

## Exhibit G

### CATEGORY 3 INCIDENT REPORT

I. GENERAL INFORMATION							
<b>PROJECT NAME</b>	TPX Revamp Project				<b>Report No. : 25190-110-GGIR-GHX-0092</b>		
<b>PROJECT NUMBER</b>	25190				<b>REPORT DATE</b>	20 <sup>th</sup> March 2007	

II. INCIDENT INFORMATION							
<b>DATE OF INCIDENT</b>	19 <sup>th</sup> March 2007				<b>TIME OF INCIDENT (24hr format)</b>	1100 Hr.	
<b>Is incident work related?</b>			<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	If not work related, explain:		
<b>TYPE OF INCIDENT (CHECK ONE)</b>	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Environmental	<input checked="" type="checkbox"/> First-Aid	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> RWDC	<input type="checkbox"/> LWDC

III. INJURY INFORMATION (FOR FIRST-AID, RECORDABLE, RESTRICTED, AND LOST TIME INJURIES)			
<b>NAME OF INJURED PERSONNEL</b>	Mr. Somboon Taviya		
<b>JOB TITLE/CLASSIFICATION</b>	Civil Foreman	<b>DATE OF HIRE</b>	7 <sup>th</sup> August 2006
<b>INJURY SUSTAINED</b>	Minor lacerated wound.		
<b>MEDICAL TREATMENT</b>	Betadine applied on his wound		

IV. INVESTIGATION INFORMATION		
<b>BRIEF DESCRIPTION OF INCIDENT</b> (Use only known facts. Do not speculate as to cause, fault, or error.)		
<p>Approximately 11 00 hr, rebars were transported on a truck to their designated location. A civil foreman was standing at the end of the truck when rebar was unloading from the truck. The rebars were unloaded piece by piece by sliding down via a gradual slope from the truck. After assigning the job, he commenced walking away from the truck immediately. But there was a radio call for him, so he paused &amp; replied to the radio call. At that moment, one end of the rebar came into contact with his right leg, resulting in minor lacerated at his right leg.</p>		
<b>CHRONOLOGY OF SIGNIFICANT EVENTS</b> (Starting at -1, work backwards from the incident and describe each significant preceding event. Then identify any significant activities immediately following the incident, including any hazard mitigation steps. Attached additional pages as required.)		
<b>PRECEDING EVENTS</b>	-6 -5 -4 -3 -2 -1 <b>INCIDENT</b> +1 +2 +3 +4 +5 +6	<b>SUBSEQUENT ACTIVITIES</b>
-1. The rebar commenced unloading rebars by sliding them down from the truck.		+ 1. He felt that the rebar missed his leg.
-2. He was still staying within the line of fire.		+ 2. After checking, he found only small lacerated wound on his right leg.
- 3. He responded to the call and stopped walking.		+ 3.
- 4. There was a radio call for him.		+ 4.
- 5. The foreman commanded the workers to unloading rebar from the truck and walked away from the truck.		+ 5.

V. CAUSAL ANALYSIS AND CORRECTIVE ACTIONS (SEE PAGE 2 TO COMPLETE)
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*Injury/Illness Notification, Investigation & Reporting*

VI. ATTACHMENTS (CHECK ALL THAT APPLY)			
<input checked="" type="checkbox"/>	EMPLOYEE INTERVIEW	<input type="checkbox"/>	PRE-TASK PLANNING RECORDS (STARTR CARDS, JHA, ETC.)
<input type="checkbox"/>	WITNESS INTERVIEW	<input checked="" type="checkbox"/>	PHOTOS
<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	OTHER:
VII. AUTHORIZATION			
PREPARED BY: Mr. Pisanuwat Sirjarutus		TITLE: ES&H Supervisor	
APPROVED BY: Mr. Tan Beng Kee		TITLE: ES&H Manager	



Exhibit G  
CATEGORY 3 INCIDENT REPORT

INSTRUCTIONS:

- 1. Section A - Use the *Causal Factor Checklist* provided as **Exhibit D**, to identify and establish Immediate, Contributory (Secondary), and Root (or Basic) incident causal factors.
  - 2. Section B - Assign a corrective action(s) for each causal factor identified.
  - 3. Section C - Assign a person(s) responsible to complete the corrective action.
  - 4. Section D - Insert a proposed date and actual date of completion for each corrective action(s).
- Note: This report will not be considered final until all corrective actions have been completed.

