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Incident Notification, Investigation and Reporting Procedure

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1.0 PURPOSE

The purpose of this document is to outline requirements and expectations and facilitate the consistent application of the Incident Reporting, Investigation and Management process.

2.0 SCOPE

The scope of this procedure applies to all works performed under all Government O&M Contracts executed throughout the Kingdom of Saudi Arabia

- Provide information to ensure that all parties are aware of their requirements to facilitate a thorough investigation and to have the necessary tools to perform these tasks which include Supporting initial response, including medical treatment of employees, and prevention of further adverse impact or affect.
- Directing appropriate levels of incident notification.
- Determining the appropriate level of investigation.
- Providing standardized forms for documentation and recordkeeping.
- Preventing reoccurrence through identification of incident causes and implementation of corrective actions.
- Providing guidance for the development of lessons learned and continuous improvement.
- Providing opportunities to work together to improve Health, Safety Security and Environment (HSSE) performance.
- The procedure is not intended to supersede any existing Saudi laws or regulations.

3.0 DEFINITIONS

Definitions	Description
Accident\Incident	An unplanned event which results in an injury or illness, damage to property, plant, products or the environment.
ALARP	As Low as Reasonably Practicable
First Aid	Emergency treatment administered to an injured or ill person before professional medical care can be administered.
GOSI	General Organization for Social Insurance
HSE	Health, Safety and Environment
Investigation Facilitator	Individual with qualification in accepted Incident Investigation methodology
IPNC	Instance of Potential Non-Compliance
JHA	Job Hazard Analysis
Lost Workday Case (LWd)	An injury or illness that causes a person to be unable to report to work for his next scheduled shift.
Major Environmental Incident	Discrete (or series of) events that result in direct or indirect adverse impacts to one or more environmental media (e.g., land, air, water), wildlife, or human communities. Such incidents typically require immediate response to correct, and may require assistance from external sources outside of the facility.
Major Property Damage	For this procedure, a Major Property Damage is defined as: Any occurrence that causes damage to equipment or plant, with no injury or illness to personnel with an estimated value that is equal or exceeds: 300,000 SAR.
Medical Treatment Case (MTC)	Any medical treatment other than first-aid items listed above provided by a physician/licensed medical professional will be classified as a Medical Treatment/Recordable case
Near Miss	Any event or condition which has the potential to cause death, injury/illness, property damage, and/or environmental impact.
Occupational Injury	Means the management and care of a patient to combat disease or disorder which has been contributed by an injury, illness.
OSHA	Occupational Safety & Health Administration
Potential	Potential realistic outcome only incorporating the immediate physical and environmental conditions at the time of the event.
Restricted Work Case (RWC)	A work-related injury/ illness that involves one or more days of restricted work will be classified as a restricted work case. Restricted work activity occurs when a physician/licensed medical professional determine either: (1) medical restrictions prevent the employee from performing one or more of his/her

Definitions	Description
	routine job functions (work activities the employee regularly performs at least once per week), (2) that the employee is restricted to working less than his/her regularly scheduled work shift, or (3) that the employee be transferred to another position.
Serious Injury	For this procedure, a serious injury is an occupational injury resulting in serious physical harm. Serious physical harm means impairment of the body in which part of the body is made functionally useless or substantially reduced in efficiency, such impairment may be temporary or permanent

4.0 REFERENCES

- OSHA 29 CFR 1904 Recording and Reporting Occupational Injuries and Illness.
- ISO 9001

5.0 RESPONSIBILITIES

5.1 Operations Manager

The Operations Manager is responsible for ensuring the resources and arrangements are available for the implementation and management of this procedure.

5.2 Facility Manager or Contractor Responsible

- Confirming that this procedure is implemented and compliance checks take place periodically.
- Confirming all employees and Subcontractors have the appropriate knowledge and understanding to recognize, and authority to report, an incident which requires reporting.
- Confirming adequate resources are allocated to complete the incident investigation and reporting process.
- Receiving briefings from the Facility HSE Responsible regarding incidents and verifying appropriate notifications are made and investigations are conducted.
- Reviewing incident investigation reports.

5.3 HSE Responsible

- Verifying the appropriate incident notifications are made.
- Determining the appropriate classification of the incident.
- Determining the level of investigation required based on actual and potential consequence.
- Supporting incident investigation resources and processes.
- Managing the closure of corrective actions.
- Coordination of audits associated with this procedure.
- Managing the incident investigation and lesson learned data and distribution.
- Reviewing incident investigation reports.
- Attending initial and post-investigation incident review meetings.
- Ensure that all incidents are uploaded into the tracking database or tracking system.
- Submitting initial incident notification reports in a timely manner.

5.4 Investigation Team Lead

The Investigation Team Leader is an individual, appointed by the applicable Facility Manager, who understands the work process associated with the incident. The Investigator Team Lead is responsible for the following:

- Coordinating with the Management to select appropriate investigation team members, including appropriate resources and expertise.

- Communicating with the Management about the issues associated with the incident investigation process.
- Supporting incident investigation resources and gathers incident investigation supporting documentation, as required.
- Preparation of the investigation report.
- Verifying technical accuracy of the incident investigation report.
- Participating in investigations as appropriate and, if qualified, may act as Investigation Facilitator.
- Reviewing the incident investigation reports to verify the reporting and investigation is carried out in compliance with this procedure.
- Reviewing the incident investigation corrective action evidence for completeness which may include in-field verification of corrective actions.
- Supporting incident investigation resources and developing incident investigation documentation/forms, as required.

5.5 Supervision

- Acting as Investigation Team Leaders, as applicable, for incidents in their area of responsibility.
- Confirming that this procedure is understood and implemented within their area of responsibility.
- Verifying incidents are reported immediately, no matter how minor they appear to be.
- Confirming the incident scene is protected and preserved as described in this procedure.
- Participating in incident investigations and incident reviews (initial and post-investigation).

5.6 Facility Personnel

- Recognizing and reporting incidents, including near-misses.
- Reporting all incidents, no matter how minor they may appear to be.
- Participating in incident investigations, when required.

6.0 PROCESS

6.1 General Requirements

The Facility HSE responsible will confirm that the appropriate level of investigation is completed for all incidents. Incidents shall be investigated under the guidance of the Investigation Team Lead, who shall be trained in facilitating investigations.

An Investigation Team Lead will be assigned by the Facility Manager. The Team Lead is responsible to organize the team, gather evidence, Facilitate and conduct the investigation, and verify report completion.

The Facility Management will provide incident investigation oversight, support, and assistance in assembling an investigation team, reviewing and approving investigation reports, and monitoring corrective actions and recommendations for closure. Management shall ensure that personnel are empowered to report incidents. They shall also ensure that work related incidents are investigated by a competent person. Such incidents may include but not limited to:

- Work related fatalities, injuries and occupational illnesses.
- Incidents resulting property damage i.e. asset or equipment damage.
- Work related motor vehicle incidents.
- Environmental incidents that results in direct or indirect adverse impacts to one or more environmental media (e.g., land, air, and water), wildlife, or human communities.
- Near misses as defined in the investigation procedure.

6.2 Other Requirements

- Facility must develop a facility incident reporting procedure documentation. As a minimum, the procedure documentation should cover the following.

- Immediate notification requirements: this includes but not limited to all accidents involving a fatality(s), serious injury(s), a major property damage, a major environmental incident and any event with impact on members of the public.
- Standard practice is to submit a written incident notification form within 24 hours of an occurrence. A notification form should, as a minimum have the following information as a minimum:
    - Entity and Facility details.
    - The person responsible name and contact details.
    - Injured person details: (Name, Occupation, ID number, Employment Status, etc.) if applicable.
    - Incident details: (Date, time, location, what happened, incident outcome details, latest known information about any injured person).
    - Signatures and initial witness statements.

- Work instructions in case the incident outcome was major e.g. securing incident scene, reporting to authorities such as General Organization for Social Insurance or GOSI and the protocol for Informing family members in case of a serious injury or a fatality including repatriation where applicable.
    - Incident severity rating criteria (see attachment 1) for details.
    - Full investigation and reporting requirements.
    - Causal analysis and lessons learned.
    - Corrective actions and recommendations.

Facility management must ensure a register available so that work related incidents are documented in the register. Every year work related incidents records must be archived. It is a best practice to establish an incident database to analyse the data and monitor/compare characteristics of the data.

