

FORM F.5

REPUBLIC OF NAMIBIA

ANNEXURE A

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MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

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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

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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 Poisoning 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