DISTRIBUTION BUSINESS – FORMAL INVESTIGATION REPORT

SAP INCIDENT NO: 79649

1.	**FORMAL INQUIRY INTO:** Switching Error
	HELD AT: Richardsbay CNC Boardroom
	ON DATE: 14 August 2015
	AT TIME: 05:44
2.	**EXACT LOCATION OF ACCIDENT/INCIDENT:** Nkwaleni Network bkr 14
3.	**DATE AND TIME OF ACCIDENT**: 15 July 2015 @ approx. 05h44
4.	**DIVISION:** KZN OU
	DEPARTMENT: Ops & Maintenance; PPM;
	UNIT: Live work Section
5.	**NAME OF PERSON/S INVOLVED :**) John Mhlongo
	UN NUMBER : 1152287
6.	**NAME OF SUPERVISOR:** L Kotze
	TELEPHONE NO. OF SUPERVISOR: 035 787 0710
	RESPONSIBLE EMPLOYER (OHS ACT 2.1)): Joe Visagie

7. INVESTIGATION COMMITTEE

NAME:	DESIGNATION	ROLE
G Boshoff	Zone Manager	Chairperson
K Asaram	Risk Practitioner	Member
J Visagie	Live Work Manager	Member
F van Jaarsveld	OTS	Member
S Mngadi	H&S Rep	Member
V Manana	NUM	Member
B de Jager	Solidarity	Member

8. WITNESSES

NAME:	DESIGNATION	Cell
J Mhlongo	PTO	082 9617744

9. ACTIVITY BEING PERFORMED ON DAY OF ACCIDENT

Live work on Nkwaleni 11kv Network Breaker 14

10. FULL DESCRIPTION OF THE ACCIDENT

On 15 July 2015 at 05:44, Controller gave Live work handover on Nkwaleni NB5 instead of NB14 as had been booked on FMS

Mr. Mhlongo stated that in the afternoon after it came evident that there was a discrepancy between the Network he was handed vs what he worked on he contacted the relevant control officer to ask why he did it, the controller indicated to him that he had some personal issues (His farther was sick and that he came to shift and that during his shift there was a storm so he never slept), and that affected his mind on that day.

11.1 FINDINGS (PEOPLE EVIDENCE)

1. Initially the operator and Control refer to Nkwaleni Network Breaker 14
2. Control refers to Nkwaleni 5 as 22kv.
3. John Mhlongo repeated back to control with Nkwaleni 11 kv Network Breaker 14
4. From controller statement controller was not on right state of mind to operate.

11.2 FINDINGS (PAPER EVIDENCE)

1. Live work handover done correctly
2. Risk assessment done correctly.
3. Investigation report from Control :
   a. Date on front page is wrong it should be 15 July 2015 not 15 June.
   b. Pg. 3 Designation of Sagren Chetty is wrong.
   c. Pg. 4 Sequence of events refer to Nkwaleni Network breaker 15, this should be Network breaker 14.

11.3 FINDINGS (PROCEDURE EVIDENCE)

1. Investigations were done separate, Control did their own without involving live work manager or PIC involved.
2. Regulation 2.03. Was not followed by control or operator.

11.4 FINDINGS (PARTS EVIDENCE)

1. N/A

12. ROOT CAUSE ANALYSIS

12.1 TYPE OF LOSS:
INJURY, PRODUCTION LOSS, FINANCIAL LOSS, ETC.

ORHVS OPERATING

12.2 RISK/LOSS POTENTIAL EVALUATION:
Los Severity Potential:

Major	**Serious**	**X**	**Minor**

FREQUENCY OF EXPOSURE:

	High	**X**	**Moderate**	**Low**
	PROBABILITY OF RECURRENCE:			
	High		**Moderate**	**Low** **X**
12.3	**GENERAL AGENCY INVOLVEMENT:**			
	ELECTRICITY			
12.4	**OCC. HYGIENE AGENCY:**			
	NONE			
12.5	**IDENTIFY TYPE OF CONTACT:**			
	ORHVS			
13.	**IDENTIFY THE IMMEDIATE/DIRECT CAUSES**			
13.2	**SUB-STANDARD CONDITIONS / AT RISK CONDITIONS:**			
	UNSAFE ACT			
14.	**IDENTIFY THE UNDERLYING / ROOT CAUSES**			
14.1	**PERSONAL FACTORS:** **NOT PAYING ATTENTION**			
14.3	**NATURAL FACTORS:** NONE			
15.	**IDENTIFY CONTROL ACTION NEEDED**			
15.1	1. Discuss the investigation at RNOC a. To inform the rest of the OU. b. To address the issue of not having a joint investigation c. and controls absence at the Live work investigation		J Visagie	21 August 2015

16.	**RECOMMENDATIONS**	**ACTION BY**	**TARGET DATE**
1.	Re instates John Mhlongo live work authorization.	J Visagie	14 August 2015
2.	Discuss with PIC's in KZN OU to always focus on the operating at hand.	J Visagie	30 Aug 2015
3.	Control investigation report to be corrected	C Sithole	30 Aug 2015
4.	Joe to investigate to see if it is possible to share this voice recording with KZN OU for safety day together with some lessons learned.	J Visagie	30 Aug 2015

17.	**SIGNED**	
	_____	_____
	CHAIRMAN:	**DATE**

18.	IMPLEMENTATION OF RECOMMENDATIONS			
	Action Taken	**Name of Employer**	**Date**	**Signature**
1.				
2.				
3.				
19.	**FOLLOW-UP BY RISK MANAGEMENT**			
	Comments:			