|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Land Incident** | | |  | **First Aid** | | | | | | | | |  | **Near Miss** | | | | | | |
| **Date of Incident** | | | |  | | | | | **Time of Incident** | | | | |  | | | | | | | |
| **Incident, Abu Dhabi Ports Location** | | | | HQ | | KIZAD | ZP | | | KP | | | MUS | | | FP | | | Fuj | WRP | |
| Other, Specify: | | | | | | | | | | | | | | | | | |
| **Incident, Particular Location** | | | |  | | | | | | | | | | | | | | | | | |
| **Involved Organization/ Department** | | | |  | | | | | | | | | | | | | | | | | |
| **If Reporting on Behalf of Contractor** | | | | | | | | | | | | | | | | | | | | | |
| **Name of Contractor** | | |  | | | | | | | | | | | | | | | | | | |
| **Type of Business** | | |  | | | | | | | | | | | | | | | | | | |
| **Incident Description:** (Attach additional pages if required) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Incident Type & Consequences** | | | | | | | | | | | | | | | | | | | | | |
| **Please specify the total number of Fatality, Injury, Illness, or if applicable the quantity of Spill, Pollution and or Damage** | | | | | | | | | | | | | | | | | | | | | |
| Fatality | | |  | Fire/ Explosion | | | | | | |  | Assets/ Property/ Equipment Damage | | | | | | | | |  |
| Missing Persons | | |  | Spill of Oil & Fuel | | | | | | |  | Cargo Damage | | | | | | | | |  |
| Injury | | |  | Spill of Hazardous Material | | | | | | |  | Operation Interruption | | | | | | | | |  |
| Illness | | |  | Environmental Pollution | | | | | | |  | Other, Specify: | | | | | |  | | |  |
| **If applicable; details of**  **Injury/ Illness** (Cut, fracture, burn, etc.) | | | |  | | | | | | | | | | | | | | | | | |
| **Part(s) of Body Injured, If applicable** (Head, Arm, Chest, Leg.) | | | |  | | | | | | | | | | | | | | | | | |
| **Environmental Impact, If applicable**  (Release to Land, Sea, Quantity, etc.) | | | |  | | | | | | | | | | | | | | | | | |
| **Assets/ Property/ Equipment damage**  (Forklift, Generator & Cost of Damage) | | | |  | | | | | | | | | | | | | | | | | |
| **Cargo Damage, If applicable** | | | |  | | | | | | | | | | | | | | | | | |
| **Injury Severity** | | | | | | | | | **Environmental Incident Severity (Spill / Release)** | | | | | | | | | | | | |
| Minor Injury require first aid treatment | | | | | | | | | Minor Spill 5- 200 Liters | | | | | | | | | | | | |
| Medical Treatment- out-patient | | | | | | | | | Moderate Spill 201- 5,000 Liters | | | | | | | | | | | | |
| Medical treatment- in-patient | | | | | | | | | Major Spill 5,001- 50,000 Liters | | | | | | | | | | | | |
| Restricted Work | | | | | | | | | Catastrophic Spill more than 50,001 Liters | | | | | | | | | | | | |
| Lost Time Case | | | | | | | | |  | | | | | | | | | | | | |
| **Incident Picture** | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attached Reports** | Police | Medical | Involved/ Witness Statement |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Involved Person** | | | | | | | | | | | | | | | | |
| **Name** | | |  | | | | Male | | | | | Female | | | | |
| **Job Designation** | | |  | | | | Abu Dhabi Ports Entry Permit No. | | | | | | |  | | |
| **Activity at the Time of Incident** | | |  | | | | | | | | | | | | | |
| **Nationality** | | |  | | | **Date of Birth** | | | |  | | | | | | |
| **Passport No.** | | |  | | | **Length of Service** | | | | **Year:** | | | | | **Month:** | |
| **Address** | | |  | | | **Contact Information** | | | |  | | | | | | |
| **Employer (Organization/ Department)** | | |  | | | **Employer Contact Information** | | | |  | | | | | | |
| **Immediate Action & Recommendations** | | | | | | | | | | | | | | | | |
| **Key corrective actions taken immediately after the Incident,** (Attach additional pages if more space is required) | | | | | | | | | | | | | | | | |
| **Action** | | | | | | | | **Responsibility** | | | **Due Date** | | | | | **Status** |
|  |  | | | | | | |  | | |  | | | | |  |
|  |  | | | | | | |  | | |  | | | | |  |
|  |  | | | | | | |  | | |  | | | | |  |
| **I declare that all information provided in this document is true, correct and complete** | | | | | | | | | | | | | | | | |
| **Name** | |  | | **Designation** |  | | | | **Contact No.** | | | |  | | | |
| **Division/ Department** | |  | | **Date** |  | | | | **Time** | | | |  | | | |

|  |  |
| --- | --- |
| **OFFICIAL USE ONLY BY ABU DHABI PORTS- HSE DEPARTMENT** | |
| **Incident Ref. No.:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category of Involved Person** (Relationship with Abu Dhabi Ports) | | | | | |
| **Abu Dhabi Ports** | Abu Dhabi Ports Employee (Direct Hire) | | | Abu Dhabi Ports Outsourced Employee | |
| **Contractors** | Contractors- Non-nominated Entity | | | Contractor Nominated Entity | |
| **Tenants** | High Risk Tenant | Medium Risk Tenant | | | Low Risk Tenant |
| **Nominated Entity** | Government Stakeholders | Industrial (Nominated Entity) | | | Other Nominated Entity |
| **Visitors** | Calling Vessels | Drivers | Passengers | | Visitors, Student |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Accountable Business Unit** (Relationship with Abu Dhabi Ports) | | | | | | | | | | | | | | | | | |
