**PART 1: NOTIFICATION**

|  |  |  |
| --- | --- | --- |
| Incident Date:  Incident Time: | Notification date:  AMNS/ Contractor: | Report No :  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)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Potential harm/ damage** | | | |  | Risk Classification | Tick as applicable |
| **Frequency of Task** | Remote | N(1) | N(2) | L(3) | L(4) | **High** |  |
| Unlikely | N(2) | L(4) | M(6) | M(8) | **Medium** |  |
| Likely | L(3) | M(6) | M(9) | H(12) | **Low** |  |
| Frequently | L(4) | M(8) | H(12) | H(16) | **Negligible** |  |
|  |  | 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:** |

|  |
| --- |
| **IMMEDIATE CORRECTIVE ACTIONS:** |

**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 | Masco-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:** | | | | | | | | |
|  | Struck against |  | Fall on same level | |  | | Overstress/ergonomic | |
|  | Struck by |  | Fall to lower level | |  | | Product contamination | |
|  | Caught between or under |  | Contact with | |  | | Environmental release | |
|  | Caught in |  | Abnormal operation | |  | | Other | |
|  | Caught on |  | Equipment failure | |  | |  | |
| Others(Please specify): | | | | | | | | | |
| **Substandard Acts:** | | | | | | | | | |
|  | Operating equip w/o authority | |  | Improper loading | |  | | Failure identify hazard/risk | |
|  | Failure to warn | |  | Improper lifting | |  | | Failure to check/ monitor | |
|  | Failure to secure | |  | Improper placement | |  | | Failure to react/correct | |
|  | Operating at improper speed | |  | Improper position for task | |  | | Failure to communicate/co-ordinate | |
|  | Making safety devices inoperable | |  | Under influence of alcohol/ drugs | |  | | Horseplay | |
|  | Using defective equipment | |  | Failure to use PPE properly | |  | | Failure to follow procedures | |
|  | Servicing equip in operation | |  | Using equipment Improperly | |  | | Others | |
| Others(Please specify): | | | | | | | | | |

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

**Investigation Section 2 — Basic/ Root Cause**

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

**Investigation Section 3 — Areas for corrective actions**

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

**Investigation Section 4 - Summary of investigation findings**

|  |
| --- |
|  |

**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 |  |