6.3 Initial Incident Management and Response

When an incident occurs, the Responsible HSE Manager or designee and Supervisor shall go to the location of the incident and support any response activities, verify the area is safe and secure, and support the involved personnel to preserve evidence and collect information. Facility Management shall be immediately notified by the Responsible person, who shall confirm the following:

- Appropriate initial response is initiated.
- Proper medical treatment of all injured/ill individuals has been accomplished to include emergency evacuation, if required.
- Actions are implemented to prevent escalation of the incident severity.
- Actions have been taken to protect personnel.
- The scene is preserved.
- Any unsafe conditions are remedied or sealed-off.
- Unauthorized personnel are prohibited from entering/accessing the incident scene.
- The environment is protected (if applicable).
- Potential witnesses are identified and information is obtained from each employee who witnessed the incident, describing what they saw in their own words.
- Relevant evidence is preserved, including but not limited to:
    - Photographs.
    - Work control documents (i.e. JHA, drawings, permits, etc.).
    - Tools.
    - Equipment.

- Preliminary Witness Interviews captured via interview notes.

6.4 Reporting

6.4.1 Types of Incidents

Types of incidents which are advisable to be included within the Entity's Incident Reporting and Response Procedure are as follows:

- Personal Injury/Accident/Illness
- Property/Plant/Equipment/Vehicle Damage
- Physical and Serious Physical Assault
- Third-party Incident
- Road Traffic Accident (RTA)
- Occupational Safety
- Environmental Incident
- Radiological incident
- Business Integrity (corruption, fraud, and ethics)
- Security (physical, information, and people)
- Regulatory Warning
- Reputational Risk
- Near Miss
- Medical Treatment Injury (MTI)
- First Aid Injury (FAI)

Entities shall review the above list of suggested incident types against Entity-specific requirements, to reach a finalized list. Often, more than one categorization applies to an incident. The Entity shall establish a common methodology to incident categorization and train all staff on how to correctly apply the methodology.

6.4.2 Incident Notification

Incidents must be immediately reported (verbally) to the responsible Supervisor and the responsible HSE Manager. The initial verbal notifications will consist of known facts about the incident and immediate corrective actions that are being taken. Where an incident has an Actual / Potential of High Level and above the HSE Manager shall immediately notify the Facility Manager.

During this initial reporting period, priority is placed on addressing the incident and attending to the safety of people or environmental concerns. Written incident notifications shall be made. Written notification shall be submitted using an Initial Incident Notification form (see **Attachment 3 - EOM-KS0-TP-000002 - Facility Initial Notification Report Template**). The Facility HSE Manager is responsible for ensuring the following information is obtained and conveyed:

- Date, time, place, and consequences of the incident.
- Date and time incident reported.
- Initial description of the incident (known facts).
- Initial assessment of actual and potential severity of the consequences.
- Immediate actions being taken.
- Temperature and weather information (if applicable).

6.4.3 Near Miss

Near miss reporting is a critical element required to continuously improve HSE performance and capture lessons learned where there was potential for adverse impact to the environment, health or potential for injury. All near misses are required to be reported upon occurrence and the responsible entity is required to submit an investigation report for all near miss incidents that occur on the entity.

6.4.4 Instances of Potential Non-Compliance Notifications

Events that are Instances of Potential Non-Compliance (IPNC) with the Entity's Regulatory approvals, must be communicated to all required identities to support regulatory reporting requirements. Examples of this include, but are not limited to, deviations from permit conditions and commitments specified in HSE Plans/Procedures; work commenced without Regulatory permits in place; execution changes without appropriate amendments to Regulatory approvals in place.

When regulatory reporting is required it shall be done in coordination with Contractor and Entity Management. If regulatory authorities are to be notified, the Facility HSE Manager will confirm that the appropriate Contractor/ Subcontractor notifications have been carried out and that the scene is preserved until:

- The incident analysis team has completed their inspection.
- It is safe to do so.
- Regulator has given approval.

Contractor is responsible for reporting incidents for Contractor-obtained approvals/permits. Contractor-obtained approvals/permits are classified as either High Priority or Other Priority. For incidents associated with High Priority permits, Contractor will consult with Company and provide for Entity review and approval a copy of the report/notification to be submitted to the regulatory agency. Entity will be required to complete the review on a timely basis that allows Contractor to report non-compliance within the required regulatory time frame. For Other Priority permits/approvals, Contractor will provide Entity with a copy of the final report that was submitted to the regulatory agency.

Entity will retain responsibility for reporting incidents associated with Entity obtained permits/approvals. Contractor will support Entity with required information needed to support the Company issued reports/notifications.

Regulatory notifications and reporting will be documented in Contractor and Entity incident management systems as appropriate.

IPNCs that are identified through the formal audit process will be reported through this Procedure, but may be processed or managed through the Corrective Action or Non-Conformance Processes, this reporting action will facilitate necessary regulatory reporting.

6.4.5 Safety Performance Measurement

Typical metrics which should be employed by the Entity to measure performance are as follows:

- Physical Assaults Frequency Rate (PAFR)
- Serious Physical Assault Frequency Rate (SPAFR)
- Incidence Rate (IR)
- Lost Time Incidents (LTIs)
- Major Incident Frequency Rate (MIFR)
- Lost Time Incident Frequency Rate (LTIFR)
- Medical Treatment Incident Frequency Rate (MTIFR)
- First Aid Incident Frequency Rate (FAIFR)
- Lost Time Incident Severity Rate (LTISR)

6.5 Incident Classification

The Responsible HSE Manager, with the assistance of the Responsible Supervisor, will establish the initial incident facts to make a preliminary determination of the severity of the incident. The initial incident classification may change as more information is learned about the incident. From information provided in the Initial Notification Form, the Facility HSE Manager will classify the incident based on an Incident Reporting Scale (IRS). An example of an IRS is provided within Attachment-07

Classification	Injury / Illness
First Aid	An Occupational Injury involving limited/minimal medical assistance will be classified as first aid, regardless who provides the treatment. First Aid includes the following: • Using nonprescription medication at nonprescription strength, • Tetanus immunizations, • Cleaning/flushing or soaking surface wounds, • Wound coverings, • Butterfly bandages or steri-strips, • Hot or cold therapy, • Non-rigid means of support, including finger guards • Temporary immobilization device used to transport accident victims, • Drilling of fingernail or toenail, • Eye patches, • Removing foreign bodies from eye using irrigation or cotton swab, • Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means, • Massages, • Drinking fluids for relief of heat stress.
Recordable	A work-related injury or illness that meets any of the following: • Death, • Days away from work, • Restricted work or transfer to another job, • Medical treatment beyond first aid, • Loss of consciousness, and • Any occupational illness diagnosed by a physician or other licensed health care professional, even if it does not result in any of the above. Medical Treatment - Any medical treatment other than first-aid items listed above provided by a physician/licensed medical professional will be classified as a Medical Treatment/Recordable case. Examples of Medical Treatment/Recordable cases include: • Sutures, • Prescriptions, • Foreign body extrication involving surgical instruments, • Fractures (including teeth), • Use of medical glue or staples, • Needle sticks, • Splashes or other exposures to another person's blood/infectious material Second or third degree burns, or burns caused by electric shock / electrocution, • Loss of consciousness Restricted Work - An injury/illness that involves one or more days of restricted work or a job transfer will be classified as a restricted work case. Restricted work activity occurs when a physician/Licensed Medical Professional determines: (1) an employee cannot perform one or more of his/her routine job functions (work activities the employee regularly performs at least once per week), or (2) An employee cannot work a full workday.
Lost Workday	An injury/illness that causes an employee to be unable to report to work for his/her next regularly scheduled shift. The determination must be made by a physician/licensed medical professional and applies whether days are taken or not.

Table 1: Injury/Illness Classification

6.6 Incident Categorization

The Facility Manager and HSE Manager shall make an initial categorization of the incident as “Serious” or “Other.” Any incident whose category is not readily defined shall be deemed a Serious Incident “Not Yet Classified”.

6.6.1 Serious Incidents

6.6.1.1 Initial Response to Incidents

Incident Notification with a serious incident, immediate initial notification shall be made by the Operations Manager, Facility Manager and/or the HSE Manager to the Entity chain of command in person or by phone. Email is not a viable option for emergency communication and may only be used for follow-up. If the contact is not available, the caller must call the next person on the list. Operations Manager or designee will make initial notification of the incident to the entity.

Within 1 hour of the incident:

The Facility Manager/Designee shall prepare *Initial Notification Form* and provide to the HSE Manager for review and issue within one (1) hour of the incident, or as soon as practicable. This report has a defined distribution list which would be determined by the Entity and can be itemized on Attachment: 3, *Initial Notification Form*.

