
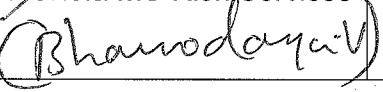
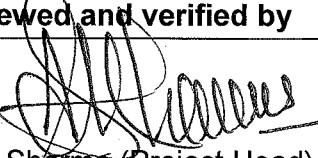
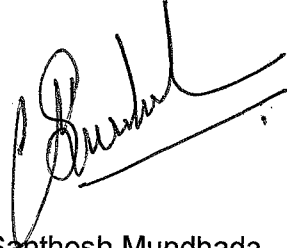




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INCIDENT NOTIFICATION, INVESTIGATION AND ANALYSIS

Prepared by	Reviewed and verified by	Authorized by
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	 Jose Numpeli (Project Head)	
	 9/2/2023 Samar Suri (Project Head)	


04.02.23

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Document Change Note

Rev. No	Rev. Date	Comments / Changes
00	5-12-2022	New Issue



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1 PURPOSE

The purpose of this procedure is to establish an outline for incident notification, investigation and follow-up to ensure that incidents are properly classified and reported, causal factors and root causes determined and corrective and preventive actions implemented to avoid recurrence of similar incidents in the future.

2 SCOPE

This procedure shall apply to all AMNS project sites and related work areas including contractors to meet –

- Legal requirements
- Project specific HSE requirements
- ISO 45001 and ISO 14001 standard requirements
- AMNS HSE Policy

3 DEFINITIONS

3.1 DEFINITIONS

Accident: An occurrence arising out of or in the course of work which result in injury, ill health, fatality and/or property damage or damage to the environment.

Incident: Any unplanned work related event(s) in which an injury or ill health or fatality and/or property damage or damage to the environment occurred or could have occurred.

Near miss: An incident where no injury or illness or fatality or property damage occurred but has potential to occur.

Restricted Work Case (RWC): When an injury or illness involves restricted work or job transfer but does not involve days away from work.

Medical Treatment Case (MTC): Treatment of injuries administered by a registered medical practitioner and enabling the injured to continue his duties. MTC requires follow-up treatment by a medical practitioner. Medical treatment does not include first aid treatment. (Refer to definition for First Aid Treatment).

First Aid Case: Any one time simple treatment and subsequent observation of minor scratches, cuts, minor burn, splinters and so forth which do not require onward medical care.

Recordable Cases: Accidents that result in Fatality, Lost Time Injury, Medical Treatment and Restricted Work Cases.

Lost Time Injury (LTI): When a work related injury or Illness that requires absence from duty for more than 48 hours.

Immediate Cause: The action, omission or condition that resulted in an incident

Root Cause: The underlying cause or causes that lead to an incident

Environmental Incident: Any time a material is spilled, discharged or otherwise released in amounts which exceed regulated limits

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Transport Incident: An incident, involving vehicles or transport equipment (like trailers, dumpers, passenger vehicles) on project site / on-duty outside the project premises.

Property Damage Incident: An incident, which involve damage to property.

Dangerous Occurrences: Dangerous occurrences are certain unintended, specified events, which may not result in a reportable injury, but which do have the potential to cause significant harm. Examples are:

1. Collapse or failure of lifting appliance or breakage or failure of ropes, chains or loose gears, including slings, lifting beams, container spreaders, etc. or over turn or displacement of cranes used in dock work, falling of hatch boards or beams or cargo slings, displacement of hatch beam resulting in the fall of hatch beams or coverings;
2. Collapse or subsidence of any wall, floor, gallery, roof, platform, staging or means of access;
3. Explosion of a receiver or vessel used for the storage, at a pressure greater than atmospheric pressure, of any gas or gases (including air) or any liquid or solid resulting from the compression of gas;
4. Explosion or fire causing damage to any place in the docks in which dock workers are employed;
5. Failure, capsizing, toppling or collision of transport equipment;
6. Spillage or leakage of dangerous cargoes or damage to their containers
7. Breakage, buckling or damage of freight containers.

HIPO (High Potential) incident: An unplanned HSE incident or near-miss that has the potential severity to cause a permanent disability or death.

