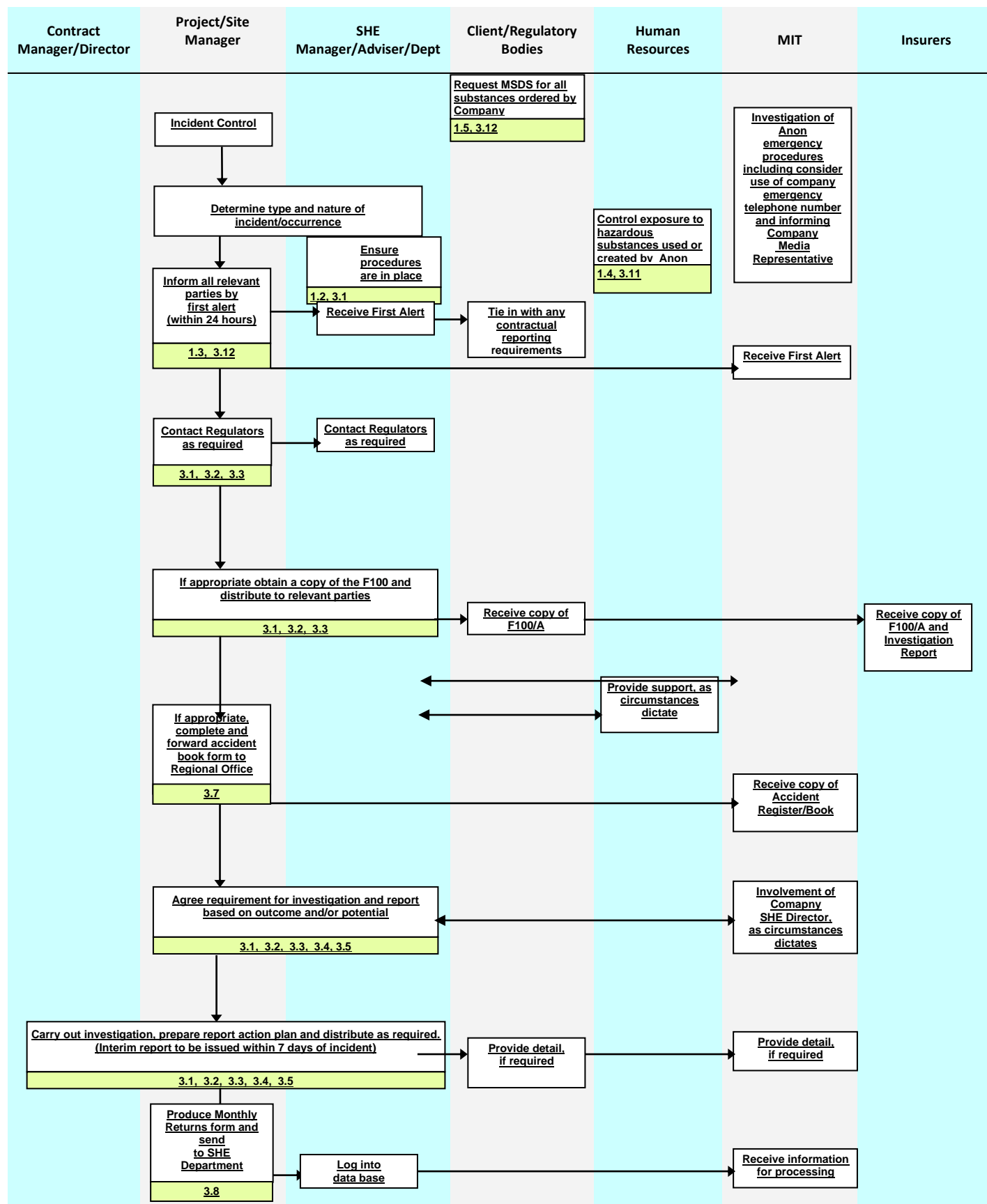


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PROCESS MAP



Key

Activity
Guidance

PURPOSE

1 The purpose of this procedure is to focus on the potential of incidents, NOT just the outcome, and to assign responsibilities and establish a system for the reporting and investigation of Safety, Health or Environmental accidents/incidents, diseases, dangerous occurrences and learning events as required by both Qatar Legislation (RIDDOR) and **COMPANY** and client requirements.

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.

Note: Qatar Civil Defence and the Environment Ministry have responsibilities and authority in relation to the reporting of fires and environmental impacts, respectively.

2.3.8.1 Responsibilities

SHE DIRECTOR

1 Authorises this procedure and decides whether an incident review is necessary. He may also delegate responsibility for chairing this review.

CONTRACTS DIRECTOR / MANAGER

2 Provides support in the application of this procedure, assists the Major Incidents Team (MIT) in the investigation process and the production of reports.

PROJECT/SITE MANAGER

3 Ensures that any reporting and investigation of an incident is carried out in accordance with this procedure (and any associated client procedures), and that appropriate contact is made with the SHE Department and other interested parties

SHE ADVISER / MANAGER

4 Provides advice and support in the application of this procedure, assists the Project/Site Manager and the Major Incidents Team (MIT) in the investigation process and the production of reports.

EMPLOYEE / CONTRACTOR EMPLOYEE

5 To report all accidents, incidents, diseases, dangerous occurrences and learning events to the appropriate person.

2.3.8.2 Definitions

CONTRACTS MANAGER

1 Project or Office based Manager overseeing a number of projects.

PROJECT / SITE MANAGER

2 For the purposes of this procedure, Project / Site Manager may also mean Depot Manager or Office Manager.

MAJOR INCIDENT TEAM (MIT)

3 A team appointed by the Regional Managing Director to investigate all major incidents in line with the matrix in Appendix 5.

RIDDOR

4 Qatar Regulatory Document (Construction) Report of Injuries, Diseases and Dangerous Occurrences

LEGAL REPRESENTATION

- 5 A firm of Solicitors, approved by the Company.

LEGAL PRIVILEGES

- 6 Any report formed under request from legal representation.

ACCIDENT / INJURY CLASSIFICATION

- 7 Classification of accidents and injuries are detailed in Appendix 2.

2.3.8.3 Action to Be Taken To Implement This Procedure**REPORTING AND INVESTIGATING A MAJOR ACCIDENT/INCIDENT (FATAL ACCIDENT OR MAJOR INJURY) – PROJECT / SITE MANAGER**

- 1 Ensure first aid is provided and an ambulance is called and/or medical attention administered.
- 2 Where advised by the appointed 1st Aider, do not move the person unless this is absolutely essential.
- 3 Ensure that the scene of the accident is not interfered with. Cordon off area wherever possible (instruct line supervision accordingly).
- 4 Contact your SHE Adviser / Manager. The SHE Adviser / Manager will inform the MIT and prior to commencing the investigation and following consultation with the SHE Manager / Director, will advise our legal representatives.
- 5 If an COMPANY employee is involved, notify HR Department who will arrange for notification of relatives of the person concerned as soon as possible and preferably by personal visit by someone who knows the family etc.
- 6 Obtain photographs of the area. (Any digital prints may be verified by date and signature.)
- 7 In conjunction with SHE Adviser / Manager, complete/send First Alert form SHE-FRM-8-01 to ensure that relevant persons are informed (see distribution list on First Alert form).
- 8 Complete the accident book entry report. (Accident Investigation Report Part 1, AIR SHE-FRM-8-03)
- 9 If appropriate :
- (a) Consider also any specific client requirements.
 - (b) Contact the **COMPANY** Emergency Media Telephone Number.