Within 24 hours of the incident:

Depending on the seriousness of the event the HSE Manager may in consultation with the Operations Manager and Legal/Risk Management issue an *Entity HSE Alert* or *HSE Bulletin* (see **Attachment 6 - EOM-KS0-TP-000005 – Facility HSE Alert Template**). The alert or bulletin will generally be issued within 24 hours of a Serious Incident.

Within 5 days of the incident:

HSE Manager/Designee will:

- Review the draft investigation report.
- Input incident investigation data and review data into the Entity Incident Database.

Operations Manager is accountable to communicate incident investigation findings to the Entity.

6.6.1.2 Incident Investigation Process

The HSE Manager, in conjunction with Legal/Risk Management will determine whether a Serious Incident warrants a privileged investigation, considering the nature of the injury, employer involvement in the investigation, and the potential for government involvement/future liability.

The following investigation process will be implemented for serious incidents that involve fatalities:

- The HSE Manager will coordinate with contractor organizations to identify an External Incident Investigator to conduct the investigation.

The HSE Manager will designate an Incident Investigator Team Lead who will convene an investigation team. The team may consist of the following personnel:

- HSE Responsible or his designee.
- Facility Manager.
- Applicable engineers.
- Applicable supervisors.
- Technical experts.
- Risk Management, insurance representatives and/or consultants.
- Outside legal counsel.

The investigation team will perform the following tasks:

- Inspect the scene of the incident.
- Review key evidence and identifies gaps.

- Develop a plan to complete data gathering.
- Interview witnesses and takes careful notes of what is said (use **Attachment 2 - EOM-KS0-TP-000001 - Incident Notification Report Template**).
- Take photographs to document the scene.
- Review key documents (e.g. Training records, job safety analyses, daily logs, tool box notes, equipment specifications and manuals, permit, HSE program elements, etc.).
- Contact subcontractors, vendors and employer for information, as appropriate.
- Utilize the Causal Factor Checklist (see **Attachment 4 - EOM-KS0-TP-000003 - Facility Causal Factor Checklist**). This checklist is an aid in determining likely causes of an incident. It is intended merely as a reference guide of factors to consider.

6.6.1.3 Incident Investigation Reporting

The Incident Team Lead or Incident Investigator depending upon seriousness of incident will:

- Prepare a Draft *Incident Investigation Report*. The form is used to document HSE incident investigations. Generally, it will be used as a standalone form, however, in some situations, more extensive and formal investigation reports may be necessary. In these circumstances, will become an attachment within the overall report.
- Ensure the *Incident Investigation Report* contains all necessary attachments in the report.
- Obtain concurrence from the members of the investigation team with respect to findings and conclusions of the Draft *Incident Investigation Report*.
- Obtain copies of any incident investigation reports, forms, and/or summaries prepared by any third party.
- Submit the Draft Incident Investigation Report and all supporting documentation to the HSE Manager for review, comments and approval prior to the release or distribution of the report.
- Review and approval process for the Draft Incident Investigation Report is as follows:
    - HSE Manager reviews, provides comments or approves the Draft Incident Investigation Report.
    - The Incident Investigator Lead distributes Final Incident Investigation Report to the following:
        - Facility Management
        - Personnel identified on the report
        - Subcontractor and/or employer as directed by Facility Management and Legal/Risk Management.

Note: If a subcontractor (regardless of tier) employee is involved in a fatal, lost time, recordable injury/illness the applicable contractor/subcontractor must submit a report to the HSE Department describing the incident and related details, including injuries/illnesses and a chronology of the events leading up to the incident.

6.6.2 Other Incidents

6.6.2.1 Initial Response to Incidents

Should any HSE Incident occur the first responder/employee shall make notification to their supervisor/manager. The supervisor/manager shall immediately notify the Facility Manager and HSE Responsible and ensure the following (subject to the limitations imposed under local law and/or by authorities having jurisdiction) is initiated:

- Proper medical treatment of injured/ill individuals has been accomplished to include emergency evacuation, if required;
- The scene is secured and controlled, any unsafe conditions are remedied or sealed-off;
- Unauthorized personnel are prohibited from entering/accessing the incident scene;
- The environment is protected (if applicable);
- Potential witnesses are identified and contact information is obtained;
- As soon as possible a written, signed statement is obtained from each employee who witnessed the incident, describing what they saw in their own words;
- Relevant evidence is preserved, including but not limited to:
    - Photographs
    - Work control documents

- Tools
- Equipment
- Preliminary witness interviews captured via investigator notes

6.6.2.2 Incident Notification

Initial notification of other incidents shall be made by the Facility Manager and/or the HSE Responsible for the Facility in person or by phone or e-mail in accordance with the chain of command. Based on the severity, or loss potential (≥16 on the risk matrix) the Facility Manager and/or the HSE Responsible may decide to report the incident to an Employer (see **Attachment 1 - Entity Incident Classification Matrix**)
.

Within 1 hour of the incident:

The Facility Manager shall prepare the *Initial Notification Form* and provide to the HSE Manager for review within one (1) hour of the incident. This report has a restricted distribution list which is itemized on Attachment: 3, *Initial Notification Form*.

Within 3 days of the incident:
The Facility Manager and/or the HSE Responsible shall prepare a *Facility HSE Alert* or *HSE Bulletin* (see **Attachment 6 - EOM-KS0-TP-000005 – Facility HSE Alert Template**). The alert or bulletin will generally be issued within 3 days.

Within 5 days of the incident:

HSE Responsible shall:

- Review draft investigation report. Input incident investigation data and review data into the Facility Register or Incident Database.
- Facility Manager makes final notification of the incident to the Employer, if necessary.

6.6.2.3 Incident Investigation Process

Investigation of an incident categorized as “Other” incident typically does not involve Legal/Risk Management Counsel. Refer any questions regarding Attorney/Client Privilege status to Legal/Risk Management Counsel. The following investigation process will be implemented for Other Incidents:

- The facility manager will identify the Incident Team Lead who will conduct the incident investigation based upon a graded approach.

6.6.2.4 Incident Investigation Reporting

The Incident Team Lead will:

- Prepare a Draft Incident Investigation Report (see **Attachment 2 - EOM-KS0-TP-000001 - Incident Notification Report Template**):
  - Verify the Incident Investigation Report contains all necessary attachments identified in Section 13 of the Incident Notification Report.
  - Obtain concurrence from the members of the investigation team with the findings and conclusions of the Draft Incident Investigation Report.
  - Obtain copies of any incident investigation reports, forms, and/or summaries prepared by any third party.
- Review and approval process for the Draft Incident Investigation Report is as follows:
  - Area HSE Manager reviews, provides comments or approves the Draft Incident Investigation Report.
  - The Incident Investigator distributes Final Incident Investigation Report to the following:
    - Facility Manager
    - HSE Manager
    - HSE Responsible

Note: Contact HSE Responsible for questions about off-Facility incidents. HSE Responsible makes final notification of the incident to the Client, if necessary.

6.7 Corrective Actions

Under the guidance of Management, the investigation team will determine actions and recommendations to prevent future incidents and assign an owner to each action, to implement the identified actions. The Investigation Team Leader will discuss actions with the owner of the assigned action to determine agreement on the scope of the action and time frame(s) for completion.

Corrective or mitigating actions are to be developed to meet SMART action guidelines, as follows:

Table 2 - SMART Action Guidelines

Characteristic	Questions
Specific	Does the action contain a verb; And, is it specific enough to be easily understood and implemented?
Measurable	Can the implementation of the action be verified by others and/or can the implementation of the action be measured?
Achievable	Is the action and time frame for implementation achievable based upon agreement by the Investigation Team, the Action Owner, and O&M Management?
Relevant	Does the action address the root cause for the incident?
Time Based	Has a completion date been set based on the severity of the incident and the action to be implemented?

6.8 Incident Investigation Closeout

It is important that the development and review of the Incident Investigation Report is effectively planned and completed within the allocated time frames. This allows for actions to be identified and closed out in a timely manner and lessons learned to be shared and communicated.

6.9 Incident Investigation Review Meeting

The Responsible Facility Manager shall schedule an Incident Investigation Review Meeting following the completion of an investigation. The meeting shall be scheduled as soon as possible following final approval and submittal of the investigation report. The meeting shall be chaired by the Facility Manager with attendance of the HSE Responsible, and applicable responsible entity Personnel. The intent of the meeting is the Facility Manager, as the most senior responsible person at the Facility, to present the investigation report concerning the incident and provide a summary of the following:

- Status/condition of injured employee, as applicable.
- Executive summary of investigation report.
- Applicable background information.
- Review causative factors and root causes identified.
- Review corrective actions taken to prevent recurrence.
- Lessons learned.
- Status and path forward to close investigation corrective actions.