V. CAUSAL ANALYSIS AND CORRECTIVE ACTIONS				
A	B	C	D	
IMMEDIATE CAUSAL FACTORS	CORRECTIVE ACTION(S)	RESPONSIBLE	PROPOSED COMPLETION	ACTUAL COMPLETION
People/Behavior and Training	Toolbox talk and STARRT to communicate to all staff to make aware of the potential surrounding hazards that could give rise to an accident.	ES&H and Area Supervisors	22-Mar-07	
	All parties shall ensure the immediate surroundings are clear & safe before commencement lifting/loading/unloading equipment.	ES&H and Area Supervisors	22-Mar-07	
CONTRIBUTORY CAUSAL FACTORS	CORRECTIVE ACTION(S)	RESPONSIBLE	PROPOSED COMPLETION	ACTUAL COMPLETION
Human Factors	Review the incident personally with the injured person to let him learn from this incident. After reviewing, the preventive measures will be emphasized to himself and others.	ES&H and Area Supervisors	22-Mar-07	
ROOT CAUSAL FACTOR	CORRECTIVE ACTION(S)	RESPONSIBLE	PROPOSED COMPLETION	ACTUAL COMPLETION

**CP 108**  
**Exhibit D**  
**Causal Factor Checklist**  
Page 1 of 2

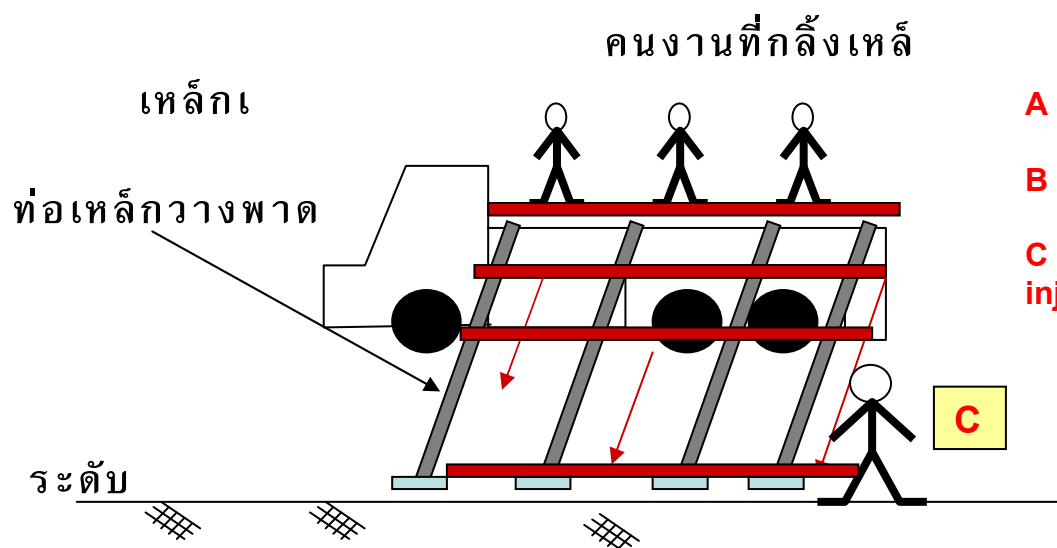
**INSTRUCTIONS FOR USING THE CAUSAL FACTOR CHECKLIST:**

1. Using Page 2 of the Checklist, the Investigation Team determines which of the various potential causal factors are associated with the subject incident.
2. A check mark is placed adjacent to the number that corresponds to a specific causal factor.
3. Using Page 1 of the Checklist, the Investigation Team locates each of the checked causal factors, by associated number (from Page 2 of the Checklist), to determine the Root Causes Categories for the subject incident.
4. The Root Cause Categories determined using this Checklist are then entered into Exhibit E, paragraph XI (for Category 1 incidents), Exhibit F, paragraph X (for Category 2 incidents), and Exhibit G, section V (for Category 3 incidents).

