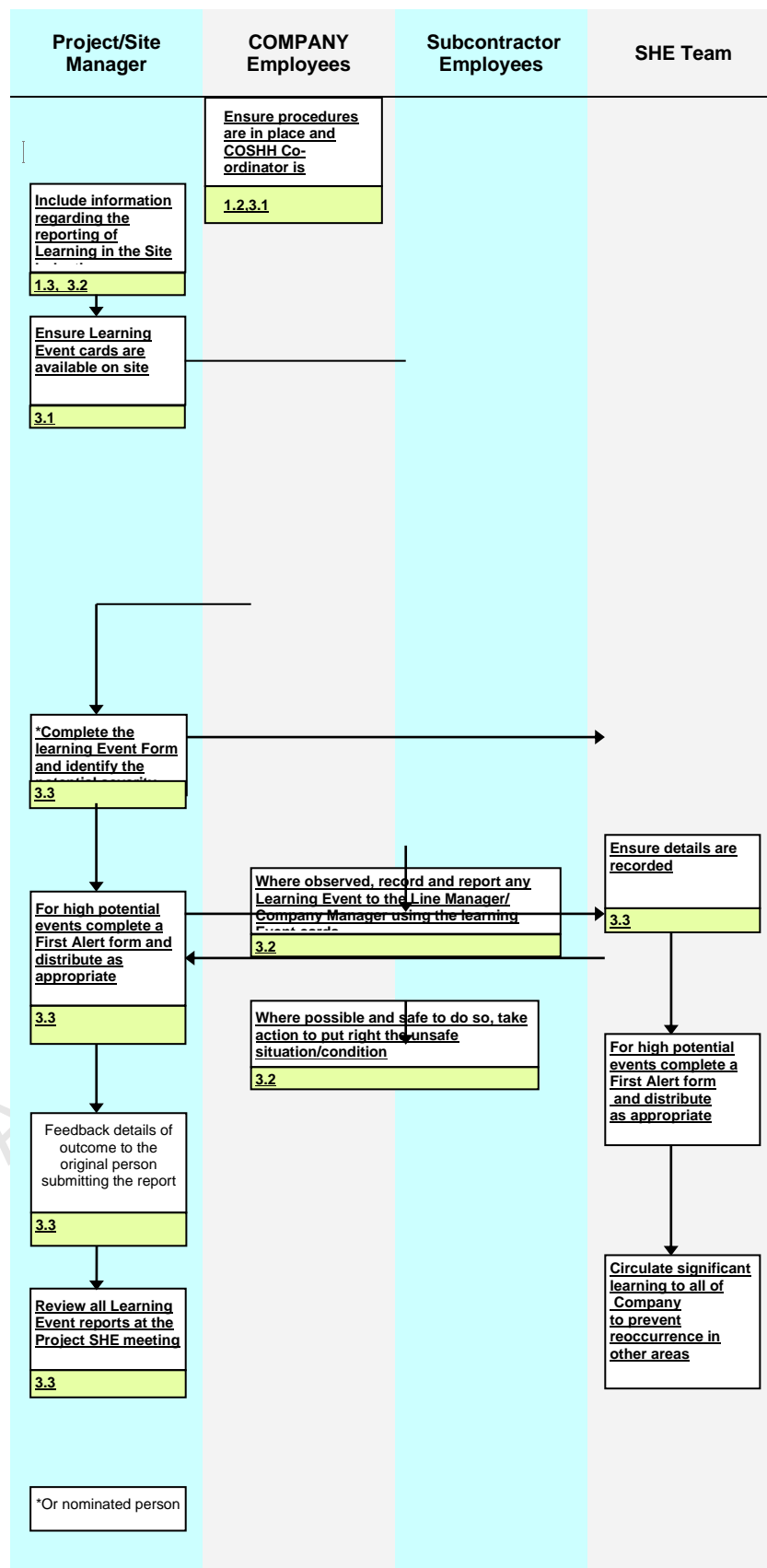
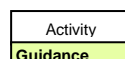


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## PROCESS MAP



## Key



## PURPOSE

1 To ensure that all learning events (near misses) are recorded and the lessons communicated. A learning event is an event or condition that occurs that has the **potential** of causing damage or injury to people, property or the environment (not to include actual accidents).

## SCOPE

1 This procedure covers all **COMPANY Projects** and locations under the control of **COMPANY**. A **COMPANY** is defined as the organization with responsibility for management of safety at a construction site.

## REFERENCE DOCUMENTS

### DOCUMENTS

- 1 Qatar Regulatory Document (Construction) RD1.6

### FORMS

- 2 Learning Event (SHE-FRM-16-01)
- 3 Learning Event Card (SHE-FRM-16-02)

### 2.3.16.1 Responsibilities

#### **SHE DIRECTOR**

- 1 Authorises this procedure.

#### **CONTRACTS DIRECTOR/MANAGER**

- 2 Provides support in the application of this procedure

#### **PROJECT/SITE/OFFICE MANAGER**

- 3 Ensures that any reporting and investigation of Learning Events is carried out in accordance with this procedure (and any associated client procedures).