REPORTING AND INVESTIGATING A FATAL ACCIDENT OR MAJOR INJURY – SHE MANAGER /ADVISER

- 10 Ensure that the Qatar Labor Ministry, Workplace Inspector has been informed. Where applicable ensure that the Police have been informed.
- 11 Inform SHE Director / SHE Manager.

- 12 Carry out an immediate investigation of the accident in conjunction with MIT.
- 13 Ensure that a copy of the form F100 is completed and sent to the Labor Ministry within 10 days of the accident, or in the case of a non COMPANY employee, obtain a copy from their employee and ensure that a copy is forwarded to the COMPANY Insurer.
- 14 Ensure copies of any relevant reports and forms are forwarded to the SHE Department.
- 15 Complete an AIR Part 1 SHE-FRM-8-02 and 2 SHE-FRM-8-03 and agree distribution with the Business SHE Manager.

REPORTING AND INVESTIGATING AN OVER 3 DAY INJURY – PROJECT / SITE MANAGER

- 16 Ensure first aid is provided and an ambulance is called and/or medical attention administered.
- 17 Where advised by the appointed 1st Aider, do not move the person unless this is absolutely essential.
- 18 Investigate cause of accident, record physical evidence, and take steps to prevent recurrences.
- 19 Inform the SHE Department and Contracts Manager as soon as the accident becomes a possible “over 3 day reportable”.
- 20 In conjunction with the SHE Manager / Advisor complete Accident/Incident First Alert report form and distribute.
- 21 Obtain from any sub-contractor a copy of the F100.
- 22 Report the accident in the accident book and send a copy to the SHE Department and Insurance Broker.
- 23 Agree with the SHE Manager / Adviser who will produce the investigation report and the timing of this, including any interim report if necessary.

REPORTING AND INVESTIGATING A NON RIDDOR REPORTABLE ACCIDENT ('LOST TIME INJURY' AND ANY OTHER PERSONAL ACCIDENT) – PROJECT / SITE MANAGER

- 24 Ensure first aid is provided and an ambulance is called and/or medical attention administered.
- 25 Where advised by the appointed 1st Aider, do not move the person unless this is absolutely essential.
- 26 Investigate cause of accident, record physical evidence and take steps to prevent recurrence.
- 27 Inform the SHE Department of such incidents.
- 28 Record and report the accident on the accident book form and send a copy to the SHE Department together with any supporting evidence/documentation.

REPORTING AND INVESTIGATION OF AN INCIDENT/NEAR MISS/LEARNING EVENT – PROJECT / SITE MANAGER / SHE ADVISER / MANAGER

29 Where a near miss, learning event is observed, the process detailed in SHE-PRO-016 should be followed.

30 If appropriate to the circumstances the Project / Site Manager / SHE Adviser / Manager will complete First Alert report and circulate as appropriate.

PROCEDURES– CONTRACTORS (SUB/WORK PACKAGE), THIRD PARTIES, ETC

31 Procedures above apply.

32 These contractors are expected to carry out their own reporting and investigation procedures but we must ensure that it is done. Where the contractor is obliged to report accidents, they shall be requested for a copy of the report to COMPANY site management who will forward to the SHE Department.

33 According to the severity or potential of the injury or the level of environmental damage the contractor may be requested to carry out a joint investigation. This will be decided in discussion with the Contractor.

34 Reporting/Investigating of Accidents to the General Public/Third Parties

35 Follow the procedure as Section 3.i to 3.iv above as appropriate to the category and ascertain the type of injury and hospital details, etc.

ACCIDENT BOOK/REGISTER

36 Site management shall control and verify entries made in the COMPANY accident book and ensure that copies are forwarded as soon as possible after they are made to the SHE Department.

37 All notified accidents shall be entered in the COMPANY accident book including all employees, contractors, visitors to site and accidents to members of the public.

38 Remember, some accidents, which seem minor at the time, may be important long after the particular contract is finished and hence full information becomes essential.

39 Accident books must be retained for at least three years from the date of the last entry in the book.

40 The accident book must be sent to archive at the end of the contract with the rest of the contract documents.

MONTHLY SHE RETURNS

41 The Project / Site Manager is responsible for the completion of the SHE Return and this shall be sent to the SHE Department as soon as possible after the month end but no later than the second working day of the following month.

DISEASES - PROCEDURES

42 In the event of a reportable disease being advised by a Doctor, the Project / Site Manager must:

- (a) Ensure that the SHE Department is notified.
- (b) After consultation with the SHE Adviser / Manager carry out an immediate investigation and prepare a written report with emphasis on preventing recurrence of

the problem with a copy to the SHE Department.

- (c) After completing above, arrange with the SHE Adviser to complete and forward form F100A to the appropriate Labor Ministry Department with a copy to the SHE Department within 10 days. In the case of COMPANY employees, forward a copy to the Insurance Broker.
- (d) A disease needs to be reported only when a written statement prepared by a Registered Medical Practitioner diagnosing the disease is in line with the Qatar Regulatory Document (Construction) RIDDOR Section.

DANGEROUS OCCURRENCES (SPECIFIED BY RIDDOR) - PROCEDURES

43 If injury to person is also involved, carry out procedure under Section 3.1 to 3.4 as appropriate.

44 For all events, consult with the SHE Manager / Adviser for the full list of specified Reportable Dangerous Occurrences.

45 All Dangerous Occurrences shall be investigated by the Site / Project Manager in conjunction with the SHE Department :

ALL DANGEROUS OCCURRENCES

46 Do not interfere with the scene of the accident.

47 Notify the Contract Manager and SHE Department immediately and discuss whether reportable.

48 If appropriate contact the COMPANY Emergency Media Telephone Number.

49 Obtain written statements for witnesses where possible.

50 Obtain photographs of the area and record physical evidence.

51 Report accident on the form from the accident book with a copy to the Insurer.

52 Reportable Dangerous occurrences shall be reported by the SHE Department will inform the Qatar Administrative Authority. The Administrative Authority, Workplace Inspector will advise whether and when you can resume work in the area.

DANGEROUS OCCURRENCES REPORTABLE UNDER RIDDOR

53 In addition to the above:

- (a) The Manager, in consultation with the SHE Manager / Adviser, shall report the occurrence on First Alert report form and distribute as appropriate.
- (b) The Manager, in consultation with the SHE Manager / Adviser, to complete Form F100 and send to the Qatar Administrative Authority within 10 days.

REPORTING & INVESTIGATING ENVIRONMENTAL INCIDENTS - PROCEDURE

54 To assist the reporting process, environmental incidents have been categorised and examples of each type of category are listed in Appendix 1 (guidance document).