ROOT CAUSAL FACTOR CATEGORIES	
ROOT CAUSE CATEGORY	CAUSAL FACTOR LINKS (CHECKLIST ITEMS)
Planning and Risk Assessment	5.1; 5.3; 5.5; 5.7; 6.2; 6.5; 7.1–7.11; 12.1; 15.4; 17.3; 17.4; 20.1; 20.2
People/Behavior and Training	1.1; 1.2; 1.4; 1.7; 1.9; 2.1–2.7; 3.1–3.7; 4.1–4.9; 6.3; 6.6; 9.1–9.11; 10.1–10.5; 11.2–11.5; 12.2–12.4; 13.1–13.9; 14.1–14.3; 15.1; 18.7
Subcontractor Operations	16.1–16.4; 19.1–19.10
Work Environment and Design	7.1–7.11; 8.1–8.5; 17.1; 17.2; 17.5; 17.6
Monitoring and Inspection	5.2; 5.4; 5.6; 6.1; 6.3; 6.4; 6.6; 17.7; 18.1–18.6; 20.3–20.8; 21.1–21.3
Management of Change	15.5; 17.8
Communication	15.7; 21.5; 22.1–22.13
Incident Investigation and Hazard Prevention	15.3; 15.6
Human Factors	1.5; 1.6; 1.8; 7.2
Leadership, Oversight and Direction	1.3; 3.8; 11.1; 11.6; 11.7; 15.2; 15.8; 21.4

