| FORM | HITACHI Inspire the Next |
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| **INCIDENT REPORT FORM** | |

| SECTION 1 – INCIDENT DETAILS | |
|---|---|
| **PART A** | |
| What is your full name? * | |
| What is your job title? * | |
| What is your Staff ID? * | |
| What is your contact number? * | |
| What is your email address? * | |

| **PART B** | |
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| Date of the incident? * | (MM-DD-YY) |
| The time of the incident? * | (24 Hour Clock) |
| Where did the incident occur? * | |
| What was the location category?* | ☐ Running Line ☐ Sidings / Yard ☐ Within a possession ☐ Station<br>☐ Maintenance Depot ☐ Office ☐ Other (Specify in Part G) |

| **PART C** | |
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| Was there an injury to an individual? * | ☐ Yes ☐ No<br>If yes, please complete all questions in Part C. If there are more injured parties, please complete additional Part C's. If there were no injuries, please proceed to Part D. |
| Name of the injured person? | |
| Address of the injured person? | |
| Email address of the injured person? | |
| Contact number of the injured person? | |
| Age (years) of the injured person? | If the age is not known please provide an approximate age |
| Gender of the injured person? | ☐ Female ☐ Male |
| Status of the injured person? | ☐ Employees ☐ Contractor ☐ Customer ☐ Member of public<br>☐ Trespasser ☐ Other (please specify in Part G) |
| What was the injury? | ☐ Amputation ☐ Asphyxia / poisoning ☐ Burns ☐ Fracture<br>☐ Dislocation ☐ Contusions / bruising ☐ Concussion / internal injuries<br>☐ Electric shock ☐ Loss of sight ☐ Lacerations ☐ Strains/sprains<br>☐ Multiple injuries ☐ Superficial injuries ☐ Other ☐ Natural causes |
| What part of the body was affected? | ☐ Ankle ☐ Back ☐ Ear ☐ Eye ☐ Finger(s) ☐ Torso<br>☐ Foot ☐ Hand ☐ Head ☐ Lower limb ☐ Neck ☐ Face (other)<br>☐ Toe ☐ Wrist ☐ Multiple ☐ General ☐ Unknown |
| What was the severity of the injury? | ☐ Fatality ☐ Major Injury ☐ Minor Injury ☐ Unknown |
| Was the injured person taken to hospital? | ☐ Yes ☐ No<br>If yes, please include details including ambulance reference in Part G |
| What was the state of the injured person? | ☐ Impaired (alcohol / drugs) ☐ Illness ☐ Mobility Impaired<br>☐ Mentally Impaired ☐ Unknown |

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| What is the main factor involved in the incident? | ☐ Physical assault ☐ Boarding/ Alighting Train ☐ Burn ☐ Doors<br>☐ Contact with moving machinery or material being machined<br>☐ Coupling/ uncoupling ☐ Crushing injury ☐ During Shunting ☐ Electrocution<br>☐ Exposure to, or contact with, a harmful substance ☐ Using equipment<br>☐ Fall from train ☐ Fall onto line ☐ Fall from a height over 2 meters<br>☐ Falls from a height less than 2 meters ☐ Fall from an unknown height<br>☐ Injured on train in running ☐ Injured while handling, lifting, carrying<br>☐ Slips/Trips/Falls at the same level ☐ Stairs, Lifts, Elevators<br>☐ Struck against something fixed or stationary ☐ Strike by train<br>☐ Struck by falling / flying object ☐ Struck by vehicle (non-train)<br>☐ Trapped by something collapsing or overturning<br>☐ Other (please specify the details in Part G) |
| Is it an occupational disease or exposure diagnosis? | ☐ Carpal Tunnel Syndrome ☐ Cramp in the hand or forearm<br>☐ Occupational dermatitis ☐ Hand Arm Vibration Syndrome<br>☐ Occupational asthma ☐ Tendonitis or tenosynovitis in the forearm<br>☐ Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionizing radiation)<br>☐ Any disease attributed to occupational exposure to a biological agent |
| What is the status of the occupational disease diagnosis? | ☐ New ☐ Worsening ☐ Unknown |