#### **EMPLOYEE / CONTRACTOR EMPLOYEE**

- 4 To actively report Learning Events to the appropriate person.

#### **SHE MANAGER/ADVISER**

- 5 Provides advice and support in the application of this procedure.

### 2.3.16.2 Definitions

#### **LEARNING EVENT (NEAR MISS)**

- 1 A learning event is an event or condition that occurs that has the **potential** of causing damage or injury to people, property or the environment (not to include actual accidents).

### 2.3.16.3 Actions required to implement this procedure

#### LEARNING EVENT CARDS (HOTLINE)

1 Learning Event Cards and poster displaying the **COMPANY** hotline number will be made available onsite and will be included in the site induction. Consideration should be given to placing Learning Event returns boxes onsite.

#### COMPLETING LEARNING CARDS

2 All employees and contractors employees on site will be encouraged to report all learning events observed onsite, either verbally to the appropriate person or by completing a learning event card or through the **COMPANY** Hotline number ....., which is displayed on posters around site. Where possible and safe to do so, take immediate action to rectify any unsafe situation or condition.

#### REPORTING AND INVESTIGATION OF A LEARNING EVENT

3 Complete the Learning Event Form to assess potential outcome and severity, investigate immediate and root causes, consider lessons learned and take actions to prevent recurrence.

4 Inform the SHE Team of the event.

5 If potential severity has been identified on the learning event form as high or above the Project / Site Manager / SHE Adviser / Manager will complete First Alert report and circulate as appropriate.

6 The Project/Site Manager or nominated person should communicate the learning throughout the project and give feedback on the actions to the person who reported the learning event.

7 Ensure that Learning Events are reviewed on a regular basis at the appropriate project/site meetings.

8 Details of all learning events should be passed to the appropriate person for entering on to the COMPANY record system.

2.3.16.4 Author

SECTION	NAME	POSITION IN COMPANY	CONTACT DETAILS
		SHE Manager	

2.3.16.5 Approvals

	NAME	POSITION IN COMPANY	SIGNATURE & DATE
Approved by:		SHEQ Director	

<b>Date</b>		<b>Print name</b>	
<b>Time</b>		<b>Contact No.</b>	
<b>Project</b>		<b>Location On Site</b>	
<b>Classification</b>			
<b>Health</b> <input type="checkbox"/>	<input type="checkbox"/>	<b>Safety</b> <input type="checkbox"/>	<b>Environment</b> <input type="checkbox"/>
<b>COMPANY</b> <input type="checkbox"/>	<input type="checkbox"/>	<b>COMPANY Sub-Contractor</b> <input type="checkbox"/>	<b>Other Sub-Contractor</b> <input type="checkbox"/>
<b>Details of the Learning Event (include all relevant information) :</b>			

<b>Potential Outcome</b> (please tick)		<b>Potential Severity</b> (please tick)	
<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>	Negligible
<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Slight
<input type="checkbox"/>	Environmental Issue	<input type="checkbox"/>	Moderate
<input type="checkbox"/>	Equipment Damage	<b>First Alert to be issued if 'High' or above</b>	
<input type="checkbox"/>	Other (please detail in comments box)		
		<input type="checkbox"/>	High
		<input type="checkbox"/>	Very High

<b>Lessons Learned (consider immediate and root causes)</b> (please tick)			
<b>Work environment</b>			
<input type="checkbox"/>	Defective workplace	<input type="checkbox"/>	Design/layout
<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Lack of room
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Noise/distraction
<input type="checkbox"/>	Weather	<input type="checkbox"/>	Access/egress
<b>Management</b>			
<input type="checkbox"/>	System of work	<input type="checkbox"/>	Supervision
<input type="checkbox"/>	Training	<input type="checkbox"/>	Communication
<input type="checkbox"/>	Management of change		
<b>Plant/equipment</b>			
<input type="checkbox"/>	Construction/design	<input type="checkbox"/>	Installation
<input type="checkbox"/>	Safety device	<input type="checkbox"/>	Operation/use

<input type="checkbox"/>	Mechanical Failure	<input type="checkbox"/>	Maintenance
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Human Factors			
<input type="checkbox"/>	Failure to follow rules	<input type="checkbox"/>	Instructions misunderstood
<input type="checkbox"/>	Error of judgement	<input type="checkbox"/>	Lack of experience
<input type="checkbox"/>	Unsafe attitude	<input type="checkbox"/>	Undue haste
<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Lapse of concentration
<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Working without authorisation
PPE			
<input type="checkbox"/>	Design	<input type="checkbox"/>	Wrong type used
<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Not provided/unavailable
<input type="checkbox"/>	Not Used		
Other			
<input type="checkbox"/>	Third Party	<input type="checkbox"/>	Under investigation
<input type="checkbox"/>	Other (please state)		

FOLLOW UP		
Actions Required	Responsible	Completed
<b>Signed:</b>	<b>Date:</b>	



## LEARNING EVENT CARD

Date:	Time:
Location on site:	
Brief details of observation:	
Action taken:	
Optional Information:	
Reported by:	Company:

ARAB ENGINEERING BUR