| KP | | | ZP Region | | | | SAFEEN | | | | | Kizad | | | | Programme Management | |
| **Type of Incident** | | | | | | | | | | | | | | | | | |
|  | **Not Recordable as Incident** | | | | First Aid Incident | | | | | | | | Near Miss | | | | |
|  | **Recordable** | | Minor Injury | | Environmental Pollution | | | | Minor Dangerous Occurrence | | | | | | Minor Occupational Illness | | |
|  | **Reportable** | | Serious Injury | | | | | Serious Occupational Illness | | | | Serious Dangerous Occurrence | | | | | Fatality |
| **Incident Classification** | | | Category 0 (Minor) | | | Category 1 (Serious) | | | | Category 2 (Critical) | | | | Category 3 (Catastrophic) | | | |
| **Emergency Level** | | | Category 0 (OSC) | | | Category 1 (IMT) | | | | Category 2 (CMT) | | | | Category 3 (CMT) | | | |
| **Is Investigation Required** | | | **By Who (Organization / Department)** | | | | | | | **Investigators Team leader (Name and Designation)** | | | | | | | |
| **Yes** | | **No** |  | | | | | | |  | | | | | | | |
| **HSE Recommendations/ Comments** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Authorized Contact Person** | | | | **Contact Number** | | | | | | | **Email Address** | | | | | | |
|  | | | |  | | | | | | |  | | | | | | |
| **Signature** | | | | **Date & Time** | | | | | | | **HSE Stamp** | | | | | | |
|  | | | |  | | | | | | |  | | | | | | |

|  |
| --- |
| **INSTRUCTIONS** |
| **This section details instructions for Completion of Form ADM-FRM-017-1-1** (Report of Land-Based Incidents) |
| 1. **Related definition**   **Incident:** An event or chain of events which has resulted in fatality, injury, illness and/or damage to assets, the environment, organization reputation.  **Near Miss:** An occurrence which could have caused an injury, an adverse impact to the environment, property or reputation or a combination of these, but which didn’t occur. In other words near miss incident means, after the incident, no injury, damage, or interruption to work has occurred.  **First Aid Incident:** An occurrence which have caused only a minor injury and treated by First Aid Provider, additionally there was no an adverse impact to the environment, property or reputation or a combination of these. In other words First Aid Incident didn’t result of no serious injury, damage and neither interruption to work/ operation. |
| 1. **When to use this form** 2. All kind of Land – based incident, First Aid or near miss as mention in below instruction (3A-3J) that occur within AD Ports direct HSE supervision areas. 3. All kind of Land – based incident as mention in below instruction (3A-3H) that occur within AD Ports’ Tenants Area of responsibility. Not recorded as incidents (First Aid & Near Miss) shall be recorded internally by AD Ports’ Tenants. 4. Any land – based incident that occur within Non-Resident Stakeholder Facilities which may impact AD Ports Water front such as leaking of hazardous martial which may discharge to the sea or fire in the Jetty . |
| 1. **The kinds of Land-based Incident that must be reported by Tenants are as following** 2. Loss of life 3. Missing person 4. Release or discharge of hazardous material 5. Injury to a person requiring medical treatment 6. Contagious Diseases that contribute to the high risk of a fatal outcome, emotional or physical impairment when infected 7. Any incident likely to result to environment pollution or damage 8. Any incident resulting in damage to property or other Consequential Business Loss in excess of AED 25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty 9. Any incident that may impact reputation: For example, impact on local and national stakeholder relations 10. Injury to person required First Aid 11. Any unwanted events which fall under the category of “Not Recordable as Incident” that includes Near Miss and/ or First Aid Incidents. |
| 1. **COMPLETION OF THIS FORM** |
| 1. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of incident that has occurred. If a question is not applicable, the abbreviation ''NA'' should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK'' should be entered in that space. If "NONE" is the correct response, then enter it in that space 2. **Relevant information for completing the form:** 3. In “Details of Involved Person” Section must be completed for a death or injury. If more than one death or injury occurs in a single incident, complete one form for each person involved and attach additional forms, filling out this Section for each additional person. 4. In “Incident Description” Section, describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Include any recommendations you may have for preventing similar casualties. Describe the action taken to respond to incident. (Attach additional pages if required) 5. Regarding Alcohol and Drug use – Provide the following information with regard to each person determined to be directly involved in the casualty: *name, job position, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination*. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in Section IV of this form |