NON CRITICAL ACCIDENT REPORT

File Number:

Accident Number:

Case file number:

1.1 Name of Employer and Occupier:

1.2 Address of Employer/Occupier:

2.1 Name of Injured Person:
2.2 Address of Injured Person:
2.3 Age of Injured Person:

2.4 Gender of Injured Person: Male ☐ Female ☐

2.5 Job Description of Injured Person:

2.6 Is the Injured Person an Employee?

2.7 Contact Number of the Injured Person:

3.1 Date of Accident:

3.2 Time of Accident:

3.3 Date of Accident Notification:

3.4 Address/Location of Accident:

3.5 Nature of Injuries:

3.6 Injury Leave Given:

3.7 Brief Description of the Accident and the Medical Treatment for the Injured:

3.8 Cause of the Accident:

Immediate:

Root Cause:

4.1 Was the Accident Site Visited? Yes ☐ No ☐

4.2 Site Observations/Verbal Conversations and Findings:

4.3 Machinery/Plant/Process Involved:

(a) Machinery	
(b) Plant	
(c) Process	

4.4 Persons Interviewed:

Name Of Person		
Contact Number		
Employee (yes/no)		
Employer		
Position		
Dates Seen		
Statement (yes/no)		

4.5 Dates of Investigation:

4.6 Status of the Investigation: Complete ☐ Incomplete ☐

4.7 Name(s) of Inspector(s) Investigating:

5.1 Preventative Measures Taken by the Duty holder:

(a) Before the Accident	
(b) After the Accident	

[redacted]

Non-Compliance	Relevant Section(s) Of the Act

[redacted]

7.1 Investigating Inspector Recommendation(s)

[redacted]

8.1 List of Appendices:

[redacted]

9.1 Follow up Action(s) by the Inspector(s):

___ Letters sent to the industrial establishment requesting the status of measures taken to prevent occurrences

___ Letters sent to the industrial establishment listing recommendations to be implemented

___ Visit by inspector to ensure compliance with measures taken to prevent recurrences

___ Improvement Notice

___ Prohibition Notice

_____ _____

Date

Safety & Health Inspector II

_____ _____

Senior Inspector Date

FORWARDING FORM

Reference File Number:

To: Chief Inspector

From:

Date:

Subject: Accident Brief- Fatal /Critical accident involving (name of injured and establishment name)

Attached is the Brief of an accident that involved

_____

Name of Safety & Health Inspector and Rank

ACCIDENT BRIEF FORM

Names of Injured/Deceased:

Age/Date of birth:

Gender:

Nationality:

Occupation of Injured/Deceased:

Address of Injured/Deceased:

Date and time of Accident:

Location of Accident:

Date of OSH Agency notification:

Date of Investigation:

Name of Employer:

Address of Employer:

Name of Occupier:

Address of Occupier:

Activity being undertaken at the time of the accident:

Witnesses:

Description of Accident:

Initial action taken by Inspector/s:

Further action to be taken by Inspector/s:

Name of Safety & Health Inspector and Rank

FORM P3

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NON-CRITICAL ACCIDENT REPORT FOR PRIORITY 3 ACCIDENTS

File no: OSHA/COMP:

Accident No:

Name of Industrial Establishment:

Address of Industrial Establishment:

Name of injured:

Date Occurred:

Having reviewed the documentation and assessed the facts relating to this accident I recommend the following:

- □ No Further Investigation
- □ Accident is now classified as Priority 2
- □ Accident is now classified as Priority 1
- □ An Inspection of the Establishment is to be conducted
- □ Other…….

---------- ----------

SENIOR INSPECTOR DATE

OVERVIEW REPORT FOR ACCIDENTS

IE File Ref. No.: OSHA/COMP (5):
Accident No:

1. **Name of Injured Person**:
2. **Name of Industrial Establishment**:
3. **Address of Industrial Establishment**:
4. **Date of Notification of Inspector:**
5. **Particulars of Notification:**
6. **Date of Accident**:
7. **Category of Accident:**
8. **Nature of injury**:
9. **Injury leave granted (number of days)**:
10. **Supervisor at the time of accident/incident**:
11. **Job description**:
12. **Contact information**:
13. **Age & Sex**:
14. **Date of employment**:
15. **ISIC Code**:
16. **Brief Description of accident**:

