

# Incident Report Form

The main purpose of completing this form is to establish and record the immediate and underlying causes of the event and make recommendations to prevent recurrence.

## Definitions:

**Accident** – An undesired event which results in actual loss (e.g. injury to personnel, impact on or release to the environment, property damage or loss and/or production/productivity loss).

**Near Miss:** An undesired event which does not result in physical loss but has the potential to do so.

1. General Section		Incident Report Number:		
1.1 – Type of Incident				
Check Appropriate Box:	<b>Consequences:</b> (Check appropriate box)	Actual	Potential	Matrix Values
<input type="checkbox"/> Accident	Harm to people	<input type="checkbox"/>	<input type="checkbox"/>	See page 6 for severity matrix evaluations  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Actual</span> <span>Potential</span> </div> <p>Note: The actual severity matrix value should be blank for a Near Miss event.</p>
<input type="checkbox"/> Near Miss	Impact on/Release to Environment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Occupational Illness	Property/Equipment/Damage/Loss	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Security Incident	Production/Productivity Loss	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 - Time and Place of Incident				
Name of Site	Responsible Person	Location	DD/MM/YYYY	Time (24hr)
1.3 - Description of Incident (continue on separate sheet if necessary)				
References:				
Attachments	<input type="checkbox"/> Sketch <input type="checkbox"/> Additional Description <input type="checkbox"/> Photographs <input type="checkbox"/> Witness Statements  <input type="checkbox"/> Doctor/Medical Report <input type="checkbox"/> Other Specify			

## 2. Classification

### 2.1 - Work Processes (indicate major operation in progress at location of incident)

Check one box:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Construction/Commissioning | <input type="checkbox"/> Maintenance       | <input type="checkbox"/> Pipe laying Operations    | <input type="checkbox"/> Surface Protection |
| <input type="checkbox"/> Domestic/Catering          | <input type="checkbox"/> Material Handling | <input type="checkbox"/> Production/Process        | <input type="checkbox"/> Transport          |
| <input type="checkbox"/> Drilling/Workover          | <input type="checkbox"/> Off Shift         | <input type="checkbox"/> Seismic/Survey Operations | <input type="checkbox"/> Well Servicing     |
| <input type="checkbox"/> Lifting/Crane Operations   | <input type="checkbox"/> Office/Clerical   | <input type="checkbox"/> Other (specify)           |   |

### 2.2 – Actual Activity Leading to Incident (indicate actual activity leading to event)

Check Appropriate Box(es)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Activities involving LSA Scale | <input type="checkbox"/> Inspection         | <input type="checkbox"/> Rig Move                                | <input type="checkbox"/> Walking on Same Level            |
| <input type="checkbox"/> Blasting                       | <input type="checkbox"/> Lifting Operations | <input type="checkbox"/> Running Casing/ Completion              | <input type="checkbox"/> Welding/Burning/ Grinding        |
| <input type="checkbox"/> Cleaning                       | <input type="checkbox"/> Man Riding         | <input type="checkbox"/> Wellhead/Xmas Tree/ BOP Handling        | <input type="checkbox"/> Scaffolding                      |
| <input type="checkbox"/> Climbing/Descending            | <input type="checkbox"/> Manual Handling    | <input type="checkbox"/> Subsurface Intervention                 | <input type="checkbox"/> Working at Height >1.8m          |
| <input type="checkbox"/> Driving                        | <input type="checkbox"/> Mechanical         | <input type="checkbox"/> Use of Portable Hand Tools/Equipment    | <input type="checkbox"/> Working with Hazardous Materials |
| <input type="checkbox"/> Electrical/Instrument          | <input type="checkbox"/> Painting           | <input type="checkbox"/> Use of Portable Mechanical Lifting Aids | <input type="checkbox"/> Other (Specify)                  |

### 2.3 – Involved Factors

Company Involved:		System Involved:	
Equipment Involved:		Substance/Chemical Involved:	
Person Involved			