6.10 Lessons Learned

The Investigation Team Leader will develop and distribute a lesson learned document to share the important lessons from all serious investigations. Sharing of lessons learned from low level investigations may be conducted at the discretion of the HSE Responsible.

For serious incidents communication, should be distributed to Facility personnel as soon as practically possible once the approved incident investigation report is finalized.

Brief summaries of incidents can be distributed via HSE Notices and discussed at prestart meetings.

Additional safety alerts or bulletins may be issued as directed by the HSE Responsible or Facility Manager.

7.0 TRAINING

To provide consistency and completeness in incident reporting, training should be provided as appropriate for personnel required to participate in the incident reporting and investigation processes:

- All Facility Personnel are made aware of incident reporting requirements.
- Supervisory and HSE personnel receive an overview of this procedure.
- Supervision should be selected by their managers to be trained in Incident Investigations.
- Designated individuals are trained as Investigation Team Leads for Incident Investigation Process.

8.0 RECORDS

- All incidents described in this Procedure are entered into a Safety Data System.
- Medical records are kept confidential by the Medical Services Subcontractor.
- Incident investigation supporting documentation is maintained and made available for audit purposes.

9.0 ATTACHMENTS

1. Facility Incident Classification Matrix
2. EOM-KS0-TP-000001 - Entity Incident Notification Report Template
3. EOM-KS0-TP-000002 - Initial Notification Report Template
4. EOM-KS0-TP-000003 - Facility Causal Factor Checklist
5. EOM-KS0-TP-000004 - Documentation Checklist
6. EOM-KS0-TP-000005 - O&M HSE Alert Template
7. Attachment – Incident Reporting Scale (IRS)

Attachment 1 - Entity Incident Classification Matrix

Identify Potential HSE Hazards (Qualitative Analysis)

Table 1 provides examples of potential HSE hazards that may be identified during the hazard identification process. Table 2 provides examples of HSE incidents and the potential consequences /impacts.

- Examples of HSE Hazards and Potential Consequences

HAZARD	POTENTIAL HSE CONSEQUENCES/IMPACTS
Weather (extreme temperatures; rain; high winds; drought; flooding; tornadoes; hurricanes)	Poor field conditions; risk to employee safety and health; environmental damage
Handling of Hazardous Materials	Employee injury/illness; litigation and claims; notices of violation, impact to natural resources/environment, increased budget needs, impact to company reputation
Endemic Diseases (Hepatitis; Cholera; Typhoid; Dengue Fever)	Employee illness
Processing or handling of flammable materials	Risk to employee safety and health; litigation and claims; loss of reputation; loss of business; property loss (fires); environmental damage

- Example of HSE Incident and Potential Consequence

HSE INCIDENT	POTENTIAL HSE CONSEQUENCES/IMPACTS
Employee falls from 15 ft. Scaffold structure resulting in broken bone requiring medical treatment beyond first aid	Fatality
Spill of 1-gallon benzene to a secondary containment structure located outside the building	Moderate to significant impact confined on Facility, regulatory exceedance, or any off-Facility impact

Severity and Probability Levels (Quantitative Analysis)

Table 3. *Explanation of Severity Levels* can be used to assign a severity level for the potential consequences/impacts of the hazard/incident. Severity levels are highly dependent on the various HSE categories.

- Explanation of Severity Levels

SEVERITY LEVEL	POTENTIAL CONSEQUENCES / IMPACTS			
	SAFETY AND HUMAN HEALTH	ENVIRONMENTAL	COMPANY REPUTATION	LIABILITY/ PROPERTY LOSS
1 - Slight	First aid or slight injury/illness no treatment	Insignificant impact, fully contained (Env Level 3)	Company/client concern, no media attention	Slight loss (<$10K)
2 - Minor	OSHA recordable, medical treatment, restricted work, temporary effect	Negligible short-term impact, confined on Facility, no regulatory exceedance (Env Level 3)	Community concern with local media attention	Minor loss ($10-<$100K)
3 - Moderate	Lost time injury/illness or permanent disability	Moderate to significant impact confined on Facility, regulatory exceedance, or any off-Facility impact (Env Level 2)	State or provincial concern with regional media attention	Moderate loss ($100-<$1M)
4 - Major	Single fatality or permanent disability of 3 or more persons	Significant impact on or off Facility, or potential enforcement action (Env Level 1)	National media attention	Major loss ($1M-<$10M)

SEVERITY LEVEL	POTENTIAL CONSEQUENCES / IMPACTS			
	SAFETY AND HUMAN HEALTH	ENVIRONMENTAL	COMPANY REPUTATION	LIABILITY/ PROPERTY LOSS
5 - Catastrophic	Multiple fatalities	Catastrophic impact, long-term liability, or irreversible damage (Env Level 1)	International media attention	Catastrophic loss (>$10M)

Table 4. After documenting the potential severity level, determine the probability that such a hazard or incident may occur and assign a probability level using Table 4, *Explanation of Probability Levels.* Together, the severity and probability level are used to determine the risk level. Severity and probability levels must be documented.

- Explanation of Probability Levels

PROBABILITY LEVEL	PROBABILITY TEST	
	PROBABILIITY	DEFINITION
1	Practically Never Occurs	Consequence unheard of or not known to have occurred on in the industry
2	Not likely to Occur	Consequence rarely occurs on in the industry
3	Could Occur	Consequence may have occurred on Facilitys and could occur again
4	Known to Occur	Consequence has occurred more than once on Facilitys and will likely occur again
5	Occurs Frequently	Consequence has occurred multiple times on Facilitys and will very likely occur again

Risk Matrix Calculator

Table 5. To calculate the risk level for each hazard/incident, multiply the severity level (1-5) obtained from Table 3 by the probability level (1-5) obtained from Table 4. Using Table 5, Risk Assessment Prioritization Matrix, the hazard is categorized as low, medium, or high risk. Risk levels must be documented

- Risk Assessment Prioritization Matrix

SEVERITY LEVEL		PROBABILITY LEVEL				
		Increasing Probability →				
		1 – Practically Never Occurs	**2 – Not Likely to occur**	**3 – Could Occur**	**4 – Known to Occur**	**5 – Occurs Frequently**
Increasing Severity ↓	**1 - Slight**	1 LOW	2 LOW	3 LOW	4 LOW	5 MEDIUM
	2 - Minor	2 LOW	4 LOW	6 MEDIUM	8 MEDIUM	10 HIGH
	3 - Moderate	3 LOW	6 MEDIUM	9 MEDIUM	12 HIGH	15 HIGH
	4 - Major	4 LOW	8 MEDIUM	12 HIGH	16 HIGH	20 HIGH
	5 - Catastrophic	5 MEDIUM	10 HIGH	15 HIGH	20 HIGH	25 HIGH

The risk level shown in Table 5 should be applied as follows:

Risk Levels for Hazards	Risk Levels for Incidents
Low Risk (1-4): Risk is considered broadly acceptable. No further risk reduction is required. Risk is managed with routine procedures and periodically confirmed that the risk continues to remains low. Risk reduction is at management/team discretion.	**Low Risk (1-4):** Potential future incident risk is considered negligible. No further risk reduction is necessary; manage with routine safeguards and controls to reduce the potential for incident recurrence. Incident investigation and further risk reduction is at management team's discretion.
Medium Risk (5-9): Risk is acceptable if reasonable safeguards and controls are in place to reduce the hazards to an acceptable level or ALARP. Responsibility is assigned for action and future monitoring.	**Medium Risk (5-9)**: Conduct incident investigation. Potential future incident risk is tolerable if reasonable safeguards and controls are confirmed to be in place. Additional long-term risk reduction may be required at the management team's discretion to reduce potential for incident recurrence.
High Risk (10-25): Unacceptable risk that must be eliminated or reduced by controls to an acceptable level or ALARP. Responsibility is assigned for action and on-going monitoring. Other means of assessment and planning must be considered to ensure adequate assessment and management of risk.	**High Risk (10-25):** Conduct incident investigation and root cause analysis. Risk reduction is required to reduce potential future risk to acceptable level based on results of investigation and root cause analysis to reduce potential for incident recurrence.