17. **Cause(s) of accident/incident**:

Direct Cause of accident/incident: **Root Cause/s:**

18. **Breaches of the OSH Act (list)**:

19. **Recommendations (list)**:

20. **Follow-up Action by Inspector:**

- ☐ Accident now Prioritize as Priority (1)
- ☐ Accident now Prioritize as Priority (2)
- ☐ Letters sent to industrial establishment requesting the status of measures taken to prevent recurrences.
- ☐ Letters sent to industrial establishment listing recommendations to be implemented
- ☐ Visit by Inspector to ensure compliance with measures taken to prevent
- ☐ No further investigation

21. **List of Appendices:**

---------- ----------

Safety and Health Inspector Date

INSPECTORATE MEMORANDUM

IE File Ref. No.: OSHA/COMP (5):

ACCIDENT NUMBER:

CASE FILE NUMBER:

TO: **Chief Inspector -**

u.f.s Senior Inspector -

u.f.s Safety and Health Inspector II -

FROM: Safety and Health Inspector I

DATE:

SUBJECT**:** **Critical accident involving ……..**

Please find the attached for your information, the final report on the above-mentioned accident. Listed below are the information requested by the Legal Unit.

Name of Industrial Establishment:

Person(s) Involved:

Date Accident Occurred:

Date(s) Accident Received by OSHA:

Method(s) of Notification Accident was received by OSHA:

Date Accident was brought to the knowledge of an Inspector:

Statute Barred Date:

Severity of Accident:

Recommended for Prosecution (yes/no):

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File No: _____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

RE: IMPROVEMENT NOTICE ISSUED PURSUANT TO SECTION 74(1) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

I, _____**,** being **an Inspector appointed by an instrument in**
(Name of inspector)
writing made pursuant to section 71(1) of the OSH Act ("OSH Inspector") and entitled to issue this Notice pursuant to section 74(1) of the OSH Act, hereby give you notice that I am of the opinion that the _____located at
(Description of Industrial Establishment)
_____is in a manner contrary to section 74(1) _____of the
(Address) (List Subsections)
OSH Act.

The reasons for my said opinion are that the following observations were made during the accident investigation at/ routine inspections of the_____
(Description of Industrial Establishment) on_____:
(Date of Visit or Visits)

Section 74(1) (a) ☐
_____
_____
_____
_____
_____
_____
(Please Check Box and List Observations which Support Breach of Section).

Section 74(1) (b) ☐
_____
_____
_____
_____

_____
_____

Section 74(1) (c) ☐

_____
_____
_____
_____
_____
_____

Section 74(1) (d) ☐

_____
_____
_____
_____
_____
_____
_____

Section 74(1) (e) ☐

_____
_____
_____
_____
_____
_____

Given these violations, I am of the opinion that_____

_____
_____
_____
_____
_____
_____
_____
_____
_____

(State Rationale for Conclusion that the Aforementioned Sections of the OSH Act were Violated).

I hereby require you to carry out such alterations or other steps to remove the existing danger or To comply with the OSH Act, as the case may be, within _____ ( ) calendar days from the date of receiving service of this Notice (date of service not included). I will conduct a follow up inspection on _____to ascertain if you have complied with this Improvement
(Date of Follow up Inspection)
Notice. Please contact me at_____ should you require an earlier follow-up
(Telephone Number and email address)
Inspection. Once satisfied that this Notice has been complied with, I shall so certify in writing.

Please be advised that failure to comply with this Improvement Notice is a safety and health offence under section 83 of the OSH Act and you will be subject to the jurisdiction of the Industrial Court of Trinidad and Tobago and liable upon conviction to a fine of $20,000.00.

Please note you may object to this Improvement Notice by way of a written complaint to the Industrial Court of Trinidad and Tobago within seven (7) days from the date of service of this notice: section 74 (4) of the OSH Act. The issuance of this notice does not relieve you of any legal liability for failing to comply with any statutory provisions referred to in the notice or to perform any other statutory or common law duty resting on you.

Kindly be guided accordingly.