55 For all environmental incidents, consult with the SHE Manager/Environmental Adviser for advice.

- 56 Following an environmental incident, complete the reporting requirements as detailed below :
- (a) If it is a significant/serious incident then completes a First Alert form as per section 3.12 (note examples of types of environmental incidents requiring First Alert).
 - (b) In addition, less serious incidents must also be recorded and reported monthly as per section 6.8, to enable COMPANY to monitor and measure environmental performance.
 - (c) Where deemed necessary, a formal Investigation report shall be completed as per section 3.13 and 3.5 in cases of Learning Events

FIRST ALERT PROCEDURES

57 COMPANY operates a 'First Alert' system to ensure that serious incidents are notified quickly to the relevant personnel.

58 A First Alert form should be completed for the following circumstances:

- (a) Fatal accidents;
- (b) Major Injury accidents;
- (c) Over 3 Day Injury;
- (d) Dangerous Occurrences;
- (e) Following receipt of enforcement notices from any enforcing authority either by the Company or its sub-contractors;
- (f) All accidents and incidents, including those resulting in significant damage to the environment, where prosecution is likely or where substantial loss has occurred or where public attention is likely.
- (g) Significant Learning events (near misses).
- (h) Visits by a Regulatory Authority

59 If however, doubt exists whether or not to send a First Alert then it should be sent. It is the responsibility of the Regional SHE Adviser / Managers to ensure the First Alert is circulated to respective COMPANY post holders. Further circulation will be agreed with the relevant SHE Managers.

60 All First Alerts shall also be copied to the COMPANY SHE Director.

61 First Alerts shall be sent as soon as possible after the accident/incident has become known to the Company and in any case WITHIN 24 HOURS.

62 The Project/Site Manager shall contact the SHE Manager/Adviser for their site to provide support on the information required for the First Alert.

ACCIDENT/INCIDENT INVESTIGATION REPORTS

63 It is important that accidents/incidents are properly investigated by the Project Management Team to determine what has happened and any actions needed to improve performance.

64 It is of the utmost importance that actions arising from an investigation are fully closed out. This is the responsibility of the Project / Site Manager to produce a written report in conjunction with the local SHE Manager / Advisor.

65 Formal investigations will be necessary:

- (a) for accidents/incidents reportable under RIDDOR;

- (b) where prosecution or other formal enforcement action is being taken/is considered likely;
- (c) where, although not reportable, there was potential for more serious consequences or there are wider lessons to be learned (such as near miss/learning event incidents)
- (d) Significant pollution/damage to the environment has been caused

66 The decision on whether to conduct a formal investigation should be taken in conjunction with the relevant SHE Manager / Advisor.

67 Reports on accident/incident investigations should be written in the format set out on the Accident/Incident Investigation Report form. (Notes for guidance for completing the AIR are also included with this form). In cases where witness reports are taken to support the investigation, these should also be included.

68 For any incident and subsequent investigation, a completed or interim report shall be issued within 7 days from the date of the incident.

69 Distribution of completed accident/incident investigation reports must include the COMPANY SHE Director. Any distribution outside COMPANY should be agreed with the SHE Director who will provide the necessary direction

2.3.8.4 Appendices

APPENDIX 1 – GUIDANCE ON CATEGORIES OF ENVIRONMENTAL INCIDENTS

ENVIRONMENTAL INCIDENT TYPE	EXAMPLE	Report in Monthly returns?	First Alert Required?	Category for Sustainability Reporting (SHE Dept Use Only)
SPILLAGES	Any Spillage of Fuel / Oil / Chemicals / Soap Oil etc. <10 liters	YES		Non-notifiable Pollution Incident
	Significant or major spillage which has entered a watercourse or drain	YES	YES	Notifiable Pollution Incident
NUISANCE I.E. NOISE, DUST, VIBRATION, ODOUR ETC.	Any formal investigation into complaints of nuisance	YES	YES	Notifiable Pollution Incident
	Any letters/correspondence received from in relation to nuisance complaints/investigation	YES		Notifiable Pollution Incident
	Any waste materials causing a nuisance	YES		Notifiable Pollution Incident
CONTROLLED WATERS	Any visible oil/silt/chemicals in controlled waters as a result of COMPANY activities	YES	YES	Non-notifiable Pollution Incident (Environmental Managers Discretion)
	Discharging to Controlled Waters or Drains without discharge consent/approval from Regulator.	YES		Non-notifiable Pollution Incident (Environmental Managers Discretion)
	Any Breaches of Discharge Consent Parameters	YES	YES	Non-notifiable Pollution Incident
	River/stream bank collapse as a result of COMPANY operations.	YES	YES	Notifiable Pollution Incident
ECOLOGY & BUILT HERITAGE	Damage to any plant, animal (or their habitat), or building/structure that is protected under Qatar law such as Damage to any listed buildings, Scheduled & Ancient Monuments etc.	YES	YES	Notifiable Pollution Incident
OTHER	Any other incident leading to damage to the environment, breach of regulation etc.	YES	YES	Environmental Managers discretion

Appendix 2 – Accident / Injury Report Form Classifications

NO TREATMENT

- 1 Any incident, which results in a minor injury but requires none of the treatments noted in any other of the above categories.

FIRST AID CASE

- 2 Injury that is given First Aid treatment by a First Aider, site medical centre or hospital.
- 3 First Aid treatment means the following:
- (a) Cleaning, flushing or soaking wounds on the surface of the skin.
 - (b) Using wound coverings such as bandages, Band-Aids, gauze pads, etc.; or using butterfly bandages or Steri-Strips, (other wound closing devices such as sutures, staples, etc., are considered medical treatment);
 - (c) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilise parts of the body are considered medical treatment)
 - (d) Using temporary immobilisation devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).
 - (e) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;
 - (f) Using eye patches;
 - (g) Removing foreign bodies from the eye using only irrigation or a cotton swab;
 - (h) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;
 - (i) Using finger guards.
 - (j) Administering tetanus immunisations.

MEDICAL TREATMENT CASE

- 4 Injury that results in a person being taken to hospital or given medical treatment by a Doctor or other Health Care Professional.
- 5 Medical Treatment means the management and care of a patient to combat disease or disorder including;
- (a) Closing wounds using sutures or staples,
 - (b) Immobilisation of parts of the body using rigid stays plaster casts etc.
- 6 Medical Treatment does **not** include;
- (a) Visits to a doctor or health care professional solely for observation or counselling;
 - (b) The conducting of diagnostic procedures such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
 - (c) "First-Aid Treatment" as defined above.

LOST TIME INCIDENT (LTI) /RESTRICTED WORK CASE

7 Injury that results in a person missing between one and three workdays (not counting the day of the accident) from work, or injury that results in a person remaining at work but being unable to discharge their normal duties for one to three days.

OVER 3-DAY LT OR RESTRICTED / MODIFIED CASE

8 Injury not being a major injury that results in a person either missing 4 or more consecutive days from work (not counting the day of the accident) or being unable to fulfil his/her normal duties for 4 or more consecutive days, including non-working days i.e.- weekends.