<b>CP 108</b> <b>Exhibit D</b> <b>Causal Factor Checklist</b> Page 2 of 2		<b>7.0 Work Exposure To:</b> <input type="checkbox"/> 7.1 Fire or explosion <input type="checkbox"/> 7.2 Noise <input type="checkbox"/> 7.3 Energized electrical systems <input type="checkbox"/> 7.4 Energized systems (non-electrical) <input type="checkbox"/> 7.5 Radiation <input type="checkbox"/> 7.6 Temperature extremes <input type="checkbox"/> 7.7 Hazardous chemicals/substances <input type="checkbox"/> 7.8 Mechanical hazards <input type="checkbox"/> 7.9 Clutter or debris <input type="checkbox"/> 7.10 Storms or acts of nature <input type="checkbox"/> 7.11 Slippery floors or walkways		<b>JOB FACTORS (continued)</b> <input type="checkbox"/> 15.3 Correction of reported hazard <input type="checkbox"/> 15.4 Identification of hazards <input type="checkbox"/> 15.5 Management of change <input type="checkbox"/> 15.6 Incident reporting/invest. <input type="checkbox"/> 15.7 Safety meetings <input type="checkbox"/> 15.8 Performance measurement	
<b>IMMEDIATE CAUSAL FACTORS</b> <b>ACTIONS</b> <input type="checkbox"/> <b>1.0 Following Procedures</b> <input type="checkbox"/> 1.1 Individual <input type="checkbox"/> 1.2 Group <input type="checkbox"/> 1.3 Supervision <input type="checkbox"/> 1.4 Operating equipment w/o authority <input checked="" type="checkbox"/> 1.5 Improper position/posture <input type="checkbox"/> 1.6 Overexertion - physical capabilities <input type="checkbox"/> 1.7 Work or motion at improper speed <input checked="" type="checkbox"/> 1.8 Improper loading <input type="checkbox"/> 1.9 Shortcuts <input type="checkbox"/> <b>2.0 Use of Tools or Equipment</b> <input type="checkbox"/> 2.1 Use of tools <input type="checkbox"/> 2.2 Use of equipment <input type="checkbox"/> 2.3 Use of defective tools <input type="checkbox"/> 2.4 Use of defective equipment <input type="checkbox"/> 2.5 Improper placement of tools/equip. <input type="checkbox"/> 2.6 Operating equip. at improper speed <input type="checkbox"/> 2.7 Servicing of equipment in operation <input type="checkbox"/> <b>3.0 Use of Protective Methods</b> <input type="checkbox"/> 3.1 Prescribed PPE not used <input type="checkbox"/> 3.2 PPE used improperly <input type="checkbox"/> 3.3 Servicing energized equipment <input type="checkbox"/> 3.4 Lack of knowledge of job hazards <input type="checkbox"/> 3.5 Equipment/materials not secured <input type="checkbox"/> 3.6 Disabled guards/warning systems <input type="checkbox"/> 3.7 Removed guards/warning devices <input type="checkbox"/> 3.8 PPE not available <input type="checkbox"/> <b>4.0 Inattention/Lack of Awareness</b> <input type="checkbox"/> 4.1 Horseplay <input type="checkbox"/> 4.2 Acts of violence <input type="checkbox"/> 4.3 Failure to warn <input type="checkbox"/> 4.4 Decisions/judgment <input checked="" type="checkbox"/> 4.5 Distracted by other concerns <input checked="" type="checkbox"/> 4.6 Inattention to footing/surroundings <input type="checkbox"/> 4.7 Routine activity (complacency) <input type="checkbox"/> 4.8 Use of drugs or alcohol <input type="checkbox"/> 4.9 Use of prescribed medications <b>CONDITIONS</b> <input type="checkbox"/> <b>5.0 Protective Systems</b> <input type="checkbox"/> 5.1 Guards/safety device utilization <input type="checkbox"/> 5.2 Guards/safety device functionality <input type="checkbox"/> 5.3 PPE utilization <input type="checkbox"/> 5.4 PPE functionality <input type="checkbox"/> 5.5 Warning systems effectiveness <input type="checkbox"/> 5.6 Warning systems functionality <input type="checkbox"/> 5.7 Isolation (LOTO) <input type="checkbox"/> <b>6.0 Tools, Equipment, &amp; Vehicles</b> <input type="checkbox"/> 6.1 Equipment/tools utilization <input type="checkbox"/> 6.2 Equipment/tools functionality <input type="checkbox"/> 6.3 Equipment/tools preparation <input type="checkbox"/> 6.4 Defective vehicle <input type="checkbox"/> 6.5 Proper vehicle for purpose <input type="checkbox"/> 6.6 Vehicle preparation		<b>8.0 Workplace Environment</b> <input type="checkbox"/> 8.1 Congestion or restricted motion <input type="checkbox"/> 8.2 Lighting <input type="checkbox"/> 8.3 Ventilation <input type="checkbox"/> 8.4 Clearance <input type="checkbox"/> 8.5 Layout (ergonomics) <b>CONTRIBUTORY CAUSAL FACTORS</b> <b>PERSONAL FACTORS</b> <input type="checkbox"/> <b>9.0 Physical Capability</b> <input type="checkbox"/> 9.1 Vision <input type="checkbox"/> 9.2 Hearing <input type="checkbox"/> 9.3 Other sensory impact (smell/touch) <input type="checkbox"/> 9.4 Respiratory capacity <input type="checkbox"/> 9.5 Physical disabilities <input type="checkbox"/> 9.6 Temporary disabilities (broken leg) <input type="checkbox"/> 9.7 Inability to sustain body positions <input type="checkbox"/> 9.8 Restricted range -body movement <input type="checkbox"/> 9.9 Substance sensitivities or allergies <input type="checkbox"/> 9.10 Size or strength <input type="checkbox"/> 9.11 Medication <input type="checkbox"/> <b>10.0 Physical Condition</b> <input type="checkbox"/> 10.1 Previous injury or illness <input type="checkbox"/> 10.2 Fatigue (workload, lack of rest) <input type="checkbox"/> 10.3 Performance loss (temp., O <sub>2</sub> level) <input type="checkbox"/> 10.4 Blood sugar deficiency <input type="checkbox"/> 10.5 Impairment (drug or alcohol use) <input type="checkbox"/> <b>11.0 Behavioral Aspects</b> <input type="checkbox"/> 11.1 