3.2 ABBREVIATIONS:

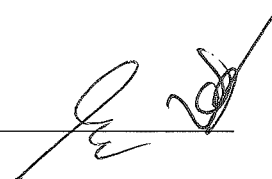
- SOR - Safety Observation Request
- LTI - Lost Time Incident
- FAC - First Aid Case
- RWC - Restricted Work Case
- MTC - Medical Treatment Case
- IR - Industrial Relations

4 RESPONSIBILITIES

All employees whoever witness or involve in an incident are responsible for reporting incident to their supervisor or site Engineer or HSE department immediately.

Project Head will be responsible for the overall implementation of this procedure. The following person(s) or job classification will be responsible for:

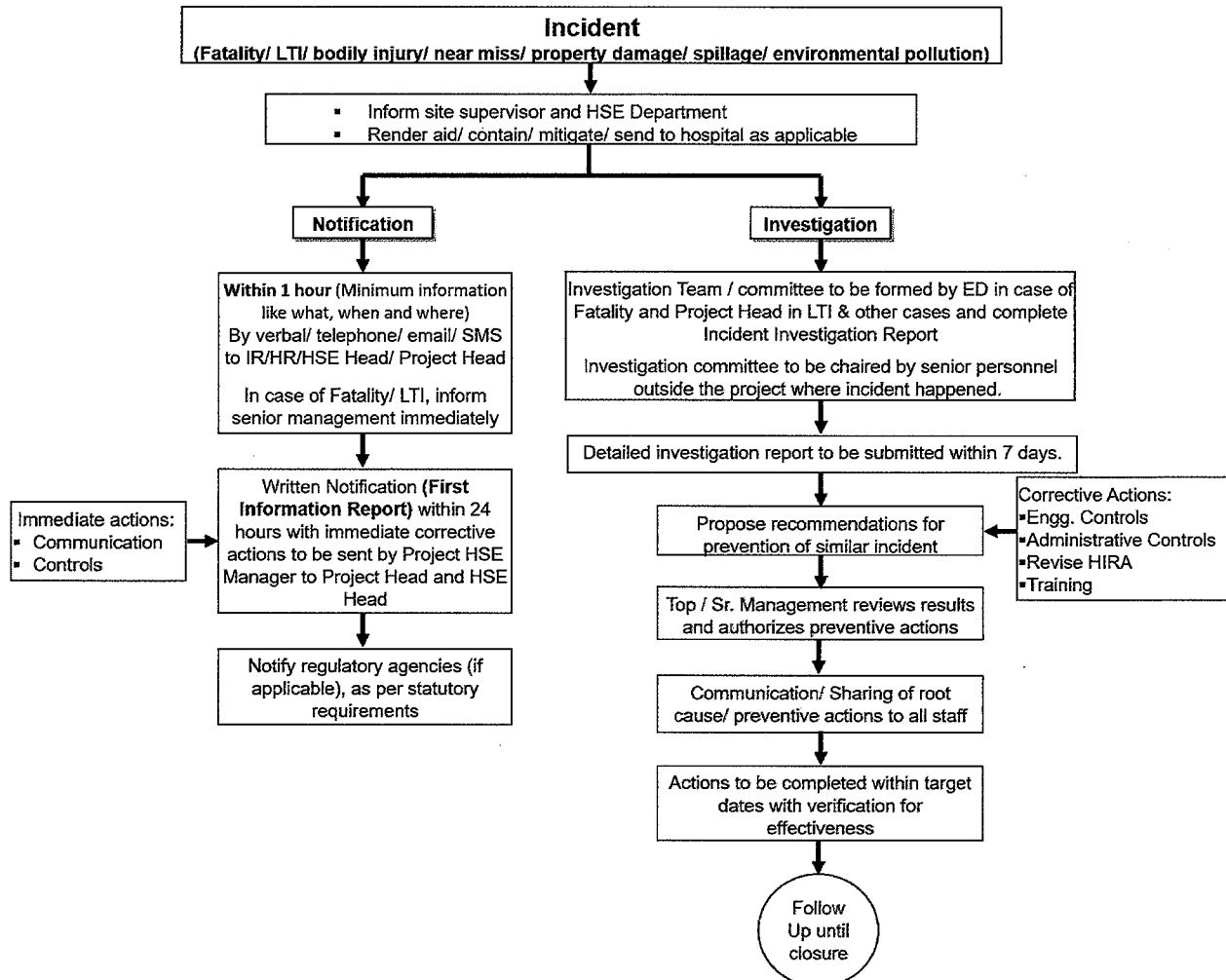
- Incident Reporting : Person(s) who witnesses the incident
- Completing First Information Report : Site supervisor/ Engineer
- Reviewing First Information Report : HSE Manager
- Regulatory Notification : Admin / IR
- Incident Investigation & completing form : A team as described under section - 5.2.2.
- Follow Up : Project Head
- Training : HSE department
- Record Keeping : HSE department