OCCUPATIONAL SAFETY AND HEALTH AGENCY,

……..
NAME OF INSPECTOR: _____
RANK: _____

Received By (Signature):……..

*Received By (Block Letters):……**.....***

Job Title: ……

Date & Time:……

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COMPLIANCE WITH THE IMPROVEMENT NOTICE ISSUED ON_____
PURSUANT TO SECTION 74(1) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

File No:_____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

Reference is made to the Improvement Notice, dated_____, which was served on _____.

A re-inspection of the industrial establishment was conducted on_____ and revealed that you have complied with the notice.

This letter does not relieve you of your continuing duties under the OSH Act or from further inspections. It is, therefore, expected that the industrial establishment will continue to be maintained and managed in a manner that is consistent with the requirements of the OSH Act.

OCCUPATIONAL SAFETY AND
HEALTH AGENCY,

NAME OF INSPECTOR: _____
JOB TITLE: _____

Received By (Signature):.....
Received By (Block Letters):.....
Job Title: .....
Date & Time:.....

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APPROVAL TO EXTEND IMPROVEMENT NOTICE ISSUED ON_____

PURSUANT TO SECTION 74(1) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

File No:_____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

Reference is made to the Improvement Notice, dated_____, which was served on _____.

Based on the undersign's continued assessment of the violations made under Section 74(1) of the OSH Act, the industrial establishment is granted an extension of the notice until.....

This letter does not relieve you of your continuing duties under the OSH Act or from further inspections. It is, therefore, expected that the industrial establishment will continue to be maintained and managed in a manner that is consistent with the requirements of the OSH Act.

OCCUPATIONAL SAFETY AND HEALTH AGENCY,

NAME OF INSPECTOR: _____
JOB TITLE: _____

Received By (Signature):.....
Received By (Block Letters):.....
Job Title: .....
Date & Time:.....

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APPROVAL TO WITHDRAW ----------NOTICE ISSUED ON_____ PURSUANT TO SECTION 74(4& 5) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

File No: _____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

Reference is made to the _____Notice, dated_____, which was served on _____.

Based on the undersign's assessment of the violations made under Section 74(1), of the OSH Act, it was found that the industrial establishment, reveals that the withdrawal of the notice is justified.

This letter does not relieve you of your continuing duties under the OSH Act or from further inspections. It is, therefore, expected that the industrial establishment will continue to be maintained and managed in a manner that is consistent with the requirements of the OSH Act.

OCCUPATIONAL SAFETY AND HEALTH AGENCY,

NAME OF INSPECTOR: _____
JOB TITLE: _____

Received By (Signature):.....
Received By (Block Letters):.....
Job Title: .....
Date & Time:.....

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File No: _____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

RE: PROHIBITION NOTICE ISSUED PURSUANT TO SECTION 74(1) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

I, _____**,** being **an Inspector appointed by an instrument in**
(Name of inspector)
writing made pursuant to section 71(1) of the OSH Act ("OSH Inspector") and entitled to issue this Notice pursuant to section 74(1) of the OSH Act, hereby give you notice that I am of the opinion that the _____located at
(Description of Industrial Establishment)
_____is in a manner contrary to section 74(1) _____of the
(Address) (List Subsections)
OSH Act.

The reasons for my said opinion are that the following observations were made during the accident investigation at/ routine inspections of the_____
(Description of Industrial Establishment) on_____:
(Date of Visit or Visits)

Section 74(1) (a) ☐
_____
_____
_____
_____
_____
_____
(Please Check Box and List Observations which Support Breach of Section).

Section 74(1) (b) ☐
_____
_____
_____
_____

_____
_____

Section 74(1) (c) ☐

_____
_____
_____
_____
_____
_____

Section 74(1) (d) ☐

_____
_____
_____
_____
_____
_____
_____

Section 74(1) (e) ☐

_____
_____
_____
_____
_____
_____

Given these violations, I am of the opinion that_____

_____
_____
_____
_____
_____
_____
_____
_____
_____

(State Rationale for Conclusion that the Aforementioned Sections of the OSH Act were Violated).