Attachment 2 - EOM-KS0-TP-000001 - Incident Notification Report Template

Attorney/Client Privileged?	Yes ☐ No ☐
Legal Privilege Statement Confidential: Attorney/Client Privileged	

Attorney/client privileged incident reports are prepared at the direction of Counsel in anticipation of litigation and/or seeking legal advice to protect CWJV interests. Attorney/client privileged incident reports may not be further distributed within the company or outside the company to any third party without the expressed written permission of the Corporate Legal/Risk Management Counsel.

SECTION 1. INCIDENT TYPE (Select Only One)

SERIOUS

Fatality ☐ Injury/Illness ☐ Environmental (L1/L2) ☐ Significant HSE Action ☐ Significant Property Damage ☐ Significant Near Miss ☐

OTHER

LWDC ☐ Recordable Case ☐ Environmental (L3) ☐ Non-significant Property Damage ☐ Non-significant Near Miss ☐ Utility Hit ☐

SECTION 2: FACILITY DETAILS

Office/Facility Name: **Facility Number:**	**Facility Manager Name:** Contact #:	**Sr. HSE Rep. Name:** Contact #:
Facility Location:	**Contractor Entity(s):**	**Employer:**

SECTION 3. EMPLOYEE INFORMATION (Required ONLY for Injury/Illness Incidents)

Injured Employee Name: (Last, First, MI):			**(If Subcontractor) Company relationship to:** Subcontractor ☐ Sub-tier level (1-9) ☐
Employee ID Number:	**Facility Hire Date:**	**Trade Start Date:**	**Employer (Facility/Company name):**

SECTION 4. INCIDENT SUMMARY

Incident Date (dd/mm/yy):	**Time of Incident (24hr):**	**Incident Location:**	**Shift:**

Activity in progress at time of incident.

Name of Witness/s:

SECTION 5: INJURY/ILLNESS DETAIL (if applicable): **Check if NOT applicable** ☐

Injury, Illness? Injury ☐ Illness ☐	**If applicable, briefly describe nature of injury/illness:** .

SECTION 6: NEAR MISS DETAIL (if applicable): **Check if NOT applicable** ☐

Perceived potential risk of:

Fatality/Injury/Illness ☐ Environmental Damage ☐ Property Damage ☐ Utility hit / Service Interruption ☐

Additional Information/Details Specific to Near Miss Event (attach additional sheet if necessary):

SECTION 7: ENVIRONMENTAL DETAIL (if applicable): **Check if NOT applicable** ☐

Severity:	**Impact(s):**			
Level 1 ☐	Agency enforcement action	☐	Other instance requiring off-Facility notification	☐
Level 2 ☐	Potential Facility impact to human health/environment	☐	Potential impact to water resources	☐
Level 3 ☐	Sub-contractor initiated action	☐	Spill of hazardous substance w/no environmental impact	☐
	Employer initiated action (i.e. shutdown)	☐	Release of hazardous substance above Reportable Quantities	☐
	Shutdown/work stoppage	☐	Spill of hazardous substance below Reportable Quantities	☐
	Incident requiring action w/no environment impact	☐	Spill of hazardous substance off Facility	☐
	Non-compliance order	☐	Spill of hazardous substance in waterway	☐

SECTION 8: PROPERTY DAMAGE DETAIL (if applicable): **Check if NOT applicable** ☐

Category:	**Impact:**		**Value Category:**
Facility equipment ☐	None ☐	Fire ☐	<$500,000 ☐
Non-vehicle ☐	Facility only ☐	Vandalism ☐	≥$500,000 ☐
Vehicle – At fault ☐	Public involvement – No third party ☐		
Vehicle – Not at fault ☐	Public involvement –Third party ☐		

Description of Property Damage:

SECTION 9: UTILITY HIT/SERVICE INTERRUPTION DETAIL (if applicable) **Check if NOT applicable** ☐

Type of Utility: Electric ☐ Gas ☐	**Impact:** Impact to Public ☐ No impact to Public ☐	**Utility Company contact information:**

Water/Sewer ☐ Telephone/cable/fiber optics ☐		

SECTION 10: SIGNIFICANT HSE ACTION DETAIL (if applicable and if known)	**Check if NOT applicable** ☐
Category: Regulatory ☐ Police, government or diplomatic investigation ☐ Criminal charges ☐ Media Coverage ☐ Liability or charges against CWJV ☐	**Details or additional information (if applicable):**

SECTION 12: TOTAL LOSS POTENTIAL		
Risk Severity:	**Risk Probability:**	**Total Loss Potential:**

SECTION 13: CAUSAL ANALYSIS. *Use best professional judgment to identify the likely cause or causes of the incident, citing facts and evidence that support your conclusions. Identify any data gaps or critical uncertainties. Use the* ***Causal Factor Checklist in Attachment 4 as*** *a guideline and consider whether any of the factors listed on the Checklist pertain to the incident under investigation*

Causal Factors:

Root Cause(s):

SECTION 14: CORRECTIVE ACTIONS/LESSONS LEARNED. *Briefly summarize corrective actions taken following the incident, either interim or longterm,or both. Also describe Lessons Learned (if applicable)*

Action	Responsible Person(s)
1.	
1.	
2.	
3.	
4.	

Lessons Learned:

SECTION 15: ATTACHMENTS (List attachments as appropriate, examples include the following):		
Pictures (use Photo Information Sheet)	Tool Box Note	Witness Interviews
Training Records	Equipment Specs	3rd Party Incident Report
Investigator Notes	Team Members	Permits
Time Line		

Prepared by:
Signature: **Date:**

Required Distribution: Restricted to the following Individuals for Serious Incidents:	
Operations Manager ☐	Name:
Deputy Manager ☐	Name:
Facility Manager ☐	Name:
HSE Manager ☐	Name:

Employee Interview (to be completed by Investigator)	
Facility Name:	**Facility Number:**

Date of Incident:	**Time of Incident:**
Name of Employee:	**Position:**
Supervisor	
Facility Responsible	
Operations Manager	
Name of Interviewer:	
Employee Involvement/ Description of Incident:	

Photo Information Sheet (may substitute with electronic photos and information)

Entity Name:	**Facility Number:**	**Date of Incident:**
Photo No.		
Photo Date:		
Time of Day:		
Location:		
Brief Description: (Provide direction of photo)		
Notes:		
Photographer:		
Photo No.		
Photo Date:		
Time of Day:		
Location:		
Brief Description (Provide direction of photo)		
Notes:		
Photographer:		

Attachment 3 - EOM-KS0-TP-000002 - Facility Initial Notification Report Template

Date &Time of Incident:			
Entity Name:	**Facility Number:**		
Incident Location:	**Company**	☐ Contractor	
		☐ Sub-Contractor _____ *(Give Company Name)*	
Incident Classification:			
Type	**Incident – Actual or Probable Outcome** *(check all Appropriate boxes)*		**Required Distribution: Restricted to the Following Facility Individuals Only**
Serious	☐Fatality(ies) ☐Occupational Injury/Illness resulting in serious physical harm ☐Potential Lost-Time Injury/Illness ☐Potential Recordable Injury/Illness ☐Hospitalization of Three (3) or more employees for 24 hours or more ☐Significant Government Action(s) (e.g., citations, police/government agency investigation, or likelihood criminal charges against CWJV) ☐Significant Property Damage/Loss (≥ $500,000) Including but not limited to fires, spills, and explosions ☐Impact on Members of the Public ☐Significant Environmental Incident (L1 or L2) ☐Significant Near Miss (≥10 on risk matrix) ☐Serious Incident – Not Yet Classified		• Facility Manager • HSE Responsible • Operations Manager • Legal Dept.Risk Manager • HSE Managers

Other	☐Lost-Time Injury/Illness ☐Recordable Injury/Illness ☐Environmental Non-Reportable Incident ☐ Property Loss (<$500,000) ☐Environmental Incident (L3), if appropriate ☐Non-significant Near Miss (≥10 on risk matrix)	• Facility Manager • HSE Manager
Brief Description of Incident Facts: (Use only known facts. Do not speculate as to cause, fault or error. Do not use assumptions in description of incident).		
Prepared by: *(Signature & Title)* *prepared)*		**Date & Time** *(actual time and date*

Attachment 4 - EOM-KS0-TP-000003 - Facility Causal Factor Checklist

This check list is an aid in determining likely causes of an accident. It is intended merely as a reference guide of factors to consider when determining why an accident may have happened. Use this checklist as a guideline to assess possible causes of an accident.