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5 DESCRIPTION

5.1 INCIDENT REPORTING & INVESTIGATION FLOW CHART



5.2 INCIDENT REPORTING AND INVESTIGATION PROCESS

5.2.1 Incident Reporting

Any person who witness/ involved in an incident shall report immediately (with in one hour) to his/ her immediate supervisor/ HSE department describing the incident. AMNS encourages all its employees/ visitors/ contractor personnel onsite to report any incident involving personnel injury/ property damage/ environmental impact/ or having potential to cause loss irrespective of magnitude of the incident. Management of AMNS encourage to report all incidents which gives an opportunity for identify areas for improvement.

First Information Report shall be prepared and sent to Project HSE Manger by Section Head/ Section In-Charge and HSE Manager shall send to Project Head/ Central HSE within 24 hours. Incidents having medium and high potential shall be considered for investigation.

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5.2.2 Incident Investigation

First Information Report will be reviewed by Project Head/ Project HSE Manager to determine the approach to the incident investigation and allocation of appropriate personnel or teams for investigation.

The composition and leadership of the investigation team will be determined by ED / Project Head depending on the incident severity. A team will typically consist of Management, HSE department personnel and employees. For more severe or complex cases, additional technical/ HSE specialists may be required to join the investigation team. Project Head will approve the final make up of the team depending up on the complexity.

Incident Investigation Report shall be completed within 7 days to record:

- The Incident Loss details
- The results of the Root Cause Analysis along with supportive details attached.
- Recommendations to prevent recurrence

The Investigation process will typically comprise the following steps:

- Establish who the witnesses are;
- Decide where to conduct the investigation;
- Conduct the investigation using a combination of interview and observation;
- Analyze the findings to establish Root Causes; and
- Establish corrective actions and identify preventive actions.

Corrective actions (Recommendations to prevent recurrence) from the investigation report shall be implemented in a timely fashion with defined dates and responsible parties for completion and follow up. All recommendations to prevent recurrence shall be tracked to closure.

At the completion of the investigation, all forms and reports will be filed in HSE Department.

Results of the incident investigation will be communicated to employees through toolbox talks/ Safety Alerts.

A follow-up inspection will be conducted to evaluate the overall effectiveness of the corrective actions. Modifications in corrective actions will be made, as necessary, and raised as SORs to control the hazard effectively.

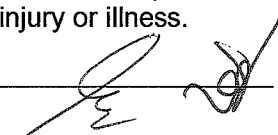
Findings of investigations and follow-up review of corrective action will be used to revise HIRAC, Job Safety Analyses (JSAs), HSE procedures and training programs as appropriate.

5.3 REPORTING ACCIDENT TO GOVERNMENT AGENCY

In case of LTI / Fatality / Dangerous Occurrence, concerned local authority (as defined in The Gujarat Factories Rule, 1963 / BOCW Gujarat State Rules), has to be informed by IR/ Admin department.

5.4 WORKERS COMPENSATION CLAIM FILING

The Industrial Relation (IR) department is responsible for ensuring that worker compensation claims are filed in a timely and accurate manner following an occupational injury or illness.



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Prior to completing any claim form, the IR department will access to the occupational accident/ incident investigation report.

5.5 MODIFIED / RESTRICTED WORK AND RETURN TO WORK PROGRAM

It is the policy of AMNS to attempt to place an employee with a confirmed occupational physical limitation into work, suitable to such a limitation.

