting period

Year		Quarter 1		Quarter 2		Quarter 3		Quarter 4	
-------------	--	------------------	--	------------------	--	------------------	--	------------------	--

Incident details

Incident type	Code		Activity	Code		Product involved	Code	
Injury severity	Code		Part of body injured	Code		Injury type	Code	
Occupation of injured	Code		When did incident occur	Code		Incident cause 1	Code	
Incident cause 2	Code		Incident cause 3	Code		Incident cause 4	Code	

I..... in my capacity as (Position) declare that the information submitted in the above form is correct.

Signature:..... Date:

Fax or email this form to Lorraine at Sabita on 021 5312606 or Lorraine@sabita.co.za