INSTRUCTIONS FOR USING THE CAUSAL FACTOR CHECKLIST:

1. Using Page 2 of the Checklist, the Investigation Team determines which of the various potential casual 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 Causes Categories for the subject incident.
4. The Cause Categories determined using this Checklist are then entered into the investigation form.

CAUSAL FACTOR CATEGORIES	
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

CAUSAL FACTOR CATEGORIES	
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

Causal Factor Checklist
Page 2 of 2

IMMEDIATE CAUSAL FACTORS

ACTIONS

- ■ **1.0 Following Procedures**
  - 1.1 Individual
  - 1.2 Group
  - 1.3 Supervision
  - 1.4 Operating equipment w/o authority
  - 1.5 Improper position / posture
  - 1.6 Overexertion - physical capabilities
  - 1.7 Work or motion at improper speed
  - 1.8 Improper loading
  - 1.9 Shortcuts
- ■ **2.0 Use of Tools or Equipment**
  - 2.1 Use of tools
  - 2.2 Use of equipment
  - 2.3 Use of defective tools
  - 2.4 Use of defective equipment
  - 2.5 Improper placement of tools/equip.

- ■ **7.0 Work Exposure To:**
  - 7.1 Fire or explosion
  - 7.2 Noise
  - 7.3 Energized electrical systems
  - 7.4 Energized systems (non-electrical)
  - 7.5 Radiation
  - 7.6 Temperature extremes
  - 7.7 Hazardous chemicals / substances
  - 7.8 Mechanical hazards
  - 7.9 Clutter or debris
  - 7.10 Storms or acts of nature
  - 7.11 Slippery floors or walkways
- ■ **8.0 Workplace Environment**
  - 8.1 Congestion or restricted motion
  - 8.2 Lighting
  - 8.3 Ventilation
  - 8.4 Clearance
  - 8.5 Layout (ergonomics)

CONTRIBUTING CAUSAL FACTORS

PERSONAL FACTORS

- ■ **9.0 Physical Capability**
  - 9.1 Vision
  - 9.2 Hearing
  - 9.3 Other sensory impact (smell/touch)
  - 9.4 Respiratory capacity
  - 9.5 Physical disabilities
  - 9.6 Temporary disabilities (broken leg)
  - 9.7 Inability to sustain body positions
  - 9.8 Restricted range -body movement
  - 9.9 Substance sensitivities or allergies
  - 9.10 Size or strength
  - 9.11 Medication

JOB FACTORS (continued)

- 15.3 Correction of reported hazard
- 15.4 Identification of hazards
- 15.5 Management of change
- 15.6 Incident reporting / invest.
- 15.7 Safety meetings
- 15.8 Performance measurement
- ■ **16.0 Contractor Selection / Oversight**
  - 16.1 Contractor pre-qualifications
  - 16.2 Contractor selection
  - 16.3 Non-approved contractor
  - 16.4 Oversight
- ■ **17.0 Engineering / Design**
  - 17.1 Technical design
  - 17.2 Standards / specs / criteria
  - 17.3 Assessment of potential failures
  - 17.4 Ergonomic design
  - 17.5 Monitoring of Facility
  - 17.6 Assessment / operational readiness
  - 17.7 Monitoring of initial operation
  - 17.8 Evaluation / documentation change
- ■ **18.0 Work Planning**
  - 18.1 Work planning
  - 18.2 Preventive maintenance
  - 18.3 Repairs
  - 18.4 Wear and tear
  - 18.5 Reference materials
  - 18.6 Audit / inspection / monitoring
  - 18.7 Job placement (personnel)
- ■ **19.0 Purchasing / Material Handling**
  - 19.1 Item(s) received
  - 19.2 Research on requirements

	2.6	Operating equip. at improper speed
	2.7	Servicing of equipment in operation
■	**3.0**	**Use of Protective Methods**
	3.1	Prescribed PPE not used
	3.2	PPE used improperly
	3.3	Servicing energized equipment
	3.4	Lack of knowledge of job hazards
	3.5	Equipment / materials not secured
	3.6	Disabled guards / warning systems
	3.7	Removed guards / warning devices
	3.8	PPE not available
■	**4.0**	**Inattention / Lack of Awareness**
	4.1	Horseplay
	4.2	Acts of violence
	4.3	Failure to warn
	4.4	Decisions / judgment
	4.5	Distracted by other concerns
	4.6	Inattention to footing / surroundings
	4.7	Routine activity (complacency)
	4.8	Use of drugs or alcohol
	4.9	Use of prescribed medications
CONDITIONS		
■	**5.0**	**Protective Systems**
	5.1	Guards / safety device utilization
	5.2	Guards / safety device functionality
	5.3	PPE utilization
	5.4	PPE functionality
	5.5	Warning systems effectiveness
	5.6	Warning systems functionality
	5.7	Isolation (LO / TO)
■	**6.0**	**Tools, Equipment, & Vehicles**
	6.1	Equipment / tools utilization
	6.2	Equipment / tools functionality
	6.3	Equipment / tools preparation
	6.4	Defective vehicle
	6.5	Proper vehicle for purpose
	6.6	Vehicle preparation
■	**10.0**	**Physical Condition**
	10.1	Previous injury or illness
	10.2	Fatigue (workload, lack of rest)
	10.3	Performance loss (temp O_2 level)
	10.4	Blood sugar deficiency
	10.5	Impairment (drug or alcohol use)
■	**11.0**	**Behavioral Aspects**
	11.1	Examples by supervision
	11.2	Critical behaviors not identified
	11.3	Critical behaviors not reinforced
	11.4	Unsafe behaviors not identified
	11.5	Response to unsafe acts
	11.6	Productivity incentives
	11.7	Time and cost constraints
■	**12.0**	**Skill Level**
	12.1	Assessment of required skills
	12.2	Practice of required skills
	12.3	Performance of skill
	12.4	Skill
■	**13.0**	**Other**
	13.1	Judgment
	13.2	Memory
	13.3	Poor condition or reaction time
	13.4	Emotional upset
	13.5	Fears and phobias
	13.6	Preoccupied w /problems/concerns
	13.7	Conflicting directions / demands
	13.8	Confusing directions / demands
	13.9	Frustration
JOB FACTORS		
■	**14.0**	**Training / Knowledge Transfer**
	14.1	Knowledge transfer
	14.2	Recall of training
	14.3	Training provided for work
■	**15.0**	**Leadership (Mgmt.)**
	15.1	Conflicting roles or responsibilities
	15.2	Leadership practices
	19.3	Mode or route of shipment
	19.4	Handling of materials
	19.5	Storage of materials / parts
	19.6	Material packaging
	19.7	Material shelf-life exceeded
	19.8	Identification of hazardous material
	19.9	Salvage and / or waste disposal
	19.10	Use of ES&H data
■	**20.0**	**Tools and Equipment**
	20.1	Assessment of needs / risks
	20.2	Ergonomic considerations
	20.3	Standards / specifications
	20.4	Availability (tools / equipment)
	20.5	Adjustment / repair / maintenance
	20.6	Salvage and reclamation
	20.7	Removal / replaced wrong item
	20.8	Equipment record history
■	**21.0**	**Policies / Standards / Procedures**
	21.1	PSP for the work performed
	21.2	Development of PSP
	21.3	Implementation of PSP
	21.4	Enforcement of PSP
	21.5	Communication of PSP
■	**22.0**	**Communication**
	22.1	Horizontal (peer-to-peer)
	22.2	Vertical (employee to super)
	22.3	Between organizations
	22.4	Between work groups
	22.5	Between shifts
	22.6	Communication methods
	22.7	Communication method available
	22.8	Instructions
	22.9	Job turnover
	22.10	Communication of ES&H data
	22.11	Standard terminology
	22.12	Verification practices
	22.13	Language differences

Attachment 5 - EOM-KS0-TP-000004 - Facility Documentation Checklist

Attachment
Information required if available
All Incident Report Form (completed)
Statement from employee
Witness Statements
Supervisor's Statement
O&M / Facility Manager Statement
Doctors Certificate
Pictures / Photographs/Plans
Copy of Shift Instructions given
Copy of Shift Time Sheet
Copy of Pre-Start Checklist
Copy of previous operators Time Sheet
Copy of previous operators Pre-Start Checklist
Copy of employees training Questionnaires
Copy of Certificates of Competency

Copy of Induction register
Copy of employees training records
Copy of recent service records for machinery involved
Copy of weekly safety inspection for machinery involved
Any Manufacturers recommendations
Maintenance reports for equipment post-incident
Correspondence to or from Client
Correspondence to or from Statutory authority
Copy of any relevant permits, licences or works approvals
Copy of any relevant environmental or health-related monitoring results
Copy of calibration certificates

NB: Documentation listed above must be clearly referenced in the body of the report.