The IR personnel will arrange for a suitably modified or restricted work, in consultation with The Project Head, for the employee in the event that the employee has physical limitations but has been cleared to return to work by Medical Officer and HSE Manager.

No injured employee is permitted to return to work unless he/she has been cleared to return by the treating Occupational Health Professional.

6 TRAINING

All employees are trained in this procedure for reporting incidents during Induction and through regular toolbox talks.

Relevant personnel are trained in their roles and responsibility as stated in the procedure.

7 RECORDS

S. No.	Title	Location	Retention period
01	First Information Reports & Incident Investigation Reports	HSE Department	Until completion of the project
02	Corrective Action Plans/SORs	HSE Department	
03	Training	HSE Department	

8 REFERENCE DOCUMENTS

S. No.	Format No.	Standard Name
1	AMNS/Project/SS/HSEM/03	Communication, consultation & participation
2	AMNS/Project/SS/HSEM/05	Training, awareness & competence
3	AMNS/Project/SS/HSEM/08	HIRAC
4	AMNS/Project/SS/HSEM/12	Emergency Response Plan

9 ANNEXURE

AMNS/Project/SS/HSEM/13/F01 - First Information Report
AMNS/Project/SS/HSEM/13/F02 - Incident Investigation Report

AM/NS INDIA	FIRST INFORMATION REPORT	AMNS/Project/SS/HSEM/13/F01
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Incident Date:	Notification date:	Report No :
Incident Time:	AMNS/ Contractor:	Project:

ACTUAL HARM/ LOSS

Location/ Area	Injury	Environmental	Others Involved	Severity Classification
Project Site	Fatality	Soil Contamination	Light vehicle	Catastrophic/ Dangerous occurrence
Office	LTI	Air Pollution	Heavy vehicle/ Eqpt.	Serious
Accommodation	RWC	Water pollution	Electrical	Minor
Transport	MTC	Spill/ Leak	Property damage	Near miss
Non Work Related	First Aid		Fire/ Chemical	

DESCRIPTION OF INCIDENT (Who, What, Where, When & How?):

--

POTENTIAL TO CAUSE HARM/ DAMAGE (If similar incident happens again)

Frequency of Task	Potential harm/ damage				Risk Classification	Tick as applicable
	Remote	N(1)	N(2)	L(3)	L(4)	
	Unlikely	N(2)	L(4)	M(6)	M(8)	
	Likely	L(3)	M(6)	M(9)	H(12)	
	Frequently	L(4)	M(8)	H(12)	H(16)	
		Minor	Moderate	Serious	Catastrophic	

NOTE: Incident having Medium or High potential to cause harm/ damage shall be investigated

Details of Injured Person: No-1

Name	Designation	Age (Yrs)
Worker ID No	Project/Location	
Contractor Name		
Responsible AMNS Supervisor's Name		

Type of Work Being Done			
Excavation/piling	Welding	Housekeeping	Grinding / Cutting using power tool
Formwork	Manual handling	Blasting	Plant and machinery operations
Concreting	Rigging/Lifting	Radiography	Driving vehicle / equipment
Masonry works	Electrical	Gas Cutting	Structural steel erection
Dismantling / demolition	Painting	Gas Heating	Scaffold erection/dismantling
Hydro testing	Commissioning	Others (specify)	

WITNESSES:

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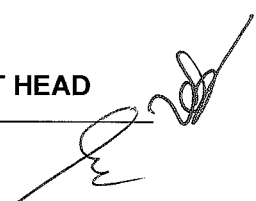
IMMEDIATE CORRECTIVE ACTIONS:

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SECTION HEAD / SECTION IN-CHARGE

HSE MANAGER

PROJECT HEAD



INCIDENT INVESTIGATION
REPORT

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PART 1: NOTIFICATION

Incident Date:	Notification date:	Report No :
Incident Time:	AMNS/ Contractor:	Project:

ACTUAL HARM/ LOSS

Location/ Area	Injury	Environmental	Others Involved	Severity Classification
Project Site	Fatality	Soil Contamination	Light vehicle	Catastrophic/ Dangerous occurrence
Office	LTI	Air Pollution	Heavy vehicle/ Eqpt.	
Accommodation	RWC	Water pollution	Electrical	Serious
Transport	MTC	Spill/ Leak	Property damage	Minor
Non Work Related	First Aid		Fire/ Chemical	Near miss

