

**SAFETY BEHAVIOUR RISK ASSESSMENT (SBRA)
REQUEST FORM**



DATE OF REQUEST		CASE NUMBER	
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SBRA TYPE	Please Tick <input checked="" type="checkbox"/> Appropriate	
Triggered		
Date of incident		

REFERER'S DETAILS	EMPLOYEE'S DETAILS
Name:	Name:
Position:	Position:
Office No:	Office No:
Cell No:	Cell No:
Email:	Email:
Operating Division:	Operating Division:
Department:	Department:
Region:	Region:
Depot:	Depot:
	Preferred language for assessment:
Referrer's Signature:	
Wellness Practitioner:	
Corridor:	
Contact Details:	

Please select the type/classification of the incident

Derailments of a serious nature eg. Fatality, Washaway, Train-On-Train Collisions.	
Railway Collisions of a serious nature eg. Runaway, Train-On-Train, Loco Capsized, Train tramping, collision with vehicles (fatal).	

Vehicle Collisions of a serious nature eg. Head-on, Into obstruction at speed, Fatal crashes.	
Witness to occurrences of a serious nature eg. Train tramping, amputations, trauma.	

By agreeing to accept this referral, the employee:

- Understands that their supervisor or line manager will log a call with Transnet EAP service provider for any workplace incident;
- Agrees that Transnet EAP service provider will initiate contact with the employee regarding the referral;
- Agrees and understands that a therapist will be allocated;
- Agrees that the Transnet EWP manager, **(details: name & surname- e-mail address)** will be copied in the feedback to the manager for any actions that needs to be taken immediately through the recommendations.
- Feedback will be shared with the EAP corridor custodian of Transnet.

Name of Employee being referred: _____

Signature of employee being referred: _____

Name of referrer: _____

Signature of referrer: _____

Please return the completed form to:

Email: sbra@mhg.co.za