Attachment 6 - EOM-KS0-TP-000005 – Facility HSE Alert Template

HSE ALERT

This is an internal HSE Alert and should not be circulated externally without the HSE Responsible or Facility Manager approval.

Incident: (Descriptive Title)		
Workplace Location:	*Date of Incident:*	*Classification:*
Description: (Brief description indicating key aspects of incident)	Picture goes here. (Photo showing hazard or result)	
Injury/Damage:		
Possible Contributing Factors:		
Potential Hazards To Be Aware Of:		
Possible Actions To Prevent Recurrence: This incident is currently being investigated. Without pre-empting the outcome of the investigation, a Workplace Manager shall review this alert and determine if the following actions or others should be undertaken to their workplace.		
Authorized By:		*Facility Manager*
		HSE Responsible
For More Information - Contact:	*Phone:*	

Attachment 7 – Incident Reporting Scale (IRS)

Area	IR1 – Severe Incident	IR2 – Major Incident	IR3 – Moderate Incident	IR4 – Minor Incident
Occupational Safety				
Personal Injury/Accident/ Illness to Employees	• Any Death of an employee (direct employees and labor hire/manpower provision under the Facility's direct management control) caused, or likely to have been caused by a workplace safety incident, through natural causes whilst at work or travelling on company business.	• Any Major Incident/Injury to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: ○ Any injury requiring resuscitation or admittance to hospital for more than 24 hours ○ Fracture other than to fingers, thumbs or toes ○ Injury resulting from an electric shock or electrical burn leading to unconsciousness ○ Dislocation of the shoulder, hip, knee, or spine ○ Amputation ○ Loss of sight (temporary or permanent) ○ Chemical or hot metal burn to the eye, or any penetrating injury to the eye ○ Any other injury: leading to hypothermia, heat-induced illness, unconsciousness, requiring resuscitation, or requiring admittance to a hospital for more than 24 hours ○ Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent ○ Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin ○ Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent, its toxins or infected material	• Any Medical Treatment Injury to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: ○ Application of antiseptics during second or subsequent visits to medical personnel ○ Treatment of partial or full thickness burns ○ Insertion of sutures ○ Removal of foreign bodies embedded in eye (unless, it has penetrated the eye when it would be classed as a major incident) ○ Removal of foreign bodies from a wound if the depth of embedment, size or location complicates the procedure ○ Use of prescription medications (except a single dose administered on the first visit, for minor injury or discomfort) ○ Surgical debridement (Surgical removal of foreign object or suspect tissue from a wound) ○ Fracture to fingers, thumbs, or toes ○ Admission to a hospital or equivalent for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) ○ Any work injury that results in a loss of consciousness unless caused by asphyxia or exposure to a harmful substance or biological agent, when it should be classified as a Major Incident ○ Any injury requiring two visits to a Doctor (or 2nd Doctor prescribed visits to an associated health professional such as a Physiotherapist). • Any LTI that incurs one or more day/shifts absence, caused, or thought likely to have been caused by a workplace safety incident.	• Any First Aid incident to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: ○ Application of antiseptics during the first visit to medical personnel ○ Treatment of superficial burns ○ Application of bandages during any visit to medical personnel ○ Removal of foreign bodies not embedded in the eye ○ Removal of foreign bodies from a wound, if the procedure is uncomplicated and is affected using some simple technique ○ Use of non-prescription medications and administration of a single dose of prescription medication on the first visit for a minor injury or discomfort such as a Tetanus injection ○ Drilling of a finger or toenail to relieve pressure, or draining fluid from a blister ○ Negative x-ray diagnosis ○ Observation of injury during a visit to medical personnel (less than 12 hours duration) ○ Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid treatment is adequate, and/or provides advice on recovery • Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies.
Physical Assaults to Employees (excluding Threatening Communication)	• Any incident resulting in multiple employee (direct employees and labor hire/manpower provision under the Facility's direct management control) being subject to a serious assault in the workplace where the assaults involves one or more of the following: ○ A sexual assault	• Any incident resulting in a serious physical assault in the workplace of an individual employee (direct employees and labor hire/manpower provision under the Facility's direct management control) involving one or more of the following: ○ A sexual assault ○ Results in detention in outside hospital as an in-patient	• Any incident resulting in a physical assault in the workplace of an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), which causes an injury that is not classified as serious (IRS 1 and 2).	• Any non-serious physical assault involving an employee (direct employees and labor hire/manpower provision under the Facility's direct management control) in the workplace where no injury is incurred, but there is potential for psychological harm.
	○ Requires medical treatment for concussion or internal injuries ○ Results in one or more of the following injuries a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken	○ Requires medical treatment for concussion or internal injuries ○ Results in one or more of the following injuries a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken		

Area	IR1 – Severe Incident	IR2 – Major Incident	IR3 – Moderate Incident	IR4 – Minor Incident
	tooth, cuts requiring suturing, bites or temporary or permanent blindness	tooth, cuts requiring suturing, bites or temporary or permanent blindness		
Sub-Contractor Incident (A third party contracted to do a specified piece of work)	• Any Death of a contractor's employee, caused or likely to have been caused by a workplace safety incident, whilst undertaking work on behalf of the Facility.	• Any Major Incident Injury to a contractor's employee caused, or likely to have been caused by a workplace safety incident whilst undertaking work on behalf of the Facility resulting from/in: ○ Any injury requiring resuscitation or admittance to hospital for more than 24 hours ○ Fracture other than to fingers, thumbs, or toes ○ Injury resulting from an electric shock or electrical burn leading to unconsciousness ○ Dislocation of the shoulder, hip, knee, or spine ○ Amputation ○ Loss of sight (temporary or permanent) ○ Chemical or hot metal burn to the eye or any penetrating injury to the eye	• Any Medical Treatment Injury to a contractor's employee, caused or likely to have been caused by a workplace safety incident, whilst undertaking work on behalf of the Facility resulting from/in: ○ Application of antiseptics during second or subsequent visits to medical personnel ○ Treatment of partial or full thickness burns Insertion of sutures ○ Removal of foreign bodies embedded in eye (unless it has penetrated the eye when it would be classed as a major incident) ○ Removal of foreign bodies from a wound if the depth of embedment, size or location complicates the procedure ○ Use of prescription medications (except a single dose administered on the first visit for minor injury or discomfort)	• Any First Aid incident to a contractor's employee caused, or thought likely to have been caused by a workplace safety incident whilst undertaking work on behalf of the Facility resulting from/in: ○ Application of antiseptics during the first visit to medical personnel ○ Treatment of superficial burns ○ Application of bandages during any visit to medical personnel ○ Removal of foreign bodies not embedded in the eye ○ Removal of foreign bodies from a wound if the procedure is uncomplicated and is affected using some simple technique ○ Use of non-prescription medications and administration of a single dose of prescription medication on the first visit for a minor injury or discomfort such as a Tetanus injection
		○ Any other injury: leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours ○ Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent ○ Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion, or through the skin ○ Acute illness requiring medical treatment, where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material	○ Surgical debridement (Surgical removal of foreign object or suspect tissue from a wound) ○ Fracture to fingers, thumbs or toes ○ Admission to a hospital or equivalent for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) ○ Any work injury that results in a loss of consciousness, unless caused by asphyxia or exposure to a harmful substance or biological agent when it should be classified as a Major Incident ○ Any injury requiring two visits to a Doctor or 2nd Doctor prescribed visits to an associated health professional such as a Physiotherapist • Any LTI that incurs one or more day/shifts absence caused or thought likely to have been caused by a workplace safety incident whilst undertaking work on behalf of the Facility. The LTI is recorded from the date the incident occurred not when time was actually lost.	○ Drilling of a finger or toenail to relieve pressure, or draining fluid from a blister ○ Negative x-ray diagnosis ○ Needle stick injury ○ Observation of injury during a visit to medical personnel (less than 12 hours duration) ○ Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid treatment is adequate and/or provides advice on recovery • Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies.
Duty of Care				
Third Party Incident To include customers, general public, patients, or other persons for whom the Facility has a duty of care, but excludes subcontractors	• Any Death of a person caused or thought likely to have been caused, by a workplace safety incident or from self-harm. • Any death that occurs to someone for whom we have a duty of care.	• Any Major Incident Injury, as a direct result of the Facility's operations and/or failures under the Facility's control, to an individual resulting from/in:- ○ Any injury requiring resuscitation or admittance to hospital for more than 24 hours ○ Fracture other than to fingers, thumbs, or toes ○ Injury resulting from an electric shock or electrical burn leading to unconsciousness ○ Dislocation of the shoulder, hip, knee, or spine ○ Amputation	• Any Medical Treatment Injury, as a direct result of the Facility's operations and/or failures under the Facility's control to an individual resulting from/in:- ○ Treatment of partial or full thickness burns ○ Insertion of sutures ○ Removal of foreign bodies embedded in eye (unless it has penetrated the eye when it would be classed as a major incident) ○ Removal of foreign bodies from a wound if the depth of embedment, size or location complicates the procedure ○ Surgical debridement (Surgical removal of foreign	• Any First Aid incident, as a direct result of the Facility's operations and/or failures under the Facility's control to an individual resulting from/in:- ○ Application of antiseptics or bandages by medical personnel ○ Treatment of superficial burns- Removal of foreign bodies not embedded in the eye ○ Removal of foreign bodies from a wound if the procedure is uncomplicated and is affected using some simple technique

