

The Ministry of Energy & Energy Affairs
 Maska Building ,
 South Trunk Road, La Romaine
 TEL. 697- 7864 / 7521 / 0948



FORM MISC-1 INSTRUCTIONS

Instructions for the preparation of the Accident Report Form MISC-1

Purpose:	To report to MEEA all accidents (personal or otherwise) involving company operations.
Frequency:	As occurs
Due date:	The Report must reach the Ministry within 72 hours of the accident. All serious reportable accidents must be verbally reported to the Ministry immediately after they occur.
Copies:	Original plus two copies.
Distribution:	Chief Mechanical Engineer, HSE/Measurement Division
Company:	Enter the name of the company reporting accident.
Accident No.:	Enter file number that company has assigned to accident.
Contractor:	Where applicable enter the name of contractor.
Date and hour of accident	Enter date and time of day accident occurred.
Place of accident and Dept.:	Enter exact place where accident occurred and department of company responsible for operation.
Description of Accident:	Enter a full account of accident including circumstances leading to and how accident occurred. Give cause of accident. (Attachments may be necessary).
Measures taken to	Enter measures taken to guard against similar conditions which caused accident.
Name of Injured	Enter name of injured person.
Address:	Enter address of injured person.
Age:	Enter age of person as of his last birthday.
Sex:	Enter sex of injured person.
Occupation:	Enter title/occupation person held with the company or contractor.
Tenure of Position:	Enter tenure of person in his position when injury occurred. Tenure will be stated in years, months.
Time Reported to	Enter the time of day injured person reported for work on day of injury.
Hospital Name:	Enter name of hospital if injured was hospitalised.
Attending Physician	Enter name of attending physician.
Days for Rec.:	Enter number of days prescribed for full recovery.
Nature and Extent of Injury:	Enter a description of nature and extent of injury and state whether person will be permanently disabled.
Remarks of Officer:	The company investigating officer will comment as to frequency of this type of accident, measures taken in the past to prevent such accidents and their effectiveness.
Name and Position:	Enter in block letters the name of the company investigating officer and his position with the company.
Signed:	Persons responsible for investigating accident will sign here.
Date:	Enter date report was signed.
Official Use Only:	Investigating officer, MEEA, will enter his comments here. Investigating officer may request any additional information from the company he deems necessary.
Investigating Officer:	Investigating officer will sign here at conclusion of investigation and after noting his comments
Date:	Investigating officer will enter date he signed report.