I hereby require you to carry out such alterations or other steps to remove the existing danger or To comply with the OSH Act, as the case may be, within _____ ( ) calendar days from the date of receiving service of this Notice (date of service not included). I will conduct a follow up inspection on _____to ascertain if you have complied with this Improvement
(**Date of Follow up Inspection)**
Notice. Please contact me at_____ should you require an earlier follow-up
(Telephone Number and email address)
Inspection. Once satisfied that this Notice has been complied with, I shall so certify in writing.

Please be advised that failure to comply with this Improvement Notice is a safety and health offence under section 83 of the OSH Act and you will be subject to the jurisdiction of the Industrial Court of Trinidad and Tobago and liable upon conviction to a fine of $20,000.00.

Please note you may object to this Improvement Notice by way of a written complaint to the Industrial Court of Trinidad and Tobago within seven (7) days from the date of service of this notice: section 74 (4) of the OSH Act. The issuance of this notice does not relieve you of any legal liability for failing to comply with any statutory provisions referred to in the notice or to perform any other statutory or common law duty resting on you.

Kindly be guided accordingly.

OCCUPATIONAL SAFETY AND HEALTH AGENCY,

……..
NAME OF INSPECTOR: _____
JOB TITLE: _____

Received By (Signature):……..

*Received By (Block Letters):……**.....***

Job Title: ……

Date & Time:……

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COMPLIANCE WITH THE PROHIBTION NOTICE ISSUED ON----------
PURSUANT TO SECTION 74(1) OF THE OCCUPATIONAL SAFETY AND HEALTH ACT, CHAPTER 88:08 ("THE OSH ACT")

File No:_____

Date: _____

Name: _____
Title: _____
Address: _____
_____
_____

Dear_____,

Reference is made to the Prohibition Notice, dated_____, which was served on _____.

A re-inspection of the industrial establishment was conducted on_____ and revealed that you have complied with the notice.

This letter does not relieve you of your continuing duties under the OSH Act or from further inspections. It is, therefore, expected that the industrial establishment will continue to be maintained and managed in a manner that is consistent with the requirements of the OSH Act.

OCCUPATIONAL SAFETY AND HEALTH AGENCY,

……..
NAME OF INSPECTOR: _____
JOB TITLE: _____

Received By (Signature):.....
Received By (Block Letters):.....
Job Title: .....
Date & Time:.....

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(OSHA File No.)

(Date)

(To whom it is addressed)
(Name of Industrial Establishment)
(Address of Industrial Establishment)

Dear Sir/Madam,

Inspection of *__(IE)_____* **located at** *(Address)*_____

Reference is made to the above inspection that was conducted on *(Date).*
Present during the inspection were:

FACILITATORS:

Name	Organisation	Position

OSHA

Name	Position

OTHER: *(if necessary)*

Name	Organisation	Position

An inspection report detailing the findings to be addressed, as identified during the inspection and discussed with your facilitators as well as the consequent non-compliance with the Occupational Safety and Health Act (Chap. 88:08) are attached for your immediate attention.

It is expected that these findings will be addressed and a report on the status of the corrective measures be submitted to the OSHA within _____ calendar days of receipt of this letter.

Also, be advised that a re-inspection of the establishment will be conducted within _____calendar days to ensure compliance.

Additionally, be informed that failure to address the findings may result in the risk of bodily injuries and damages to equipment and the environment.

Note that failure to effectively address the findings could result in compulsory enforcement action by the OSHA. Furthermore, pursuant to **Section 83(1)** of the Act, contravention of any provision or failure to comply with any duty, instruction or directive issued therein is deemed a safety and health offence and is subject to the jurisdiction of the Industrial Court.

For further information or clarification on the above please contact Mr./Ms. _____ at _____ or send an email to _____.

Yours respectfully,

_____
Safety and Health Inspector and Rank
Occupational Safety and Health Agency

INSPECTION REPORT
Date Inspected:
Company:
Facility:
OSHA:
Facilitators:

CATEGORY	FINDINGS	NON-COMPLIANCE WITH APPLICABLE SECTIONS OF THE OSH ACT (Ch88:08)
GENERAL DUTY		
SAFETY		
FIRE		
HEALTH		
WELFARE		
NOTIFICATION OF ACCIDENTS AND OCCUPATIONAL DISEASES		
EMPLOYMENT OF YOUNG PERSONS		