**INITIAL INCIDENT NOTIFICATION**

***(To be reported within 12 hrs of Incident)***

|  |  |
| --- | --- |
| **Package Incident No:** | **PMT Project Incident Nos:** |

|  |  |
| --- | --- |
| **PMC Package No:** | **EPC :** |
| **1 2/3 4 5 9 10 11** | **Subcontractor:** |

|  |  |
| --- | --- |
| **Date of Incident:** | **Time of Incident:** |

|  |  |
| --- | --- |
| **Reported by:** | **Date Reported: Time Reported: hrs** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Brief description of Incident:** | | | | | | | | | |
| **Apparent Cause of Incident:** | | | | | | | | | |
| **Immediate Remedial Action Taken:** | | | | | | | | | |
| **Incident Category:** | | | | | | | | | |
| **Fatality** | **Lost Time Injury** | **Restricted Work** | **Medical Treatment Case** | **First Aid** | **Near Miss** | **Occupational / Heat Stress** | **Asset / Property Damage** | **Road Traffic Accident** | **Environmental** |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Reported By (name):** | **Designation:** |
| **Reviewed By (name):** | **Designation: PMC HSE Manager** |

**Forward this format or an email containing all the above detail to**

**1.**

**2.**

**3.**