



EMPLOYER'S ANNUAL REPORT Of ACCIDENTS, OCCUPATIONAL ILLNESSES & DANGEROUS OCCURRENCES

Regulation 30 of the Occupational Safety and Health Regulations 2009

Employer Information		For Official Use Only	
Name: _____ Main Telephone #: _____ Address: _____ _____ Email Address: _____ Type of Business: _____		Employer ID No. (if applicable)	
		Economic Activity No. (if applicable)	
# Office Employees: ____ # Non-office Employees: ____ Total # Employees: ____			
<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 Email: osho@gov.bm, or Tel: 278-5333, Fax: 232-1941</p>			
Workplace Accidents	Number	Types of Accidents	Number
Fatal		Falls	
Serious Injuries		Falling Objects	
Minor Injuries		Faulty Equipment	
Total No. of Injuries		Burns	
Total No. of Hours Lost due to Injury		Other (explain)	
No. of Dangerous Occurrences		Total No. of Hours lost due to Dangerous Occurrences	
No. of Workplace Illnesses/Disease		Total No. of Hours Lost due to Illness/Disease	

For any hospitalizations please list and give dates and brief details of accidents/illnesses:

No. of Hospitalizations (in patient)		Total No. of Days in Hospital	
Please confirm whether individual HS01 forms were submitted for each accident. (If not, please attach).			Y / N
Please confirm whether Workers Compensation claims were submitted for each accident.			Y / N

Please complete the Workplace Safety Survey:

Do you have a Safety and Health Committee or Representative?	Y/N
Does your Safety and Health Committee Meet Monthly?	Y/N
If no, how often does it meet? _____	
Do you have a Safety and Health Noticeboard for all employees to view?	Y/N
Do you have trained first aider(s) on staff (valid St. John's certificate or equivalent)?	Y/N

Name of Reporting Official:	Name of Contact Person:
Title of Reporting Official:	Position of Contact Person:
Email: _____	Email: _____
Telephone #: _____	Telephone #: _____
Year of Report:	Date of Report: