|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. DETAILS OF THE INCIDENT** | | | | | | | |
| Incident no. (To be given by HSE department) | | | | RR: Date & Time are common field. No change | | | |
| Incident Date | | | |  | | | |
| Incident Time | | | | RR: Incident location is dropdown. No change | | | |
| Incident Location | | | |  | | | |
| **B. REPORTING** | | | | | | | |
| Reported By | | | | |  | | |
| Date Reported | | | | |  | | |
| **C. DESCRIPTION OF INCIDENT:**(Describe clearly and precisely how the incident occurred) | | | | | | | |
|  | | | | | | | |
| **C1. INJURY**  RR: Injury will be in edit incident page, We will check and then change | | | | | | | |
| 1. Does anybody injured? | | | | | Yes  No | | |
| 2. If yes, give details of the injury. | | | | |  | | |
| **C2. LOSS OF MATERIAL** | | | | | | | |
| 1. Does any material loss was reported? | | | | | Yes  No | | |
| 2. If yes, give the quantity of loss. | | | | |  | | |
| **C3. EQUIPMENT FAILURE** | | | | | | | |
| 1. Was there any equipment failure is reported? | | | | | Yes  No | | |
| 2. Give the details of failure. | | | | |  | | |
| **D. PERSONS AVAILABLE DURING THE INCIDENT** | | | | | | | |
| Shift In Charge | | | | |  | | |
| Plant Operator | | | | |  | | |
| Contractor | | | | |  | | |
| Others | | | | |  | | |
| **E. IMMEDIATE ACTIONS TAKEN:** (List in logical order, pertinent facts uncovered in the preliminary investigation.) | | | | | | | |
|  | | | | | | | |
| **F. PROBABLE CAUSES FOR THE INCIDENT FROM PRELIMINARY INFORMATION** | | | | | | | |
|  | | | | | | | |
| **G. RECOMMENDATIONS FOR AVOIDING RECURRENCE OF THE INCIDENT** | | | | | | | |
|  | | | | | | | |
| **H.CLASSIFICATION :** (To be filled by HSE department) | | | | | | | |
| First Aid / TRIR /Fatality | Near Miss | Fire incident | Spills & Releases | | | MVCs | Process incident |
| **I.CLASSIFICATION :** (To be filled by HSE department)  R: ROnly dropdown name change  RR:This will be in edit incident page   |  |  | | --- | --- | | **Actual Incident Level:** | Near Miss  Level 1  Level 2  Level 3a  Level 3b | | **Potential Incident Level:** | Level 1  Level 2  Level 3a  Level 3b | | | | | | | | |
| **J. Incident Owner :** (To be filled by HSE department) | | | | | | | |