



**ZIMBABWE
FACTORIES AND WORKS ACT (CHAPTER 14:08)
(Section 29)**

REPORT OF ACCIDENT

The Inspector of Factories and Works:

I have to report the following accident, which occurred at:

At about on the 20.....

Scene of accident:.....
(section of factory, workshop or building, etc.)

INJURED PERSONS

NAME	
AGE	
SEX	
OCCUPATION	
KILLED OR INJURED	
DESCRIPTION OF INJURIES	

2. DETAILS OF ACCIDENT

What happened to cause the accident? Describe the events in full and include details of the job the workman was doing, machinery, equipment or material used and how the injuries were caused:

.....

.....

.....

.....

.....

.....

3. **PROTECTIVE MEASURES (please tick in box)**

a) Was protective clothing or equipment provided for the work being done (if applicable)? YES NO

b) Was the workman using it? YES NO

If "Yes" why did the accident occur?

4. **UNSAFE ACT (please tick in box):**

a) Was any safety regulation, law or rule willfully or knowingly disobeyed? YES NO

b) Was the workman under the influence of alcohol or drugs? YES NO

c) Was the accident caused by the action or non-action of any person/s other than the person injured? YES NO

d) Did human factors contribute to the accident e.g. lack of attention, physical or mental fatigue, negligence, learner operator, etc. YES NO

If any of the above questions are answered "Yes" give particulars:

.....
.....

e) What action will you take to prevent a recurrence of the accident?

.....

5. Name of occupier or builder:

Business: Tel. No.....

Signature and designation of person reporting accident:

Date dispatched20.....

Intimation of a fatal accident to be given immediately by telephone/e-mail/fax to the Inspector and this report to be sent to him in duplicate as soon as possible after the accident has occurred.

THE FOLLOWING ACCIDENTS MUST BE REPORTED

- a) All fatal accidents.
- b) All cases of injury when a fatal issue is anticipated.
- c) All cases where they injury is such that the injured person is likely to be absent from work for at least three days or, if having been incapacitated owing to his injury for three days, the accident has not been reported.
- d) Any injury to a person not employed on the premises.

Official Use

Date received

Date Investigated
