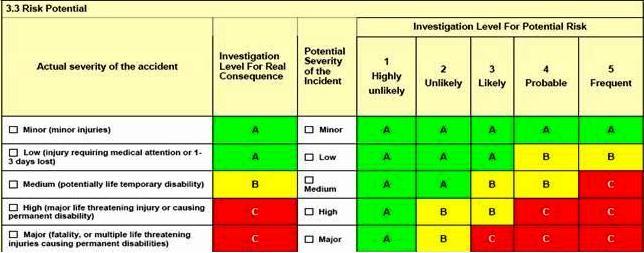
## incident investigation report

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| 1. General Information: | | | | | | | |
| Report no: Date of issue: Reported by: | | | | | | | |
| Project Details: | | | | | | | |
| Project Name | Job Number. | | Company | Work Site | | Clint | Country |
|  |  | |  |  | |  |  |
| 2. Descriptiopn: | | | | | | | |
| 2.1 Incident Location: | | | | | | | |
| Date: | | Time: | | | Location: | | |
| 2.2 Incident Description: | | | | | | | |
|  | | | | | | | |
| 2.3 Project / Work area: | | | | | | | |
| 3. analysis | | | | | | | |
| 3.1 Work Related Incident: Yes□ No□ | | | | | | | |
| 3.2 Incident Type  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Damaging Incident |  | Near Miss Incident |  | Potential incident |  | | | | | | | | |



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3.4 Damaging Incident Classification:  |  |  |  |  | | --- | --- | --- | --- | | Injury |  | Illness |  | | Vehicle Incident |  | Fire incident |  | | Other Property Damage |  | Loss of containment of hydrocarbons |  | | Other Environmental damage |  | Loss of containment of non hydrocarbons |  | | Injury/Illness Classification | | | | | Fatality |  | Medical Treatment Case (MTC) |  | | Lost Work Day Case (LWC) |  | First Aid Case (FAC) |  | | Restricted work day case (RWC) |  |  |  | |
| 3.5 Nature of Activity at the time of Accident  |  |  |  |  | | --- | --- | --- | --- | | Normal Operations |  | Transport |  | | Maintenance |  | Other |  | | Construction |  |  |  | |
| 3.6 Vehicle Accident Details |
| Vehicle Make: Registration number: |
| Drivers Name: Nationality: |
| Employing Div/Dept Driving Experience in UAE |
| Employer’s address / Tel No: |
| Any other relevant details: |
| Attach Police Report: |
| 3.7 Source of Injury / Type of Contact:  |  |  |  | | --- | --- | --- | | □ Caught, crushed, jammed, in or between objects | **□** Foreign body into the eye or skin | **□** Improper movement (Voluntary, involuntary bodily motion) | | □ contact with sharp or cutting objects | **□** Exposure to electrical current | **□** Overexertion (Lifting, pulling, pushing throwing objects) | | □ Contact with near or hot substances | **□** Exposure to chemical or noxious substances | **□** Struck by thrown, projected or falling object | | □ Confined or trapped into low oxygen environment | **□** Exposure to smoke,fire,flames | **□** Struck against ( stationary or moving parts) | | □ Driving or jumping to water | **□** Explosion or pressurised devices | **□** Car occupant injured in road traffic accident. | | □ Fall from one level to another (e.g. scaffold, building structures) | **□** Exposure to dangerous work environment(e.g. noise, vibration, radiation) | **□** Persons injured in other transport accidents.(i.e. by water, air) | | □ Fall On the same level from slipping tripping and stumbling | □ Exposure to extreme environmental conditions(wind, snow, ice) | **□** other specify | | □ Falls on and from stairs, ladders, steps | **□** Heat, struck beaten by animal or insects | |

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| 3.8 Immediate Causes – Actions  |  |  |  |  | | --- | --- | --- | --- | | 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 / Misuse |  | | Lack of attention / concentration. |  | Using equipment improperly. |  | | Servicing equipments in operation. |  | Improper body position for task |  | |
| Immediate Causes – Conditions  |  |  |  |  | | --- | --- | --- | --- | | Inadequate guards / barriers. |  | Inadequate or improper PPE. |  | | Inadequate warning systems or notice |  | Fire and Explosion Hazards. |  | | Inadequate or excess illumination. |  | High or Low Temperature exposure. |  | | Inadequate ventilation. |  | Weather. |  | | Excessive Noise. |  | Radiation exposures. |  | | Congestion / Restricted action / poor access. |  | Inadequate House Keeping, disorder. |  | | Inadequate / defective tools, equipment or materials / substances. |  | Hazardous gases, dusts, vapours and fumes. |  | |
| Description of Injuries / Illnesses  |  |  | | --- | --- | | Name of the injured |  | | Badge No. |  | | Birth Date |  | | Nationality |  | | Employer |  | | Project Joining |  | | Job Position |  | | Experience in actual job position |  | | No. of days from shift start |  | | No. of hrs. from shift start |  | | Last safety meeting / TBT attended |  | | Last medical check |  | | Other info. ( specify) |  | |
| 5 Work related Injuries / Illness |
| Occupation / work performed at the time of injury / illness |
| Length of time employed by present employer |
| Employer Division / Dept. |
| Employing Company |
| Did the employee returned to work on his next working day? Yes / No |
| Date / time returned to work. |
| Was the employee given restricted work duties? Yes / No.Date of last day of restricted work dutiesAttach Medical Report. |

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| 6. Damage Details | |
| |  |  | | --- | --- | | Damages | Cost in $ | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |
| 7. Incident Investigation | |
| |  |  |  |  | | --- | --- | --- | --- | | 7.1 Investigation Team Members | Name | Job position | Company | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| 7.2 Investigation Date |  |
| 7.3 Investigation Findings (detailed description of critical factors found during investigation) | |
|  | |
| 7.4 Lessons Learned | |
|  | |
| 8 CORRECTIVE / PREVENTIVE ACTION  |  |  |  | | --- | --- | --- | | Remedial Action | Action Party | Target Date | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |

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| 9 DETAILS OF WITNESSES |
| 1. Name of Witness |
| Employing Company |
| 2. Name of Witness |
| Employing Company |
| 10. COMMENTS  |  | | --- | | Project Manager / Chief Construction ManagerSignature Date | | HSE ManagerSignature Date | |