MAJOR INJURY

9 Defined injury, which requires immediate notification to Enforcing Authority under the Reporting of Injuries, Disease or Dangerous Occurrence (RIDDOR). Specifically:

- (a) Any fracture, other than to the finger, thumb or toe
- (b) Any amputation
- (c) Dislocation of the shoulder, hip, knee, or spine
- (d) Loss of sight (whether temporary or permanent)
- (e) A chemical or hot metal burn to the eye or penetrating injury to the eye
- (f) Any injury resulting from an electric shock or electric burn, leading to unconsciousness or requiring resuscitation, or admittance to hospital for more than 24 hours
- (g) Any other injury
 - (i) Leading to hypothermia, heat induced illness or to unconsciousness
 - (ii) Requiring resuscitation
 - (iii) Requiring admittance to hospital for more than 24 hours
 - (iv) Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent
 - (v) Acute illness or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin
 - (vi) Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

FATALITY

10 The death of any person, whether or not they are at work, if it results from an accident arising out of or in connection with work.

LOSS OF CONSCIOUSNESS

11 Caused by asphyxia or by exposure to a harmful substance or biological agent.

3RD PARTY HOSPITAL

12 Any injury to person who is not at work if it results from an accident arising out of or in connection with work and results in them being taken from the place where the accident happened to a hospital by whatever means.

LEARNING EVENT

13 Near miss/learning events are a near miss or significant incident which could have resulted in injury or damage to property or harm to the environment.

14 Site management should openly encourage near miss/learning event reporting which is vital in creating a climate which sustains communication and co-operation to rectify unsafe situations or conditions and therefore preventing the situation or condition eventually causing harm.

15 SHE Learning Event cards have been introduced to improve the frequency of reporting and providing a feedback mechanism at the operational zone.

DANGEROUS OCCURRENCE (DO)

16 An occurrence, which arises out of or in connection with work and contained in RIDDOR, specifically for construction works, this would include:

- (a) The collapse or overturning of, or the failure of any load bearing part of any lift, hoist, crane, derrick, MEWP, access cradle, excavator, pile-driving frame or rig (over 7m in height) or fork lift truck.
- (b) Any unintentional incident in which plant or equipment comes into contact with or causes an electrical discharge by coming into near proximity of an overhead electrical line exceeding 200 volts
- (c) Electrical short circuit or overload attended by fire or explosion and stops the plant for more than 24 hours or has the potential for death.
- (d) Collapse of:
 - (i) Scaffolding over 5m in height
 - (ii) Scaffolding erected near to water, which could have resulted in a drowning incident
 - (iii) The suspension arrangements of any slung scaffold
- (e) Incidents involving pipelines or pipeline works including unintentional escapes, damage, etc.
- (f) Collapse of:
 - (i) A building or structure under construction, alteration, demolition etc that involves the fall of more than 5 tonnes of material.
 - (ii) Any floor or wall of a building used as a work place
 - (iii) Any false work
- (g) The escape of flammable substances, including specific quantities of liquids or gas
- (h) The escape of any substances in sufficient quantities to death or major injury or damage to health.

REPORTABLE ILL HEALTH

17 Where any person suffers from any of the occupational diseases specified in RIDDOR and their work involves one of the activities noted. All instances where it is suspected that it may be necessary to report an Occupational Disease should be referred to the SHE dept.

ENVIRONMENTAL INCIDENT

18 Any unplanned event that may result in damage to the environment, enforcement action from regulators, or likely to affect or attract public attention. A number of examples of environmental incidents are included in Appendix 2.

19 Where there is any doubt as to which category the injury / occurrence should be recorded contact your local SHE department or Advisor

Appendix 3 – Accident/Incident Reporting Matrix

	Fatal	Major Injury	Pollution Incident	Accident Resulting in 3-Days or More Absence	Any Accident Involving a Member of the Public	Incident Involving Verbal or Physical Abuse at the Workplace	Dangerous Occurrence or Disease	Significant Pollution Incident	Accident Requiring First Aid Treatment	Minor Pollution Incident	Learning Event
LEVEL	MAJOR INCIDENT Level 4	MAJOR INCIDENT Level 3	SIGNIFICANT INCIDENT Level 2					MINOR Level 1			
Initial Contact	Inform SM/PM immediately. Leave the accident scene untouched.	Inform SM/PM immediately. Leave the accident scene untouched.	Inform SM/PM immediately. Leave the accident scene untouched.	Inform SM/PM as soon as practicable.	Inform SM/PM immediately.	Inform SM/PM as soon as practicable.	Inform SM/PM as soon as practicable.	Inform SM/PM as soon as practicable.	Inform SM/PM as soon as practicable.	Inform SM/PM as soon as practicable.	Inform SM/PM as soon as practicable.
Project/Site Manager	Inform SHE and CM immediately. Isolate/secure the scene.	Inform SHE and CM immediately. Isolate/secure the scene.	Inform SHE and CM immediately. Isolate/secure the scene.	Inform SHE and CM immediately.	Inform SHE and CM immediately.	Inform CM, SHE and SHEM as soon as practicable.	Inform CM and SHE as soon as practicable.	Inform CM and SHE as soon as practicable.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete First Alert report form. Limited circulation.
SHE Advisor/ Manager	Inform MIT immediately, RMD, EA and SHEM as soon as possible.	Inform MIT immediately, RMD, EA and SHEM as soon as possible.	Inform MIT immediately, RMD, EA and SHEM as soon as possible.	Inform RMD and SHEM as soon as possible by First Alert.	Inform RMD and SHEM as soon as possible by First Alert.	Inform SHE and SHEM as soon as possible.	Inform RMD and SHEM as soon as possible.	Inform RMD and SHEM as soon as possible.	Inform RMD and SHEM as part of monthly report.	Inform RMD and SHEM as part of monthly report.	Inform RMD and SHEM as part of monthly report.
Accident Register/ Book	CM/SM/PM to complete First Alert as soon as practicable.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete Dangerous Occurrence form.	SM to complete Dangerous Occurrence form.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete Learning Event report form.
First Alert	CM/SM/PM to complete First Alert as soon as practicable.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete Dangerous Occurrence form.	SM to complete Dangerous Occurrence form.	SM to complete all sections of Accident Register/ Book.	SM to complete all sections of Accident Register/ Book.	SM to complete Learning Event report form.
Investigation	Full	Full	Full	SHE and SM	Full	Full	Full	Full	SM to	SM to	Review of

	Fatal	Major Injury	Pollution Incident	Accident Resulting in 3-Days or More Absence	Any Accident Involving a Member of the Public	Incident Involving Verbal or Physical Abuse at the Workplace	Dangerous Occurrence or Disease	Significant Pollution Incident	Accident Requiring First Aid Treatment	Minor Pollution Incident	Learning Event
LEVEL	MAJOR INCIDENT Level 4	MAJOR INCIDENT Level 3	SIGNIFICANT Level 2					MINOR Level 1			
Requirement	investigation by MIT, EA Inspector and Police. Prevent witness collusion.	investigation by MIT, EA, and Police. Prevent witness collusion.	investigation by MIT, EA, and Police. Prevent witness collusion.	to complete as detailed in Investigation Requirements. Prevent witness collusion.	investigation by SM and SHE.	investigation by SM and SHE as necessary.	investigation by SM and SHE as necessary.	investigation by SM and SHE as necessary.	inform SHE.	inform SHE.	incident by SM and SHE
F100 Report Form	SHE Adviser/ Manager to obtain copy from contractor or complete if COMPANY employee.	SHE to obtain copy from contractor or complete if COMPANY employee.	SHE to obtain copy from contractor or complete if COMPANY employee.	SHE to obtain copy from contractor or complete if COMPANY employee.	SHE to complete and forward to EA as RIDDOR.	SHE to obtain copy from contractor or complete if COMPANY employee.	SHE to obtain copy from contractor or complete if COMPANY employee.	SHE to obtain copy from contractor or complete if COMPANY employee.	No requirement	No requirement.	No requirement.

