PRELIMINRAY INITIAL INCIDENT REPORT FROM SITE HSE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Incident:** |  | **Time Occurred:** |  | **Time Reported to CHSEM** | |  |
| **Area of incident** |  | **Exact location incident** |  | **Near-miss / First Aid /LTI /Fire/Environment** | |  |
| **On / Off Job** |  | **Activity being performed** |  | **Actual task involved** | |  |
| **Persons involved (Name, Trade, Emp. No)** |  | | **1.Equipments / 2.tools / 3.materials involved** |  | | |
| **Foreman**  **(Name, Trade, Emp. No.)** |  | | **Engineer (Name, Trade, Emp. No.)** |  | | |
| **Brief description of the incident ( what, how, why)** |  | | | | | |
| **What was damaged** |  | **How much damaged** |  | **Material released** |  | |
| **Who was injured** |  | **What was injury** |  | **Which body part** |  | |
| **Immediate response action done** |  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| **Type of event / contact** | | | | | | | |
| Struck Against |  | Struck by |  | Slip/Trip/Fall of object or person |  | Over exertion (person or machine) |  |
| Caught in / on / between |  | Toxic Materials |  | Hydrocarbons |  | Heat / Fire |  |
| Cold |  | Electricity |  | Noise |  | Radiation |  |
| Others |  |  |  |  |  |  |  |
| **Immediate / root causes / Acts** | | | | | | | |
| Failure to secure |  | Failure to warn |  | Failure to notify and / or make safe |  | Failure to use PPE properly |  |
| Defeating or removing safety devices |  | Operating equipment without authority |  | Improper lifting / loading / placement |  | Operating / working at improper speed |  |
| Using defective equipment |  | Abuse of misuse |  | Lack of attention / Concentration |  | Using equipment improperly |  |
| Servicing equipment in operation |  | Improper body position for task |  | Permit to Work violation |  | Unplanned excursions from operating envelope (exceeding operating limits) |  |
| Failure of safeguarding system on demand |  | Unplanned changes |  | Initiation of an executive or Manual Shutdown function |  | Other/s (state) |  |
| Others |  |  |  |  |  |  |  |
| **Immediate / root causes / conditions** | | | | | | | |
| Inadequate Guards or Barriers |  | Inadequate or Improper PPE |  | Inadequate warning system or notice |  | Fire and / or explosion hazards |  |
| Inadequate or excess illumination |  | High / Low Temperatures |  | Inadequate ventilation |  | Weather |  |
| Excessive Noise |  | Radiation exposures |  | Congestion / restricted action / poor access |  | Inadequate housekeeping , disorder |  |
| Inadequate / defective tools, equipment or materials / substances |  | Hazardous gases, dusts, vapours, fumes |  | Thinning / Corrosion / Erosion |  | Equipment Failure |  |
| Loss of Containment |  | Other (state) |  |  |  |  |  |
| **Name of HSEO / Reporter, Emp. No, Trade** | |  | | **Name of Engineer / Foremen, Trade, Emp. No** | |  | |
| Signature | |  | | **Signature** | |  | |