### 2.4 - Consequences in Connection with Incident (not to be completed where the incident was a "Near Miss")

Harm to People	Injured Party's Full Name		Employer		Position		Age (years)	
	Days into Rotation:		Hours on Shift					
	Sex		Shift		Employment Category			
	<input type="checkbox"/> Male		<input type="checkbox"/> Day Shift		<input type="checkbox"/> Off Shift		<input type="checkbox"/> Staff	
	<input type="checkbox"/> Female		<input type="checkbox"/> Night Shift		<input type="checkbox"/> Overtime		<input type="checkbox"/> Contractor	
							<input type="checkbox"/> Visitor	
	Experience in Position:				Experience at Location			
	Description of Injury/Illness:							
	Injury Category. Check One Box							
	<input type="checkbox"/> Fatality		<input type="checkbox"/> Lost Time Injury (LTI)		<input type="checkbox"/> Restricted Work Case (RWC)			
	<input type="checkbox"/> Medical Treatment Case (MTC)		<input type="checkbox"/> First Aid Case (FAC)		<input type="checkbox"/> Occupational Illness			
Source of Injury: Check One Box								
<input type="checkbox"/> Caught Between or Under		<input type="checkbox"/> Contact With High Pressure		<input type="checkbox"/> Exposure to Radiation		<input type="checkbox"/> Overstress		
<input type="checkbox"/> Caught In		<input type="checkbox"/> Contact With High Temperature		<input type="checkbox"/> Exposure to Noise		<input type="checkbox"/> Struck Against		
<input type="checkbox"/> Caught On		<input type="checkbox"/> Contact With Low Temperature		<input type="checkbox"/> Fall on Same Level		<input type="checkbox"/> Struck By		
<input type="checkbox"/> Contact with Gas/Dust/Fumes/Vapour/Smoke				<input type="checkbox"/> Fall From Height		<input type="checkbox"/> Stepped On		
<input type="checkbox"/> Vehicle Incident		<input type="checkbox"/> Contact With Specify						

Type of Injury (Check appropriate box(es))	Part of Body Injured (Check Appropriate Boxes)
<input type="checkbox"/> Amputation	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Foot
<input type="checkbox"/> Burn (Chemical)	<input type="checkbox"/> Hand
<input type="checkbox"/> Burn (Hot/Cold)	<input type="checkbox"/> Head
<input type="checkbox"/> Concussion	<input type="checkbox"/> Internal
<input type="checkbox"/> Crush/Bruising	<input type="checkbox"/> Knee
<input type="checkbox"/> Cuts/Laceration/Puncture	<input type="checkbox"/> Leg
<input type="checkbox"/> Dislocations	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Sprain	<input type="checkbox"/> Neck
<input type="checkbox"/> Heat	<input type="checkbox"/> Finger
<input type="checkbox"/> Foreign Body (Eye)	
<input type="checkbox"/> Fracture	
<input type="checkbox"/> Hypothermia	
<input type="checkbox"/> Internal Injury	
<input type="checkbox"/> Loss of Consciousness	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Shock (Electrical)	
<input type="checkbox"/> Strain	

## 2 – Classification - continued

Oil, Chemical and Non Process Gas Releases				
Impact on/Release Environment	Type of Release (Check One Box)		Duration	Release To (Check One Box)
	<input type="checkbox"/> CFC/HCFC (Kg) <input type="checkbox"/> Hydrocarbon Spill (bbls) <input type="checkbox"/> CO <sub>2</sub> (Kg) <input type="checkbox"/> OBM (bbls)			
	<input type="checkbox"/> Chemical Spill (bbls) <input type="checkbox"/> SBM (bbls) <input type="checkbox"/> Flare Fallout (bbls) <input type="checkbox"/> Other (Specify)		Quantity	
	<input type="checkbox"/> Produced Water/Process Upset (bbls)			
Description:				
Process Gas Release				
Detection Method (Check one box)		Type of Leak (Check one box)	Quantity	Duration
<input type="checkbox"/> Automatic		<input type="checkbox"/> Hydrocarbon	M <sup>3</sup>	mins
<input type="checkbox"/> Manual		<input type="checkbox"/> H <sub>2</sub> S	ppm	mins
Property/ Equipment Damage/Loss and/or Stability Impairment	Description			
	Fire/Explosion (complete this section if the incident resulted in fire and/or explosion)			
	Type of Fire Check One Box	Explosion?	Ignition Source	
	<input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Extinguishing System Used	
			Quantity Used (if applicable)	
	Damage Extent			
Estimated Downtime				
Production / Productivity Loss	Description			

	Cost (\$)	Oil (Bbls)	Gas (M <sup>3</sup> )	Duration (Hours)
2.5 – Formal Notification Requirements (Specify any official forms that have to or have been completed)				
Specify:				

### 3 - Causes

#### 3.1 – Immediate Causes

**Unsafe Act** (acts and behaviour leading to the incident) Check appropriate boxes

<input type="checkbox"/> Failure to Adequately Secure	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Lack of Attention/Forgetfulness
<input type="checkbox"/> Failure to Communicate	<input type="checkbox"/> Improper Loading	<input type="checkbox"/> Operating Without Authority
<input type="checkbox"/> Failure to Follow Rules/Procedure	<input type="checkbox"/> Improper Manual Handling Practices	<input type="checkbox"/> Operating/Working at Improper Speed
<input type="checkbox"/> Failure to Observe/Use Warning/Safety Devices	<input type="checkbox"/> Improper Placement/Storage/Segregation	<input type="checkbox"/> Use of Defective Tools/Equipment
<input type="checkbox"/> Failure to Warn Others	<input type="checkbox"/> Improper Position for Task	<input type="checkbox"/> Under Influence of Alcohol/Drugs
<input type="checkbox"/> Failure to Wear Appropriate PPE	<input type="checkbox"/> Improper Use of Tools/Materials/Equipment	<input type="checkbox"/> Working on Equipment in Operation