Notes :

- 1 EA = Enforcing Authority, SM = Site Management, CM = Contract Management, RMD = Regional Managing Director, MIT = Major Incidents Team, SHEM = Safety, Health & Environmental Manager
- 2 It is the duty of the SM to ensure that all accidents, incidents or near misses are reported as detailed above.
- 3 Only the Health and Safety Support Team are to complete the F100 for **COMPANY** employees.
- 4 In the event of a fatality, every assistance is to be given to the visiting authorities; however no statement should be given under caution without legal representation.
- 5 Any enquiries by the media should be directed to head office.
- 6 The level of investigation and responsible persons noted are the minimum required in some cases for significant and minor categories a higher level of the management structure may need to produce the required reports.

APPENDIX 4 – INCIDENT POTENTIAL MATRIX AND INVESTIGATION LEVELS

When using this matrix consider the potential outcome of the incident not the actual outcome, and use this to help decide the appropriate investigation and reporting levels. Guidance on the Environmental categories is given overleaf.

	Investigation Levels			
	Investigation Team	Report	Approval	Incident Review Panel
Level 1	Supervisor or equivalent	AIR Pt 1 only for each IP	Project Manager or SHE Adviser	N/A
Level 2	SHE Adviser + Supervisor	AIR Pt 1 for each IP + AIR Pt 2	Project Manager	N/A
Level 3	(MIT) SHE Manager + SHE Adviser + Project Manager or equivalent	AIR Pt 1 for each IP + AIR Pt 2	Senior Manager, e.g. Ops Director	MD + SHE Director + Ops Director + Head of SHE
Level 4	(MIT) Ops Director + SHE Director + Head of SHE	AIR Pt 1 for each IP + AIR Pt 2	Senior Manager, e.g. Ops Director	MD + SHE Director + Ops Director + Head of SHE

NB The Managing Director will decide whether a Level 3 Incident Review is necessary and may delegate responsibility for chairing it. COMPANYS Head of SHE should be notified of all Incident Reviews and should be invited to attend at Level 4.

2.3.8.5 Reference Documents**FORMS**

- 1 First Alert (SHE-FRM-8-01)
- 2 Accident/Incident Investigation Report (AIR) Parts 1 SHE-FRM-8-02 (Accident Book) and 2 (SHE-FRM-8-03)
- 3 Statement of Injured Person/Witness Report Form (SHE-FRM-8-04)
- 4 Monthly Data Collection Form (SHE-FRM-8-05)
- 5 Site Investigation – Avoidance of Underground Services – (SHE-FRM-8-06)
- 6 Learning Event (SHE-FRM-16-01)

REFERENCE DOCUMENTS

- 7 Qatar Regulatory Document (Construction) RD1.1.6.
- 8 F100
- 9 F100/A

2.3.8.6 Author

SECTION	NAME	POSITION IN COMPANY	CONTACT DETAILS
		SHE Manager	

2.3.8.7 Approvals

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

Information should be communicated immediately by telephone to the project SHE Advisor. The first alert to be completed by the Project Management in conjunction with SHE Dept and circulated by e-mail/letter within **24 HOURS** to person identified in section 8. The information communicated should only be based on fact and not on hearsay at this initial stage of notification.

Project Name		Contract Number	
Project Manager		Region	
Originator		Date	
(Please print name/title in block capitals)			

1.0 INCIDENT TYPE

Fatal		Lost time Incident	
Major Injury		Dangerous Occurrence	
Over 3 day Injury		Enforcing Authority Visits	
Improvement/Prohibition Notice		Significant Environmental Incident	
Injury to member of the public or Third Party		Significant Learning event (near miss)	

2.0 INCIDENT DETAILS

Date of Incident			
Time of Incident			
Site Address			
Name of any injured			
Occupation of injured			
Male/Female		Age	
Address of any injured			
COMPANY Employee	Contractor (please specify)		Other (please specify)

3.0 FULL DETAILS OF INCIDENT (HOW IT HAPPENED) / RESULT OF ENFORCING AUTHORITY VISIT

--

4.0 NATURE OF INJURY / DAMAGE / LOSS / ENFORCEMENT ACTION

5.0 DETAILS OF PLANT AND OWNER / HIRER (IF RELEVANT)

6.0 ACTION TAKEN (AS A RESULT OF THE INJURY / DAMAGE / LOSS / ENFORCEMENT ACTION)

DISTRIBUTION**PLEASE NOTE THE FOLLOWING REQUIREMENTS**

- TICK THE BOXES ON THE RIGHT HAND SIDE OF THE DISTRIBUTION LIST TO IDENTIFY THE ACTUAL CIRCULATION DETAILS.
- DISTRIBUTION TO PERSONNEL IN **TABLE 1 IS A MANDATORY REQUIREMENT.**
- WHERE THE INCIDENT IS A FATALITY, MAJOR INJURY, DANGEROUS OCCURENCE, OVER 3 DAY OR ENFORCEMENT NOTICE THE DISTRIBUTION MUST ALSO INCLUDE THE RELEVANT PERSONNEL IN **TABLE 2.**
- TABLE 3 SHOULD BE COMPLETED AS APPROPRIATE TO THE LEVEL OF INCIDENT AND/OR MEDIA INTEREST.

Distribution as appropriate:	Name:	Telephone	E-mail	Dist. ✓
TABLE 1 – SHE DEPARTMENT – Mandatory Distribution				
SHE Director				✓
SHE Manager(s)				✓
				✓
SHE Team Leads				✓
SHE Support Team				✓
SHE Adviser (relevant to the project)				✓
Head of Environment and Sustainability, if appropriate				
TABLE 2 – SENIOR MANAGEMENT TEAM				
Managing Director				
Regional MD/ Area Director/BD Director for Retail or Airports				
TABLE 3 – OTHERS				
HR Director/ Regional Delivery Centre HR Manager (serious accident to COMPANY/ employee only)				
Business Development & PR (E=MC)				
Others as required				
Insurance Department to be notified by SHE Director				

Part 1(page 1 of 2)**Instructions for use**

1. This form is to be used for ALL accidents (however minor), dangerous occurrences and cases of ill health arising from work which occur at Company premises or involve Company employees, or the public
2. For detailed guidance see relevant business unit guidance
3. Use applicable parts of this form to report significant dangerous occurrences
4. ALL parts to be completed legibly and the original forward to the SHE Department **IMMEDIATELY**

For Office Use Only**INCIDENT N°.**

- | | |
|---|---|
| <input type="radio"/> Minor 0-8 hours lost time | <input type="radio"/> Fatality 3 rd Party Hospital |
| <input type="radio"/> Between 1-3 days lost time or restricted work | <input type="radio"/> Reportable Dangerous Occurrence |
| <input type="radio"/> More than 3 days lost time or restricted work | <input type="radio"/> Reportable Ill Health |
| <input type="radio"/> Major Accident | <input type="radio"/> Environmental |

