**Part A**

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|  | | **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** | | | | | | | | | | | | | | | | | | |
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| **Investigation Team Members** | | | | | **Designation** | | | | | | | | | | | | | | | **Organization / Department** | | | | | | | | | | | | | | | | | | |
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| **Interviewed Personnel** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Designation** | | | | **Organization / Department** | | | | | | | | | | | | | **Contact Details; Phone & Email** | | | | | | | | | | | | | | | | |
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| **Incident Description & Summery** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Attached Reports** | | | | Police | | | | | | | | | | Medical | | | | | | | | | | | | | | Involved/ Witness Statement | | | | | | | | | | |
| Work Instruction/ Procedure | | | | | | | | | | Permit to Work | | | | | | | | | | | | | | Photo/ Drawing | | | | | | | | | | |
| MSDS | | | | | | | | | | Third Party Investigation | | | | | | | | | | | | | | Others | | | | | | | | | | |
| **Incident Findings & Causes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Key Corrective Actions Taken Immediately After the Incident:** (Attach additional pages if more space is required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Action** | | | | | | | | | | | | | | | | | **Responsibility** | | | | | | | | | **Due date** | | | | | | | | | **Status** | | | |
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| **Incident Root Causes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Root Causes** | | | | | | | | | | | | | | | | | | | **Groups**  (Unsafe Act, Unsafe Condition,  Individual, Administrative, Engineering) | | | | | | | | | | | | | | | **Contributions** | | | | |
| Direct | | | Indirect | |
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| **Incident Investigation Team Recommendations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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**

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

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

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| --- | --- | --- | --- | --- | --- |
| **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 |

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| **Accountable Business Unit** (Relationship with Abu Dhabi Ports) | | | | |
| KP | ZP Region | SAFEEN | Kizad | Programme Management |

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| **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) | | |

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| **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** | |
|  | |  | |  | |