Area	IR1 – Severe Incident	IR2 – Major Incident	IR3 – Moderate Incident	IR4 – Minor Incident
		○ Loss of sight (temporary or permanent) ○ Chemical or hot metal burn to the eye or any penetrating injury to the eye ○ Any other injury: leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours ○ Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent ○ Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion, or through the skin	object or suspect tissue from a wound) ○ Fracture to fingers, thumbs or toes ○ Admission to a hospital or equivalent, for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) ○ Any injury that results in a loss of consciousness, unless caused by asphyxia or exposure to a harmful substance or biological agent when it should be classified as a Major Incident.	○ Drilling of a finger or toe, nail to relieve pressure, or draining fluid from a blister ○ Negative x-ray diagnosis ○ Observation of injury during a visit to medical personnel (less than 12 hours duration) ○ Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid treatment is adequate and/or provides advice on recovery • Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies.
		○ Acute illness requiring medical treatment where there is a reason to believe that this resulted from exposure to a biological agent or its toxins or infected material		
Road Traffic Accident/Incident (injury or damage while using a company vehicle)	• Death of a person at work driving on company business. • Death of person not at work driving a company vehicle. • Death of any person caused (or likely to have been caused) by a person driving a company vehicle or driving on company business. • Road Traffic Accident resulting in severe or widespread damage to third party or public property and/or the environment affecting the general public.	• Road Traffic Accident or Incident resulting in major injury to staff or a third-party, requiring admittance to hospital for more than 24 hours. • Road Traffic Accident or Incident causing major damage to third-party or public property, and/or the environment limited to the site or Facility concerned, and not immediately affecting the general public.	• Road Traffic Accident or Incident resulting in moderate injury to staff or a third-party, requiring admission to a hospital or equivalent for medical treatment or observation for more than 12 hours. • Road Traffic Accident or Incident causing moderate damage to third-party or public property and/or the environment limited to the site concerned and not immediately affecting the general public.	• Road Traffic Accident or Incident resulting in minor injuries to staff, or a third-party requiring local first aid treatment. • Environmental incidents with minor, localized impact. • Road Traffic Accident or Incident resulting in damage to company or third-party vehicle only.
Other Incidents	• Severe or widespread damage to third-party or public property affecting the general public.	• Accident/hostile action/ situation causing **major** damage to third-party or public property, and/or the environment. Limited to the site or Facility concerned, and not immediately affecting the general public.	• Accident/hostile action/situation causing **moderate** damage to third-party or public property, and/or the environment. Limited to the site or the Facility concerned, and not immediately affecting the general public.	• Accident/hostile action/situation causing **minor** damage to third party or public property and/or the environment limited to the site or Facility concerned and not immediately affecting the general public.
Environment	• Any Major environmental incident with potential to put public at risk, cause major environmental impact, significant breach of regulatory requirements, and/or likely to receive major media coverage. Causing Major damage to the environment and/or sites affecting the general public including: ○ Toxic contaminant release ○ Significant fire or explosion ○ Impact extends beyond company property ○ Extensive or long-term impairment of ecosystem function ○ Impact to unique or protected species or habitats ○ Release of material or energy which causes chronic illness, permanent disabling injury, fatality, or extensive property damage ○ Irreparable damage to highly valued structures or sacred locations	• Incident which does not fall under IRS 1, but needs to be reported to external regulators or substantial impact in terms of remediation: ○ Toxic contaminant release that can be contained and not immediately affecting the general public ○ No immediate danger outside Facility property, but potential exists for emergency to extend beyond Facility property ○ Moderate impact on the physical or biological environment, with limited impairment of ecosystem function, or minor impact to fauna or flora in a statutory designated area ○ Release of material or energy which causes severe but reversible illness, non-disabling injury, or moderate property damage	• Environmental incidents with minor, localized minor impact, and minimal or no remediation works required. Minor impact on the physical or biological environment – no significant impairment of ecosystem function or release of material or energy with potential to cause minor illness, injury, or property damage.	• Minor Environmental incident/near miss which has the potential to cause environmental impact.
Business Integrity	• Any incident relating to: ○ Competition law ○ Trade sanctions ○ Anti-bribery and corruption ○ Fraud & money laundering ○ Facilitation payments	• Any Incident relating to: ○ Theft or goods, services, time, or cash ○ Accounting or audit irregularities	• Any individual conflicts of interest not reported to the line management, and unmitigated.	• Any incident that had the potential to breach the Facility Code of Conduct in regard to those incidents detailed under IRs 1 or 2.

Area	IR1 – Severe Incident	IR2 – Major Incident	IR3 – Moderate Incident	IR4 – Minor Incident
	• Any incident, perception of significant abuse, or harassment of those within our duty of care that would spark significant media interest. • Any law enforcement investigation into possible criminal activity by member(s) of staff. • Any supplier or partner used by the Facility, that is involved in some form of significant legal breach or malpractice.	○ Unmitigated organizational conflicts of interest ○ Falsification of company records ○ Regulatory/Statutory breach (major) • Any supplier or partner used by the Facility, that is involved in some form of legal breach or malpractice (as described in IR1 above), with another client. • Any other incident that is notifiable to a Regulator but is not considered to be an IR1 incident. • Any incident that causes extreme customer dissatisfaction, or potential loss of revenue if not immediately rectified.		
Security (Physical, Information, and People) Note: The Data Processing Context Ease of Identification and Circumstances of Breach should be considered when assessing the severity of the breach	• Physical, Information, or People Security incident with a risk impact of VHI (reputational, regulatory, operational, financial, and management effort) such as: ○ An information security breach (involving significant quantities of information) impacting the Facility information, where serious damage to the Facility's interests may result in legal or regulatory penalties, or loss of control ○ Actual or potential security breach where serious damage to the national interest may result ○ Incident likely to attract significant media interest ○ Detention, kidnapping of an employee	• Physical, Information, or People Security incident with a risk impact of HI (reputational, regulatory, operational, financial, and management effort), such as: ○ A security breach affecting the Facility's information/property which would adversely affect the Facility's ability to function, and would require large resources (time, money, or staff) to recover from an incident. This may include: ○ The arrest of an employee,	• Physical, Information or People Security incident with a risk impact of MED or LO (reputational, regulatory, operational, financial, and management effort)	• Physical, Information or People Security incident with a risk impact of Violence (reputational, regulatory, operational, financial, and management effort) ○ Any incident resulting in a Threatening Communication assault
Data Protection Breach Note: The Data Processing Context Ease of Identification and Circumstances of Breach should be considered when assessing the severity of the breach	• Any Data Breach which may cause individuals, significant or in some cases, irreversible consequences which they may not be able to overcome. Such examples include, but are not limited to: ○ Financial stress such as substantial debt ○ Inability to work ○ Long term psychological or physical ailments ○ Death	• Any Data Breach which may cause individuals significant consequences, which they should be able to overcome, albeit with serious difficulties. Such examples include, but are not limited to: ○ Misappropriation of funds ○ Blacklisting by banks ○ Property damage ○ Loss of employment ○ Court Order ○ Worsening of Health	• Any Data Breach which may cause individuals significant inconveniences, which they will be able to overcome despite a few difficulties. Such examples include, but are not limited to: ○ Extra costs ○ Denial of access to business services ○ Lack of understanding ○ Fear ○ Stress ○ Minor physical ailments	• Any Data Breach which will not affect individuals or will cause a few inconveniences which they will overcome without any problem. Such examples include but are not limited to: ○ Time spent re-entering information ○ Annoyances ○ Irritations