



FORM F.5

REPUBLIC OF NAMIBIA

ANNEXURE A

MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

Incident No.....

Factory
Registration
Number.....

NOTIFICATION OF ACCIDENTS AND DANGEROUS INCIDENTS

In terms of regulation 22 of the Regulations relating to the Health
And Safety of Employees at Work made under the Labour Act. 2007

(Act 11 of 2007)

TO: THE PERMANENT SECRETARY
MINISTRY OF LABOUR
Private Bag 19005
32 Mercedes Street, Khomasdal
Windhoek
Namibia

ATT: THE CHIEF INSPECTOR:
OCCUPATIONAL HEALTH AND SAFETY
TEL: (061) 2066111 FAX: (061) 212323

- A. Employer and place of incident
1. Name of employer.....
 2. Name of enterprise.....
 3. Postal address.....
 4. Tel..... Fax no.

5. Name of department and address, where incident occurred:
.....
.....
.....

B. Information in regard to incident:

6. Date and time of incident.....

7. Was the Chief Inspector informed by telephone or telefax:
Yes.....No.....

8. Was incident reported to the Social Security Commission:
Yes.....
No.....
If yes, state time and date.....

9. Number of persons involved.....

10. Nature of work performed:.....

11. Machine/process involved in incident.....
.....

12. Short description of incident.....
.....
.....

13. Cause of incident.....
.....
.....

FOR OFFICIAL USE ONLY

Branch of
Economic Activity

Instrumental cause

Personal cause

Enquired into

Sex

Injured part
of body

Nature of Injury

Time lost

Contravention

1. Date notification received.....
2. Date of investigation.....
3. In the presence of.....
4. Circumstances which led to the incident.....
.....
.....
5. Inspector's remarks.....
.....
.....
6. Action taken by inspector.....
.....
.....

Place.....Inspector.....

Date:.....

C. Particulars of victim/s

- 14. Surname.....
- 15. First name.....
- 16. Sex Male.....Female.....
- 17. ID No.....
- 18. Date of birth.....
- 19. Place of birth.....
- 20. Occupation.....
- 21. Period of time employed (in month).....months
- 22. Experience in work performed (in months).....months

D. Type of injury

Answer questions below by making a cross in the appropriate square:-

Sex:	Male 1	Female 2							
Injured part of body:	Head 11	Eye 12	Neck 13	Trunk 14	Finger 15				
	Hand 16	Arm 17	Toe 18	Foot 19	Leg 20	General 21			
Nature of injury:	Contusions 11	Abrasions 1	Burns 12	Scalds 12	Arc eye 13	Concussions 14	Laceration 15	Puncture 15	
	Amputation 16	Dislocation 17	Sprains 17	Strains 17	Fractures 18	Asphyxiation 19	Drowning 19	Electric Shock 20	
Killed or injured	Killed 8	Injured	—————→				Anticipated time lost (days)		

23. Expected period of disablement (in weeks).....

.....
Signature of Employer/user

.....
Date