DESCRIPTION OF INCIDENT (Who, What, Where, When & How?):

--

POTENTIAL TO CAUSE HARM/ DAMAGE (If similar incident happens again)

Frequency of Task	Potential harm/ damage				Risk Classification	Tick as applicable
	Remote	N(1)	N(2)	L(3)	L(4)	
	Unlikely	N(2)	L(4)	M(6)	M(8)	
	Likely	L(3)	M(6)	M(9)	H(12)	
	Frequently	L(4)	M(8)	H(12)	H(15)	
	Minor	Moderate	Serious	Catastrophic		

NOTE: Incident having Medium or High potential to cause harm/ damage shall be investigated

Details of Injured Person: No-1

Name	Designation	Age (Yrs)
Worker ID No	Project/Location	
Contractor Name		
Responsible AMNS Supervisor's Name		

Type of Work Being Done

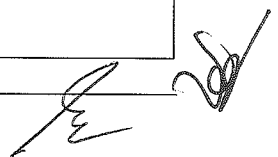
Excavation/piling	Welding	Housekeeping	Grinding / Cutting using power tool
Formwork	Manual handling	Blasting	Plant and machinery operations
Concreting	Rigging/Lifting	Radiography	Driving vehicle / equipment
Masonry works	Electrical	Gas Cutting	Structural steel erection
Dismantling / demolition	Painting	Gas Heating	Scaffold erection/dismantling
Hydro testing	Commissioning	Others (specify)	

WITNESSES:

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IMMEDIATE CORRECTIVE ACTIONS:

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INCIDENT NOTIFICATION & INVESTIGATION REPORT PART-2

(Check all applicable boxes)

A) Injury or Illness Information (for each person injured)

NAME	AGE	EMP Code/ ID	AMNS/ CONTRACTOR	JOB FUNCTION	EXPERIENCE	INJURY TYPE	BODY PART

Note: **TYPE OF INJURY**

Bruise	Poisoning by harmful substance	Crush injury	Lung disease (Occupational asthma, pneumoconiosis)	Chemical or hot metal burn	Fracture
Abrasion	Unconsciousness	Arc eye	Infections such as tetanus	Heat induced illness	Death
Cut	Itching/Allergy	Paralysis	Musculo-skeletal disorders	Amputation	Eye injury
Puncture	Loss of sight	Electric shock	Skin diseases (dermatitis, cancer, oil acne)	Dislocation	Electrical burn

FISHBONE or WHY- WHY ANALYSIS

Investigation Section-1 - Type & Immediate/ Direct Cause

Type of Event:					
<input type="checkbox"/>	Struck against	<input type="checkbox"/>	Fall on same level	<input type="checkbox"/>	Overstress/ergonomic
<input type="checkbox"/>	Struck by	<input type="checkbox"/>	Fall to lower level	<input type="checkbox"/>	Product contamination
<input type="checkbox"/>	Caught between or under	<input type="checkbox"/>	Contact with	<input type="checkbox"/>	Environmental release
<input type="checkbox"/>	Caught in	<input type="checkbox"/>	Abnormal operation	<input type="checkbox"/>	Other
<input type="checkbox"/>	Caught on	<input type="checkbox"/>	Equipment failure		
Others(Please specify):					

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Substandard Acts:			
<input type="checkbox"/> Operating equip w/o authority	<input type="checkbox"/> Improper loading	<input type="checkbox"/> Failure identify hazard/risk	
<input type="checkbox"/> Failure to warn	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Failure to check/ monitor	
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Improper placement	<input type="checkbox"/> Failure to react/correct	
<input type="checkbox"/> Operating at improper speed	<input type="checkbox"/> Improper position for task	<input type="checkbox"/> Failure to communicate/co-ordinate	
<input type="checkbox"/> Making safety devices inoperable	<input type="checkbox"/> Under influence of alcohol/ drugs	<input type="checkbox"/> Horseplay	
<input type="checkbox"/> Using defective equipment	<input type="checkbox"/> Failure to use PPE properly	<input type="checkbox"/> Failure to follow procedures	
<input type="checkbox"/> Servicing equip in operation	<input type="checkbox"/> Using equipment Improperly	<input type="checkbox"/> Others	
Others(Please specify):			