Incident Date: **Incident Time:** (24 hour clock)..... **Assign Shift:** Day ☐ Night ☐
General Location of Accident

- ☐ Access Routes ☐ Car Parks ☐ Construction Sites ☐ Delivery/Storage Area ☐ Unloading/Loading Area ☐ Office
☐ Other ☐ Public Highway ☐ Residential Dwelling ☐ Site Perimeter/Off Site ☐ Vehicle ☐ Welfare Area

Where on the premises did the accident occur?
Project/Contract Name: **Project/Contract Number:**
Address:
Site Telephone N°: **Site Fax N°:**

Description of incident: Give a brief description of what happened and details of any injuries sustained including the side of the body (left or right)

Name and telephone number of hospital (where applicable):
 Initial treatment received: ☐ None required ☐ Onsite First Aid ☐ Paramedic/Ambulance ☐ Hospital A&E visit

Date/time IP ceased work: Date: Time: Time lost by IP as a result of the incident: hours

Date/time IP returned to work: Date: Time:

Details of Injured Casualty (IP)
 Surname: Forename(s): DOB: Sex: Male ☐ Female ☐
Status
☐ Contractor Employee ☐ Sub-Contractor Employee ☐ Client Rep ☐ Member of Public ☐ Other

Name of employer: Occupation:

Address:

Postcode: Contact Telephone Number:

Witnesses

Name	Occupation	Employer

Part 1(page 2 of 2)

Injury nature – Select **ONE** only

- ☐ Asphyxiation/gassing
- ☐ Amputation
- ☐ Burn/Scald
- ☐ Concussion
- ☐ Confusion/Bruising
- ☐ Crush/Trap injury (specify in box)
- ☐ Dislocation
- ☐ Electric Shock
- ☐ Effects of weather/exposure
- ☐ Foreign body in nose/ear/throat
- ☐ Foreign of vertebral column
- ☐ Fractures (excl vertebral column)
- ☐ Ill Health
- ☐ Ingestion
- ☐ Internal e.g. .chest/abdominal/pelvis
- ☐ Jolt/Jar injury
- ☐ Loss of sight
- ☐ Multiple injuries (specify in box)
- ☐ Nerves/Spinal cord (excl bone injury)
- ☐ Not yet known
- ☐ Open wound/Laceration
- ☐ Other
- ☐ Poisoning/Toxic substance
- ☐ Shock/Trauma
- ☐ Sprains/strains
- ☐ Superficial cuts/Abrasions
- ☐ Unconscious

Immediate Cause

- ☐ Animal/Insect bite or sting
- ☐ Asphyxiation
- ☐ Contact with electricity/lighting
- ☐ Contact with heat/cold
- ☐ Contact/exposure biological hazards
- ☐ Contact with/exposure to air/water Pressure
- ☐ Driving at work
- ☐ Existing conditions/natural causes
- ☐ Explosion
- ☐ Exposure to extreme heat/cold/explosion
- ☐ Exposure to mental stress factors
- ☐ Exposure to noise/vibration
- ☐ Exposure to radiation (e.g. UV/nuclear)
- ☐ Face collapse/Cave in or rock slide
- ☐ Fall while ascending/descending
- ☐ Falls from height
- ☐ Falls on same level incl. trips/slips
- ☐ Fire
- ☐ Hit by moving/flying objects
- ☐ Hitting/stepping on structure/object
- ☐ Manual handing lifting
- ☐ Manual handling push/pull/carry
- ☐ Other /not known (Specify in box)
- ☐ Physical assault/bullying
- ☐ Plant/vehicle component failure
- ☐ PPE Failure
- ☐ Repetitive movement injury

Immediate Causes continued

- ☐ Struck by falling object
- ☐ Structural collapse
- ☐ Trapped/caught in machinery
- ☐ Using non-powered hand tools
- ☐ Using powered hand tools

Injury location – Select **ONE** only

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm/Shoulder
- ☐ Back
- ☐ Chest
- ☐ Digestive System
- ☐ Eye
- ☐ Face/neck
- ☐ Finger
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Leg/Hip
- ☐ Multiple
- ☐ Other (Please State)
- ☐ Respiratory System
- ☐ Wrist

Source of Hazard – Select **ONE** only

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Biological Agent | <input type="checkbox"/> Flying Particle | <input type="checkbox"/> Lifting Equipment | <input type="checkbox"/> Radiation | <input type="checkbox"/> Vehicle/mobile equipment |
| <input type="checkbox"/> Cold/Heat | <input type="checkbox"/> Hand Tool | <input type="checkbox"/> Materials | <input type="checkbox"/> Scaffold | <input type="checkbox"/> Working Surface |
| <input type="checkbox"/> Dust | <input type="checkbox"/> Hazardous Substance | <input type="checkbox"/> Moving parts of machinery | <input type="checkbox"/> Stairs/Steps | <input type="checkbox"/> Workstation layout |
| <input type="checkbox"/> Electrical Equipment | <input type="checkbox"/> Heat/Hot Work | <input type="checkbox"/> Other | <input type="checkbox"/> Static equipment/machinery | |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Lack of Oxygen | <input type="checkbox"/> Power Tool | <input type="checkbox"/> Structure | |
| <input type="checkbox"/> Floor/ground condition | <input type="checkbox"/> Ladder | <input type="checkbox"/> Proximity to water | <input type="checkbox"/> Temporary Works | |

Action taken (or suggested) to prevent recurrence and to communicate lessons learnt from the incident

Name: Position: Date:

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Part 2 This form must only be used in conjunction with the accident/dangerous occurrence/case of ill health Part 1

Project:		Date:	
Name of Injured Person:			
<input type="checkbox"/> Safety <input type="checkbox"/> Health <input type="checkbox"/> Environment <input type="checkbox"/> Property			
<i>To check a box above, right click on the box, click on Properties and then click onto Default Value, Checked. Click OK to finish.</i>			

Supporting Information Available		
<input type="checkbox"/> 1. Risk Assessment	<input type="checkbox"/> 6. Site Sketch	<input type="checkbox"/> 11. Injured Person's Statement
<input type="checkbox"/> 2. Competency Checks	<input type="checkbox"/> 7. Accident/Dangerous Occurrence/Case of ill health form	<input type="checkbox"/> 12. Witness Statement
<input type="checkbox"/> 3. Maintenance Checks (PPM)	<input type="checkbox"/> 8. Insurance Report	<input type="checkbox"/> 13. Other Specify
<input type="checkbox"/> 4. Method Statement	<input type="checkbox"/> 9. F100/A	
<input type="checkbox"/> 5. Photographs *	<input type="checkbox"/> 10. Construction Drawings	

Previous Experience/Training	
Relevant Training Details	
Other, specify	
Date of Induction	Date of last relevant awareness talk(s)
Procedures applicable to accident/incident	

Incident Details (use continuation sheet if necessary)
(in addition to the information on the Accident/Dangerous Occurrence/Case of Ill Health form)

Immediate Causes (see A-Z of Accident Causes)			
Category	Description	Category	Description

* Digital photographs must have the correct level of validation i.e. date, independent witness etc.

