**Part A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | **Land Incident**  | [ ]  | **First Aid** | [ ]  | **Near Miss** |
| **Date of Incident** |  | **Time of Incident** |  |
| **Incident Report Reference No**  |  | **Date of Investigation Report** |  |
| **Incident Location** | [ ]  HQ  | [ ]  KIZAD | [ ]  ZP  | [ ]  KP  | [ ]  MUS  | [ ]  FP  | [ ]  Fuj | [ ]  WRP  |
| [ ]  Other, Specify: |
| **Incident Investigation of Contractor Incident** | [ ]  Yes | [ ]  No |
| **Investigation Team**  |
| **Team Leader**  | **Designation** | **Organization / Department** |
|  |  |  |
| **Investigation Team Members** | **Designation** | **Organization / Department** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Interviewed Personnel**  |
| **Name**  | **Designation**  | **Organization / Department** | **Contact Details; Phone & Email** |
|  |  |  |  |
|  |  |  |  |
| **Incident Description & Summery** |
|  |
| **Incident Type & Consequences** | Please specify the total number of Fatality, Injury, Illnesses, Spill, Pollution and or Damages |
| [ ]  Fatality  |  | [ ]  Spill of Oil & Fuel  |  | [ ]  Cargo Damage |  |
| [ ]  Injury  |  | [ ]  Spill of Hazardous Material  |  | [ ]  Operation Interruption |  |
| [ ]  Illness  |  | [ ]  Environmental Pollution |  | [ ]  Other: |  |
| [ ]  Fire/ Explosion |  | [ ]  Assets/ Property/ Equipment Damage |  |
| **If applicable; specific Details of** |
| **Injury/ Illness** (Cut, fracture, burn, etc.) |  |
| **Part(s) of Body Injured**(Head, Arm, Chest, Leg.) |  |
| **Environmental Impact**(Release to Land, Sea, Quantity, etc.) |  |
| **Assets/ Property/ Equipment damage** (Cost of Damage) |  |
| **Cargo Damage** |  |
| **Injury Severity;** The actual severity and consequences of injury based on diagnosis by health care professional | **Environmental Incident Severity** **Spill / Release** (Discharges to Land, Water, including Groundwater) |
| **Land** | **Marine** |
| [ ]  Minor Injury require first aid treatment  | [ ]  Minor Spill 5- 200 Liters  | [ ]  Minor 5- 1,000 Liters  |
| [ ]  Medical Treatment- Out-patient | [ ]  Moderate Spill 201- 5,000 Liters | [ ]  Moderate Spill 1,001- 10,000 Liters |
| [ ]  Medical treatment- In-patient, How Many Days? \_\_\_\_\_  | [ ]  Major Spill 5,001- 50,000 Liters | [ ]  Major Spill 10,001- 500,000 Liters |
| [ ]  Restricted Work | [ ]  Catastrophic Spill more than 50,001 Liters  | [ ]  Catastrophic Spill more than 500,001 Liters |
| [ ]  Lost Time case |  |  |
| **Incident Investigation Pictures** |
|  |  |  |  |
| **Attached Reports** | [ ]  Police | [ ]  Medical | [ ]  Involved/ Witness Statement |
| [ ]  Work Instruction/ Procedure | [ ]  Permit to Work | [ ]  Photo/ Drawing |
| [ ]  MSDS | [ ]  Third Party Investigation | [ ]  Others |
| **Incident Findings & Causes**  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Key Corrective Actions Taken Immediately After the Incident:** (Attach additional pages if more space is required)  |
| **Action** | **Responsibility** | **Due date** | **Status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Incident Root Causes** |
| **Incident Root Causes** | **Groups**(Unsafe Act, Unsafe Condition, Individual, Administrative, Engineering) | **Contributions** |
| Direct | Indirect |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Incident Investigation Team Recommendations**  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Incident Cost:** (Approximate / Best Estimate) | **Estimated Amount (AED)** |
| [ ]  Injury Cost (Treatment, Hospital, Transport, Insurance, etc...) |  |
| [ ]  Legal Cost (Compensation claims, judicial prosecutions, etc...) |  |
| [ ]  Productivity Cost (Business Disruptions, Delays, Production Loss / Day, Material, Salaries, etc...) |  |
| [ ]  Asset Cost (Property, Machinery, Equipment, Structure, Vehicle, etc... – Repair, Maintenance, Replacement) |  |
| [ ]  Enforcement Action (Penalty Issued by Authority) |  |
| [ ]  Incident Scene / Area Restoration Cost (arrangements to making safe, cleanup, etc...) |  |
| [ ]  Emergency Response Cost (Firefighting, Hazmat, Oil Spill, etc... |  |
| [ ]  Other Cost relevant to / associated with the Incident |  |
| **Total**  |  |
| **Person Preparing the Investigation Report** |
| **Name**  |  | **Job Position** |  |
| **Organization** |  | **Contact Information** |  |
| **Date** |  | **Time** |  |

**Part B**

|  |
| --- |
| **Corrective Actions to Prevent Recurrence:** (Attach additional pages if more space is required) |
| **Action** | **Accountable Department**  | **Accountable Person**  | **Targeted Date**  | **Status** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Approval of Accountable Department**  |
| **Name**  | **Designation**  | **Department**  | **Date** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Part C**

|  |
| --- |
| **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) |

|  |
| --- |
| **Incident Status** |
| □ Further investigation is required | **[ ]**  Investigation is closed | **[ ]**  Corrective action is Open | **[ ]**  Corrective action is closed |
| **HSE Recommendations/ Comments** |
|  |
| **Authorized Contact Person** | **Contact Number** | **Email Address** |
|  |  |  |
| **Signature** | **Date & Time** | **HSE Stamp** |
|  |  |  |