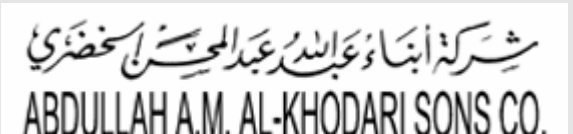



|   |  |             |
|---|--|-------------|
| <b>Accident<br/>Incident<br/>Report</b> |  | <b>FORM</b> |
|   |  | KSC 28      |


**Accident Report**

|                          |                                 |                                   |
|--------------------------|---------------------------------|-----------------------------------|
| <b>Site</b>              |                                 |                                   |
| <b>Document Ref. No:</b> |                                 |                                   |
| <b>Injured Person:</b>   | <b>Accident:</b>                | <b>Person reporting accident:</b> |
| <b>Name:</b>             | <b>Date:</b>                    | <b>Name:</b>                      |
|                          | <b>Time:</b>                    |                                   |
| <b>Age:</b>              | <b>Location:</b>                | <b>Home address:</b>              |
| <b>DOB:</b>              |                                 |                                   |
| <b>Home address:</b>     | <b>Work processes involved:</b> |                                   |
|                          | <b>Cause:</b>                   |                                   |
| <b>Occupation:</b>       |                                 | <b>Occupation:</b>                |
|                          | <b>Details of injury:</b>       | <b>Signature:</b>                 |
|                          |                                 | <b>Date of report:</b>            |

|   |  |             |
|---|--|-------------|
| <b>Accident<br/>Incident<br/>Report</b> |  | <b>FORM</b> |
|   |  | KSC 28      |

**Investigation Report**


|  |                          |
|--|--------------------------|
| <b>Business :</b>                            |                          |
| <b>Document Ref. No:</b>                     |                          |
| <b>Company/subsidiary involved:</b>          |                          |
| <b>Location of incident:</b>                 |                          |
| <b>Date of incident:</b>                     | <b>Time of incident:</b> |
| <b>Nature of incident:</b>                   |                          |
| <b>Severity:</b>                             |                          |
| <b>Probability of recurrence:</b>            |                          |
| <b>Description of how incident occurred:</b> |                          |

|   |  |                           |
|---|--|---------------------------|
| <b>Accident<br/>Incident<br/>Report</b> |  | <b>FORM</b><br><br>KSC 28 |
|---|--|---------------------------|

|  |
|--|
| <b>Immediate causes: what unsafe acts or conditions caused the event?</b><br><br><br><br><br><br><br><br><br><br>            |
| <b>Secondary causes: what human, organisational or job factors caused the event?</b><br><br><br><br><br><br><br><br><br><br> |
| <b>Remedial actions: recommendations to prevent recurrence:</b><br><br><br><br><br><br><br><br><br><br>                      |
| <b>Signature of investigator:</b> _____ <b>Date:</b> _____   |

|   |  |                           |
|---|--|---------------------------|
| <b>Accident<br/>Incident<br/>Report</b> |  | <b>FORM</b><br><br>KSC 28 |
|---|--|---------------------------|

|   |              |
|---|--------------|
| <b>Follow up action/review of recommendations and progress:</b> |              |
| <b>Name of reviewer:</b>  |              |
| <b>Position/title of review</b> Project Manager                 |              |
| <b>Signature of reviewer.</b>                                   | <b>Date:</b> |
| <b>Review HSE Management</b>                                    |              |
| <b>Follow up action/review of recommendations and progress:</b> |              |
| <b>Name of reviewer:</b>  |              |
| <b>Signature of reviewer.</b>                                   | <b>Date:</b> |


|   |  |             |
|---|--|-------------|
| <b>Accident<br/>Incident<br/>Report</b> |  | <b>FORM</b> |
|   |  | KSC 28      |

**LIST OF ADDITIONAL DOCUMENTATION SUPPORTING THIS REPORT**

**KEY: M = MANDATORY    A = IF APPLICABLE    D = DESIRABLE**

| Document                            | Ref | Key | Tick | Document   | Ref | Key | Tick |
|-------------------------------------|-----|-----|------|--|-----|-----|------|
| Site Induction                      |     | M   |      | Special Contract Conditions                            |     | A   |      |
| Site Induction Briefing Record      |     | M   |      | Tender Safety Plan                                     |     | A   |      |
| Client/Management/Visitor Induction |     | A   |      | Contract Safety Plan                                   |     | M   |      |
| Training Record/Certificates        |     | A   |      | Sub Contract Pre Order, including Procurement Strategy |     | A   |      |
| Plant Test Certificates             |     | A   |      | Method Statement                                       |     | M   |      |
| Plant Operators Licence             |     | A   |      | Method Statement Briefing Record                       |     | M   |      |
| Maintenance/Service Records         |     | A   |      | Risk Assessment  |     | A   |      |
| Toolbox Talks Record                |     | A   |      | Risk Assessment Briefing Record                        |     | A   |      |
|                                     |     |     |      | Meeting Minutes Of 4 Weekly                            |     | M   |      |
| F 2508 Copy                         |     | M   |      | Meeting Minutes Of Supervisors Safety meeting          |     | D   |      |
| Photographs (annotated and signed)  |     | D   |      | Improvement/Prohibition Notices Served                 |     | A   |      |
| Permits Issued                      |     | A   |      | Medical Records  |     | A   |      |
| PPE Issue Record                    |     | A   |      | Drugs & Alcohol Test                                   |     | A   |      |
| Witness Statements                  |     | M   |      | Site Location Drawings                                 |     | A   |      |
|                                     |     |     |      | Task Drawings/Diagrams                                 |     | A   |      |
|                                     |     |     |      |  |     |     |      |

**NB    PLEASE TICK AS APPROPRIATE FOR THOSE ITEMS ABOVE INCLUDED IN THIS REPORT.**

|                                |  |                     |
|--------------------------------|--|---------------------|
| <b>ACCIDENT /<br/>INCIDENT</b> |  | <b>FORM<br/>S54</b> |
| INVESTIGATION<br>REPORT        |  |                     |

**SKETCH OF AREA AT TIME OF INCIDENT**