Part 2**Root Causes**

(see A-Z of Accident Causes)

Category	Description	Category	Description

Remedial Action (use continuation sheet if necessary)

--

Learning Opportunities and Responsibilities

Person Responsible	Action	Target Date	Close Out Date

Communication of Learning

<input type="checkbox"/> First Alert	<input type="checkbox"/> Toolbox Talks	<input type="checkbox"/> Review of RA
<input type="checkbox"/> Safety Bulletin	<input type="checkbox"/> Safety Briefing	<input type="checkbox"/> Other Specify
<input type="checkbox"/> Safety Reminder		

Investigation Team

Name	Position	Signed

Investigation Approval

Name:		Position:		Signed:	
-------	--	-----------	--	---------	--

Distribution**PLEASE NOTE THE FOLLOWING REQUIREMENTS**

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SHE Manager(s)				✓
				✓
SHE Team Leads				✓
SHE Support Team				✓
SHE Adviser (relevant to the project)				✓
Head of Environment and Sustainability, if appropriate				
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Managing Director				
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TABLE 3 – OTHERS				
HR Director/ Regional Delivery Centre HR Manager (serious accident to COMPANY/ employee only)				
Business Development & PR (E=MC)				
Others as required (
Insurance Department to be notified by SHE Director				

3 Statement of Witness	Name:
DOB or Age:	DD/MM/YY
Address:	
	Post Code:
Employer:	
Occupation:	
Length of Employment:	
Relating to Accident/Incident at	
Date & Time:	

STATEMENT:

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I confirm that the above statement is true.

Signed: Name: Date:	Witnessed: Name: Date:
--	---

Project : Project No : Month :

Completed By : Date :

No of Accident Book Entries	AIR 1 sent <input checked="" type="checkbox"/>	Minor	Lost Time	>3Day	Major
COMPANY					
Sub-Contractor / Other					
Hours/Employees					
Direct Employees Hours Worked – DAY SHIFT			Av. No. Direct Employees – DAY SHIFT		
Contractor Employees Hours Worked – DAY SHIFT			Av. No. Contractor Employees – DAY SHIFT		
Direct Employees Hours Worked – NIGHT SHIFT			Av. No. Direct Employees – NIGHT SHIFT		
Contractor Employees Hours Worked – NIGHT SHIFT			Av. No. Contractor Employees – NIGHT SHIFT		
Training/Inductions					
No. of Inductions – Direct Employees			No. of Persons with Skill Cards – Direct Employees		
No. of Inductions – Contractors/Others			No. of Persons with Skill Cards – Contractors/Others		
No. of Supervisors Inductions – Direct Employees			Total No. of Toolbox Talks Undertaken		
No. of Supervisors Inductions – Contractors/Others			No. of Toolbox Talk Attendees – Direct Employees		
			No. of Toolbox Talk Attendees – Contractors/Others		
Proactive Indicators					
Do you hold Employee Safety Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Employee Safety Meeting		
No. of SHE Advisor Inspections Undertaken – COMPANY			No. of Representatives		
No. SHE Advisor Inspections Undertaken – Sub-Contractors			No. of Issues Raised		
No. of Project SHE Inspections Undertaken (Managers/Supervisors)			No. of Issues Closed Out		
No. of Leadership Assessments Undertaken			No. of SHE Procedural Audits Carried Out		
SHE Procedure Ref. No.					
Environmental Indicators					
Electricity (Kilowatt Hours)	Fuel Oil (Litres)	Gas (Kilowatt Hours)	Water (Cubic Metres)		
Waste Generated			Construction	Demolition	Excavation
Project Waste Generated – Inert (tonnes)					
Project Waste Generated – Non Hazardous (tonnes)					
Project Waste Generated – Hazardous (tonnes)					
Waste Management			Construction	Demolition	Excavation
Project Waste to Landfill (tonnes)					
Project Waste Recycled Off Site (tonnes)					
Material Re-Used Directly on the Project (tonnes)					

To be completed by Manager/Supervisors for damages to underground services

Contract Location :		Manager :	
Date of Incident:		Time of Incident:	

1.	Type of damage (✓)	Electric	Gas	Telecom	Water	Other (please state)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.	Where was the damage? (✓)	Service	Main	Other (please state)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For gas/water/drainage

3.	What diameter was the main or service?	
----	---	--

4.	State type (e.g. PE, Ductile Iron, Steel, Lead, etc) :	
----	---	--

For electric cables / telecom / fibre optic cable (if known)

5.	State voltage of electric cable (if known) (✓)	Street Lighting	240v	415v	Other (please state)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Was the cable in a duct?	Yes		<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state number of ducts...						

6.	Was a cable locator used prior to excavation?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

7.	What mode did the team use? (✓)	Power Mode	Radio Mode	Genny Mode
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.	What is the number of the locator and is it in calibration?			
	Locator No:		Genny No:	
	Calibration Expiry:		Calibration Expiry:	

9.	Was there evidence to show :-				
	a) The services had been marked i.e. crayon / spray paint / other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	b) Plans were issued	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	c) Plans were accurate and they cover the working area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

10.	Were trial holes dug?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, at what depth were they dug?	metres			

11.	Was the service ...				
	a) Encased in concrete	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	b) Under concrete	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	c) Under tarmac	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	d) Unmade ground (verge)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

12.	What was the depth of the underground service damaged?	metres
-----	---	--------

13.	Were there any visible features above or below ground to assist in location of service e.g. covers/boxes, etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, what were they?				

14.	Was assistance required from utilities before excavating?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, please give details ...					
	Name					
	Address					
	Telephone No.					
Contact Name						

15.	What caused the damage? (✓)	Mechanical Plant	Power Hand Tools	Non-Powered Hand Tools	Other (please state)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.	State type (i.e. JCB 12" – Bucket, Breaker – Chisel, Shovel – Grafter, Fork, etc) :
-----	--

17.	If the excavation was open at the time of the damage, state what measures had been taken to protect the damaged service:
-----	---

18.	Give a brief description of how the damage occurred and sketch layout of site. (Show dimensions of excavation, position of damaged utility and location of relevant valve covers, boxes, manholes, metres, street lights, etc)
-----	---

19.	Was a Sub-contractor responsible?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, please give details ...					
	Name					
	Telephone No.					
Address						

20.	Please detail an assessment of repair costs (i.e. time taken on job, etc)	£
-----	--	---

21.	What steps have you taken to prevent re-occurrence? (use additional sheet if required)
-----	---

Supervisors Name (Print)	Signature	Street Works Qual	Date

Project Manager's Close Out

Are you satisfied that a full investigation has been completed?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
State additional actions where necessary ...					
Is the action to prevent reoccurrence appropriate?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
State additional actions where necessary ...					
Where appropriate state what management action has been taken.					

Manager's Name (Print)	Signature	Street Works Qual	Date

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REPORT OF AN INJURY OR DANGEROUS OCCURRENCEForm **F100** Filling in this form

This form must be filled in by a Contractor or other responsible person.

Part A**About you**

1 What is your full name?

2 What is your job title?

3 What is your telephone number?
postcode?**About your organisation**

4 What is the name of your organisation?

5 What is its address?

Part B**About the incident**

1 On what date did the incident happen?

one box)

2 At what time did the incident happen?
(Please use the 24-hour clock eg 0600)

Give

3 Did the incident happen at the above address?

Yes

☐

Go to question 4

No

☐

Where did the incident happen?

