



GOVERNMENT OF BERMUDA

Ministry of Health
Department of Health

EMPLOYER'S ANNUAL REPORT

of

ACCIDENTS, OCCUPATIONAL ILLNESSES & DANGEROUS OCCURRENCES

Regulation 30 of the Occupational Safety and Health Regulations 2009

Name and Postal Address of the Employer			
<p>Regulation 30 of the Occupational Safety and Health Regulations 2009 - <i>“Every employer shall, not later than March 1 in each year, submit to a Safety and Health Officer a written report setting out the number of accidents, dangerous occurrences and minor injuries that are reported or recorded by an employer under this Part during the 12 month period ending on December 31 of the preceding year”.</i></p> <p>Complete the form and return to the Safety & Health Office, P. O. Box HM 1195, Hamilton HM EX or Email: osho@gov.bm or Fax: 232-1941</p>			
Number of fatal accidents		No. of Non-Office Employees	
Number of accidents causing serious injury		No. of Office Employees	
Number of accidents causing minor injury		TOTAL NUMBER OF EMPLOYEES	
Number of incidents of occupational disease or illness		Total man-hours lost to workplace accidents	
Number of Dangerous Occurrences <i>(Near misses- No reportable injuries)</i>		Total man-hours lost to occupational disease and illness	
TOTAL NUMBER OF ACCIDENTS		Total man-hours lost to Dangerous Occurrences	
TOTAL NUMBER OF DISEASES AND ILLNESSES		TOTAL NUMBER OF MAN-HOURS LOST	

Please enter the following information on causes:

HOW MANY OF THE ACCIDENTS INVOLVED:		WORKPLACE SAFETY SURVEY (To be filled out if >10 employees)	
Slips, Trips or Falls		Do you have a Safety and Health Committee?	Choose an item.
Struck by an Object		Safety and Health Noticeboard for all employees to view?	Choose an item.
Faulty Equipment		Trained first aider/s on staff (valid St. Johns certificate or equivalent)?	Choose an item.
Burns		Does your Safety and Health Committee meet monthly?	Choose an item.
Musculoskeletal Injury (MSI)		If no to previous question, what is meeting frequency?	
Workplace Violence or Harassment			
Other: _____			
For any hospitalizations please list and give dates and brief details of accidents/illnesses:			
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Please confirm whether individual HS01 forms were submitted for each of the above.			Choose an item.
Do you have a written Safety & Health Policy and safe operating procedures that your employees have been trained on?			Choose an item.
Reporting Official:		Date of Report (DD-MMM-YYYY):	
Contact Person:			
Title:		Telephone No:	
Email Address:		Fax No:	