



To All Employers,

The Occupational Safety and Health Regulations 2009 requires every employer to submit an annual report of the number of accidents, dangerous occurrences and injuries that occurred at the workplace during the calendar year of January to December.

As an employer you will be responsible for ensuring that the report is submitted as required no later than March 1<sup>st</sup> of each year. Please complete Form OSHR 30 even if no incidents have occurred by placing zero in the boxes.

For clarification, see definitions below.

Definitions:

Accident:	an occurrence at any employer's place of employment or in the course of employment that causes death or serious injury to any person.
Dangerous Occurrence	an occurrence or situation at a place of employment or in the course of employment that has the potential to cause death or serious injury to any person.
Minor Injury	any injury, disease or illness incurred by any person at an employer's place of employment, or in the course of employment that requires medical treatment (other than first aid)but is not a serious injury.
Serious Injury	an occupational disease, illness or injury that is incurred by any person at an employer's place of employment or in the course of employment that: <ul style="list-style-type: none"><li>• prevents the person from reporting for work or from effectively performing all duties connected with their regular work on any day subsequent to the day on which the injury, disease or illness was incurred;</li><li>• results in the loss by the person of a body member or part of it or in the complete loss of the usefulness of a body member or part of it; or</li><li>• results in the permanent impairment of a body function of the person.</li></ul>

**Thank you for your cooperation,**

**Occupational Safety & Health Office**



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

Form OSHR 30  
(Revised January 2019)

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

Regulation 30 of the Occupational Safety and Health Regulations 2009

For Official Use Only

Name and Postal Address of the Employer		Employer ID No.	
		Economic Activity No.	
<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 &amp; Health Office, P. O. Box HM 1195, Hamilton HM EX Email: <a href="mailto:osho@gov.bm">osho@gov.bm</a>, or Tel: 278-5333, 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		<b>TOTAL NUMBER OF EMPLOYEES</b>	
Number of incidents of occupational disease or illness		Total man-hours lost to work injuries	
Number of Dangerous Occurrences (Near misses- No reportable injuries)		Total man-hours lost to occupational disease and illness	
<b>TOTAL NUMBER OF ACCIDENTS</b>		Total man-hours lost to Dangerous Occurrences	
<b>TOTAL NUMBER OF DISEASES AND ILLNESSES</b>		<b>TOTAL NUMBER OF MAN-HOURS LOST</b>	

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Please enter the following information on causes:

HOW MANY OF THE ACCIDENTS INVOLVED:		WORKPLACE SAFETY SURVEY (To be filled out if >10 employees)	
Falls		Do you have a Safety and Health Committee?	Y/N
Falling Objects		Safety and Health Noticeboard for all employees to view?	Y/N
Faulty Equipment		Trained first aider/s on staff (valid St. Johns certificate or equivalent)?	Y/N
Burns		Does your Safety and Health Committee meet monthly?	Y/N
Other		If no to previous question, what is meeting frequency?	
<b>For any hospitalizations please list and give dates and brief details of accidents/illnesses:</b>			
_____			
_____			
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_____			
_____			
<b>Please confirm whether individual HS01 forms were submitted for each of the above.</b>			<b>Y/N</b>
<b>Contact Person:</b>  <b>Signature of Reporting Official:</b>		<b>Date of Report (DD/MM/YY):</b>	
<b>Title:</b>		<b>Telephone No:</b>	
<b>Email Address:</b>		<b>Fax No:</b>	