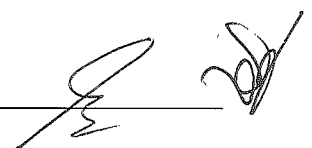
Substandard Conditions:			
<input type="checkbox"/> Inadequate guards or barriers	<input type="checkbox"/> Noise exposure	<input type="checkbox"/> Inadequate information/data	
<input type="checkbox"/> Inadequate/ improper protective equipment	<input type="checkbox"/> Temperature extremes	<input type="checkbox"/> Inadequate preparation/ planning	
<input type="checkbox"/> Defective tools, equip or materials	<input type="checkbox"/> Radiation exposure	<input type="checkbox"/> Inadequate support/assistance	
<input type="checkbox"/> Congestion or restricted action	<input type="checkbox"/> Inadequate/excess illumination	<input type="checkbox"/> Inadequate communications	
<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Unsuitable road conditions	
<input type="checkbox"/> Fire and explosion hazards	<input type="checkbox"/> Presence of harmful materials	<input type="checkbox"/> Inclement weather conditions	
<input type="checkbox"/> Poor housekeeping/ disorder	<input type="checkbox"/> Inadequate instructions/procedures	<input type="checkbox"/> Others (Not mentioned in the list)	
Others(Please specify):			

Investigation Section 2 — Basic/ Root Cause

Personal Factors:		Job Factors:	
<input type="checkbox"/> Inadequate physical capability	<input type="checkbox"/> Inadequate leadership/supervision	<input type="checkbox"/> Inadequate work standards	
<input type="checkbox"/> Inadequate mental capability	<input type="checkbox"/> Inadequate engineering	<input type="checkbox"/> Inadequate communications	
<input type="checkbox"/> Physical stress	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Inadequate tools and equipment	
<input type="checkbox"/> Mental stress	<input type="checkbox"/> Inadequate purchasing	<input type="checkbox"/> Excessive wear and tear	
<input type="checkbox"/> Improper motivation	<input type="checkbox"/> Others		
<input type="checkbox"/> Abuse or misuse			
<input type="checkbox"/> Lack of knowledge			
<input type="checkbox"/> Lack of skills			
<input type="checkbox"/> Others			
Others(Please specify):			

Investigation Section 3 — Areas for corrective actions

<input type="checkbox"/> Leadership and admin	<input type="checkbox"/> Emergency preparedness	<input type="checkbox"/> Health/Hygiene control	<input type="checkbox"/> Materials & services mgt
<input type="checkbox"/> Leadership training	<input type="checkbox"/> Rules and work permits	<input type="checkbox"/> System evaluation	<input type="checkbox"/> Environmental mgt
<input type="checkbox"/> Inspections & maintenance	<input type="checkbox"/> Incident investigation/ analysis	<input type="checkbox"/> Engineering/change mgt	<input type="checkbox"/> Hiring and placement
<input type="checkbox"/> Critical task analysis/ proc	<input type="checkbox"/> Knowledge & skill training	<input type="checkbox"/> Personal communications	<input type="checkbox"/> General promotion
<input type="checkbox"/> Task observation	<input type="checkbox"/> Personal Protective Equipment	<input type="checkbox"/> Group communications	<input type="checkbox"/> Other



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Investigation Section 4 - Summary of investigation findings

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Investigation Section 5 - Corrective /Preventive actions

S. No.	Action Item	Person Responsible	Target Date	Tracking ref number

Name of the investigation team leader:		
Names of other team members:	NAME	SIGN
	NAME	SIGN
	NAME	SIGN

Investigation Section 6 - Comments by Project Head (To be filled for LTI or more serious)

Name:	Signature:	Date:

Attachments:					Notes:
Witness Statements		Yes		No	
Sketches		Yes		No	
Photographs		Yes		No	
Additional Explanation		Yes		No	
Others		Yes		No	