☐Elsewhere in your organisation – give
the name, address and postcode☐At someone else's premises – give the
name, address and postcode☐In a public place – give details of
Where it happened**Part C****About the injured person**

If you are reporting a dangerous occurrence, go to Part F to describe the incident.. If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person

1 What is their full name?

2 What is their address and

3 What is their home phone number?

4 How old are they?

5 Are they

☐

Male?

☐

Female?

6 What is their job title

7 Was the injured person (tick only

☐

one of your employees?

☐

on a training scheme?

☐

on work experience?

☐Employed by someone else? Give details of
the employer:☐

self employed and at work?

☐

a member of the public?

Part D**About the injury**

If you do not know the postcode, what is the name of the Construction Site?

lace

4 In which department, or where on the premises, did the incident happen?

3 Was the injury (tick one box that applies)

☐

a fatality?

☐

a major injury or condition?
(see accompanying notes)

☐

an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?

☐

an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

☐

become unconscious?

☐

need resuscitation?

☐

remain in hospital for more than 24 hours?

☐

none of the above

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

☐

Contact with moving machinery or material being machined

☐

Hit by moving, flying or falling object

☐

Hit by moving vehicle

☐

Hit something fixed or stationary

☐

Injured while handling, lifting or carrying

☐

Slipped, tripped or fell on the same level

☐

Fell from height

How high was the fall?

metres

☐

Trapped by something collapsing

☐

Drowned or asphyxiated

☐

Exposed to, or in contact with, a harmful substance

☐

Exposed to fire

☐

Exposed to an explosion

1 What was the injury? (eg fracture,

2 What part of the body was injured?

Part F

Describing what happened

Give as much detail as you can: For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people

If it was a personal injury, give details of what the person

☐ Contact with electricity or an electrical discharge☐ Injured by an animal☐ Physically assaulted by a person☐ Another kind of accident
(describe it in Part F)

Part G

Your signature

Date

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Please continue on this page if necessary

REPORT OF A CASE OF DISEASE

Form **F100A** Filling in this form

This form must be filled in by an employer or other responsible person.

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

About your organisation

4 What is the name of your organisation?

5 What is its address?

6 Does the affected person usually work at this address?

Yes ☐ Go to question 7

No ☐ Where do they normally work?

7 What type of work does the organisation do?

Part B

About the affected person

1 What is their full name?

2 What is their date of birth?

3 What is their job title?

4 Are they

☐ male?

☐ female?

5 Is the affected person (tick one box)

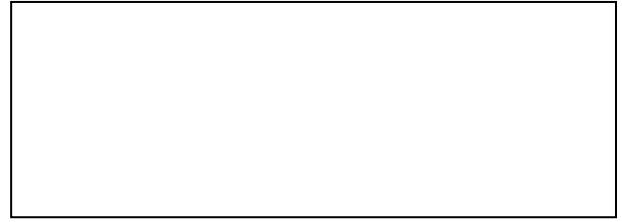
☐ one of your employees?

☐ on a training scheme? Give

☐ on work experience?

☐ employed by someone else?

☐ other? Give Details:



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Part C**The disease you are reporting**

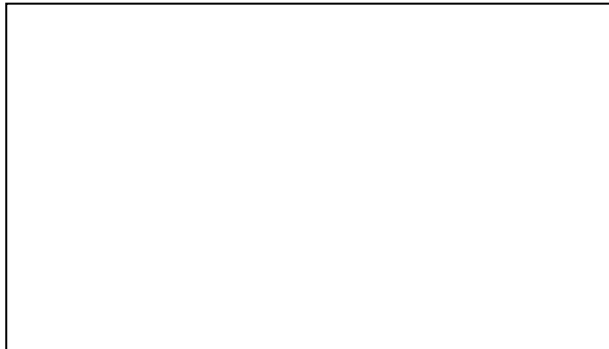
1 Please give:

- the name of the disease and the type of work

7 it is associated with; or

8

- the name and number of the disease



2 What is the date of the statement of the doctor who first diagnosed or confirmed the disease?



3 What is the name and address of the doctor

**Part D****Describing the work that led to the disease**

Please describe any work done by the affected person which might have led to them getting the disease.

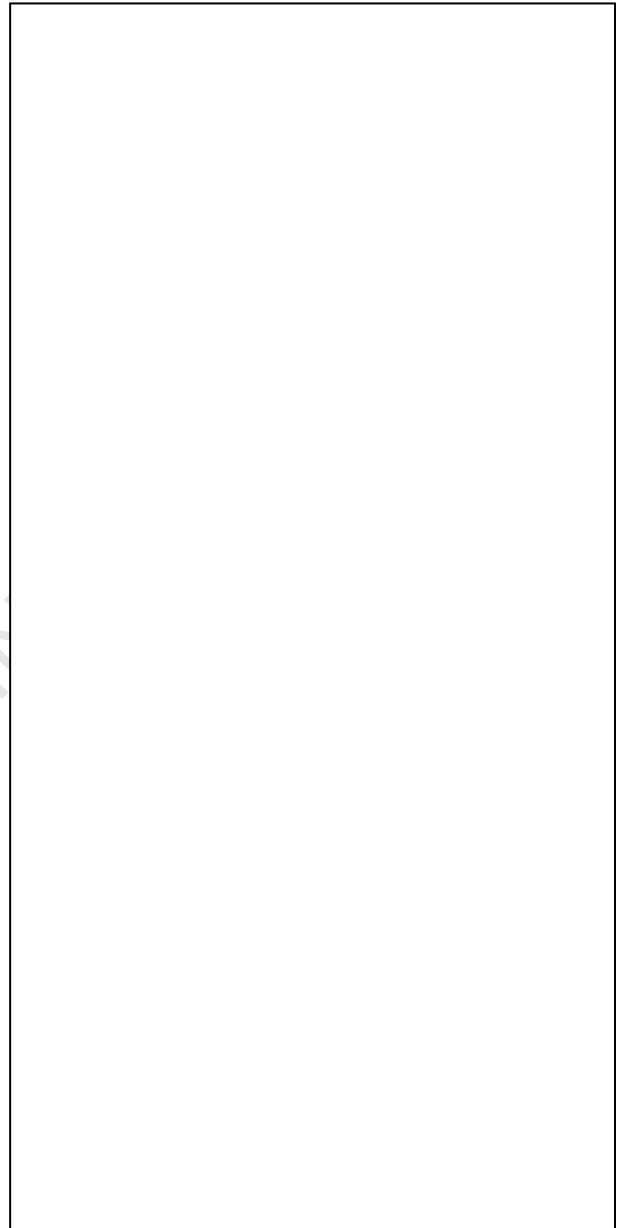
If the disease is thought to have been caused by exposure to an agent at work (*eg specific chemical*) please say what that agent is.

Give any other information which is relevant.

Give your description here



Continue your description here

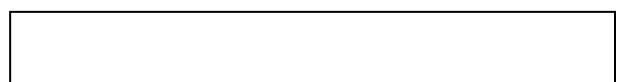
**Part E**

Your signature

Signature



Date



Please continue on this page if necessary