Examples by supervision <input type="checkbox"/> 11.2 Critical behaviors not identified <input type="checkbox"/> 11.3 Critical behaviors not reinforced <input type="checkbox"/> 11.4 Unsafe behaviors not identified <input type="checkbox"/> 11.5 Response to unsafe acts <input type="checkbox"/> 11.6 Productivity incentives <input type="checkbox"/> 11.7 Time and cost constraints <input type="checkbox"/> <b>12.0 Skill Level</b> <input type="checkbox"/> 12.1 Assessment of required skills <input type="checkbox"/> 12.2 Practice of required skills <input type="checkbox"/> 12.3 Performance of skill <input type="checkbox"/> 12.4 Skill <input type="checkbox"/> <b>13.0 Other</b> <input type="checkbox"/> 13.1 Judgment <input type="checkbox"/> 13.2 Memory <input type="checkbox"/> 13.3 Poor condition or reaction time <input type="checkbox"/> 13.4 Emotional upset <input type="checkbox"/> 13.5 Fears and phobias <input type="checkbox"/> 13.6 Preoccupied w/problems/concerns <input type="checkbox"/> 13.7 Conflicting directions/demands <input type="checkbox"/> 13.8 Confusing directions/demands <input type="checkbox"/> 13.9 Frustration		<input type="checkbox"/> <b>16.0 Contractor Selection/Oversight</b> <input type="checkbox"/> 16.1 Contractor pre-qualifications <input type="checkbox"/> 16.2 Contractor selection <input type="checkbox"/> 16.3 Non-approved contractor <input type="checkbox"/> 16.4 Oversight <input type="checkbox"/> <b>17.0 Engineering/Design</b> <input type="checkbox"/> 17.1 Technical design <input type="checkbox"/> 17.2 Standards/specs/criteria <input type="checkbox"/> 17.3 Assessment of potential failures <input type="checkbox"/> 17.4 Ergonomic design <input type="checkbox"/> 17.5 Monitoring of construction <input type="checkbox"/> 17.6 Assessment/operational readiness <input type="checkbox"/> 17.7 Monitoring of initial operation <input type="checkbox"/> 17.8 Evaluation/documentation change <input type="checkbox"/> <b>18.0 Work Planning</b> <input type="checkbox"/> 18.1 Work planning <input type="checkbox"/> 18.2 Preventive maintenance <input type="checkbox"/> 18.3 Repairs <input type="checkbox"/> 18.4 Wear and tear <input type="checkbox"/> 18.5 Reference materials <input type="checkbox"/> 18.6 Audit/inspection/monitoring <input type="checkbox"/> 18.7 Job placement (personnel) <input type="checkbox"/> <b>19.0 Purchasing/Material Handling</b> <input type="checkbox"/> 19.1 Item(s) received <input type="checkbox"/> 19.2 Research on requirements <input type="checkbox"/> 19.3 Mode or route of shipment <input type="checkbox"/> 19.4 Handling of materials <input type="checkbox"/> 19.5 Storage of materials/parts <input type="checkbox"/> 19.6 Material packaging <input type="checkbox"/> 19.7 Material shelf-life exceeded <input type="checkbox"/> 19.8 Identification of hazardous material <input type="checkbox"/> 19.9 Salvage and/or waste disposal <input type="checkbox"/> 19.10 Use of ES&H data <input type="checkbox"/> <b>20.0 Tools and Equipment</b> <input type="checkbox"/> 20.1 Assessment of needs/risks <input type="checkbox"/> 20.2 Ergonomic considerations <input type="checkbox"/> 20.3 Standards/specifications <input type="checkbox"/> 20.4 Availability (tools/equipment) <input type="checkbox"/> 20.5 Adjustment/repair/maintenance <input type="checkbox"/> 20.6 Salvage and reclamation <input type="checkbox"/> 20.7 Removal/replaced wrong item <input type="checkbox"/> 20.8 Equipment record history <input type="checkbox"/> <b>21.0 Policies/Standards/Procedures</b> <input type="checkbox"/> 21.1 PSP for the work performed <input type="checkbox"/> 21.2 Development of PSP <input type="checkbox"/> 21.3 Implementation of PSP <input type="checkbox"/> 21.4 Enforcement of PSP <input type="checkbox"/> 21.5 Communication of PSP <input type="checkbox"/> <b>22.0 Communication</b> <input type="checkbox"/> 22.1 Horizontal (peer-to-peer) <input type="checkbox"/> 22.2 Vertical (employee to super) <input type="checkbox"/> 22.3 Between organizations <input type="checkbox"/> 22.4 Between work groups <input type="checkbox"/> 22.5 Between shifts <input type="checkbox"/> 22.6 Communication methods <input type="checkbox"/> 22.7 Communication method available <input type="checkbox"/> 22.8 Instructions <input type="checkbox"/> 22.9 Job turnover <input type="checkbox"/> 22.10 Communication of ES&H data <input type="checkbox"/> 22.11 Standard terminology <input type="checkbox"/> 22.12 Verification practices <input type="checkbox"/> 22.13 Language differences	
		<b>JOB FACTORS</b> <input type="checkbox"/> <b>14.0 Training/Knowledge Transfer</b> <input type="checkbox"/> 14.1 Knowledge transfer <input type="checkbox"/> 14.2 Recall of training <input type="checkbox"/> 14.3 Training provided for work <input type="checkbox"/> <b>15.0 Leadership (Mgmt)</b> <input type="checkbox"/> 15.1 Conflicting roles or responsibilities <input type="checkbox"/> 15.2 Leadership practices			

## Photos of First Aid Incident on 19 Mar 2007 at 8800 area.



**A = the lacerated wound on the incident date.**

**B = the lacerated wound on the day after.**

**C = Simulates the working situation which caused him injured.**

หัวหน้างานที่ได้รับบ

[illegible]




## Employee Interview Statement

การควบคุมการนำเข้า

19-03-07

- $\text{ଆନୁମୋଲିଆ AREA } 8800 \text{ ମି.ମି. } 11,004.$
- $\text{ଆନୁମୋଲିଆ ପ୍ରା.ମ.}$

[illegible]

  
 (အမှုဆောင် စာရင်း: 500016)  
 ညွှန်ကြားမှုဦးစီးဌာန