| **PART D** | |
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| Was a train involved in the incident? * | ☐ Yes ☐ No<br>If yes, please complete all questions in Part D. If there was more than one train involved in the incident, please complete additional Part D's.<br>If there was no train involved, please proceed to Part E. |
| What was the run number? | |
| What was the train ID? | |
| What was the origin? | |
| What was the destination? | |
| If the train itself failed, what type of failure occurred? | ☐ Axle/ Wheel ☐ Coupling ☐ Door ☐ Fire on board<br>☐ Mechanical/ Pressure system ☐ Other: |
| If the failure was not with the train, what other type of failure occurred? | ☐ Bridge ☐ Culvert/ Drain ☐ Conductor Rail<br>☐ Electrical Supply ☐ Fire ☐ Permanent Way<br>☐ Points failure ☐ Rail fracture ☐ Track Buckle<br>☐ Signaling (Right Side failure) ☐ Station Structure failure ☐ Viaduct<br>☐ Other failure (please specify the details in Part G) |
| Did the incident involve a runaway vehicle? | ☐ Yes ☐ No<br>If Yes, please specify the details in Part G |
| If the train collided with another object, what did it collide with? | ☐ Animal ☐ Buffer ☐ Debris ☐ Land/ Earth slip ☐ Objects left<br>☐ Out of gauge Structure ☐ Passenger train ☐ Engineering Vehicle<br>☐ Road Vehicle ☐ Vegetation ☐ Workers materials ☐ Not known |
| Did the incident involve a derailment? | ☐ Yes ☐ No<br>If Yes, please specify the details in Part G |
| Did the incident result in an evacuation | ☐ No ☐ Yes (Controlled) ☐ Yes (Uncontrolled) |

| PART E | |
|---|---|
| Did the incident involve damage to railway assets not described elsewhere? * | ☐ Yes ☐ No<br>If yes, please complete all questions in Part E.<br>If there was no damage, please proceed to Part F. |
| What was the nature of the damage? | ☐ Fire (Minor) ☐ Fire/ Explosion (Major) ☐ Object on the Line<br>☐ Bridge / Structure Strike by a Non-Rail Vehicle ☐ Striking of Power Cables<br>☐ Overturning or Collapse of Lifting Equipment ☐ Collapse of Scaffold<br>☐ Failure of other Structure<br>☐ Alleged Wrong Side Failure of Safety Critical Equipment<br>☐ Incidents involving the calling of Emergency Services<br>☐ Minor Release of Hazardous Substances<br>☐ Major Release of Hazardous Substances<br>☐ Any Other Incident Causing Damage to HRTP Assets (please specify in Part G) |

| PART F | |
|---|---|
| Was the incident a near miss / near hit / close call? * | ☐ Yes ☐ No<br>If yes, please complete in Part E. |
| Under slightly different circumstances, the incident could have resulted in:<br><br>(Please tick all that apply) | ☐ Deaths to passengers, staff, contractors or members of the public<br>☐ Serious injury to 5+ passengers, staff, contractors or members of the public<br>☐ Derailment ☐ Collision between trains ☐ Fire<br>☐ Collision between a train and an object (buffer stop, animal etc.)<br>☐ Release of hazardous substances<br>☐ Accident or incidents causing in excess of $25,000 damage |

| PART G |
|---|
| Description of the incident * |

| PART H | | | |
|---|---|---|---|
| Report Completed * | Time | Date: | Signature |

* - To be completed for all reports

| SECTION 2 – INITIAL INVESTIGATION FINDINGS | |
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| **What was the Immediate Cause of the incident / accident?**<br><br>*(the final action that lead to the incident)* | |
| **Were there any contributory factors?**<br><br>*(actions or omissions which, on its own would not have led to the accident but created an unsafe state which together with other factors led to the accident)* | |
| **What were the underlying cause(s):**<br>*(organizational or cultural situation that allowed a lapse in a regime which permitted an unsafe state to go uncorrected)* | |
| **Recommendations to prevent the accident happening again**<br><br>*(Addressing immediate causes, contributory factors and underlying causes)* | |