**Unsafe Condition** (conditions leading to the incident)

<input type="checkbox"/> Congestion or Restricted Access	<input type="checkbox"/> Exposure to Ionising Radiation	<input type="checkbox"/> Inadequate Warning/Safety Devices
<input type="checkbox"/> Corrosion/Erosion/Structural Failure	<input type="checkbox"/> Hazardous Environmental Conditions	<input type="checkbox"/> Inadequate or Excessive Illumination
<input type="checkbox"/> Defective Tools/Materials/Equipment	<input type="checkbox"/> Inadequate Access	<input type="checkbox"/> Inadequate or Improper Protective Equipment
<input type="checkbox"/> Excessive Noise/Vibration	<input type="checkbox"/> Inadequate Guards/Barriers	<input type="checkbox"/> Poor Housekeeping
<input type="checkbox"/> Exposure to Hazardous Substances	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Weather Conditions

#### 3.2 – Immediate Causes

**Personal Factors** (factors associated with people) Check appropriate boxes

<input type="checkbox"/> Abuse or Misuse	<input type="checkbox"/> Inadequate Mental/Psychological Capability	<input type="checkbox"/> Mental and Psychological Stress
<input type="checkbox"/> Failure to Observe and Follow PTW	<input type="checkbox"/> Inadequate Physical Capability	<input type="checkbox"/> Not Fully Competent
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Lack of Knowledge	<input type="checkbox"/> Personal Problems
<input type="checkbox"/> Improper Motivation	<input type="checkbox"/> Lack of Skill/Training	

**Job Factors** (insufficiently organised work procedures or weaknesses associated with the workplace)

<input type="checkbox"/> Inadequate Design/Specifications	<input type="checkbox"/> Inadequate Planning/Organisation	<input type="checkbox"/> Inadequate Work Standards
<input type="checkbox"/> Inadequate Engineering Control	<input type="checkbox"/> Inadequate Policies/Procedures	<input type="checkbox"/> Wear and Tear
<input type="checkbox"/> Inadequate Inspection/Maintenance	<input type="checkbox"/> Inadequate Purchasing Control	
<input type="checkbox"/> Inadequate Leadership/Supervision	<input type="checkbox"/> Inadequate Tools/Equipment/Materials	

### 3.3 – Lack of Control

#### Check Appropriate Boxes

**A:** Requirements/Guidelines not in Place

**B:** Requirements/Guidelines not Appropriate

**C:** Requirements/Guidelines not Followed

Systems Failure	A	B	C	Systems Failure	A	B	C
Task Risk Assessment and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Materials and Services/Contractor Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness and Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering and Change Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planned Inspection and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and Skill Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation of Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4 - Actions

### 4.1 – Corrective Remedial Actions

List all actions identifying a Responsible Department, Actionee and Estimated Completion Date against each action

Description	Responsible Department	Actionee	Estimated Completion Date

### 4.2 - Signatures

Originator	Supervisor/Investigation Team Leader	HSE Representative
Date:	Date:	Date:

### 4.3 – Department Manager's Review and Approval (if required)

Signature:	Date:
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## 5 - Severity Matrix Values

Please complete the appropriate evaluations of the consequences as indicated in section 1.1

Where the incident resulted in an “Accident”, both the Actual and Potential severity should be completed

Where the incident was a “Near Miss”, the Potential Severity should be completed **ONLY**

### 5.1 – Actual Severity

Code	Actual Harm to People	Production/ Productivity Loss	Property	Environment			Reputation
				Oil	Chemical	Gas	
1	<input type="checkbox"/> Fatality	<input type="checkbox"/> >\$10M	<input type="checkbox"/> >\$10M	<input type="checkbox"/> >1000bbbls	<input type="checkbox"/> >1000bbbls	<input type="checkbox"/> >10000kg	<input type="checkbox"/> International Impact
2	<input type="checkbox"/> Major Injury/ Serious Health Effect (Long Term Illness)	<input type="checkbox"/> >\$2M	<input type="checkbox"/> >\$2M	<input type="checkbox"/> <1000bbbls	<input type="checkbox"/> <1000bbbls	<input type="checkbox"/> <10000kg	<input type="checkbox"/> National Impact
3	<input type="checkbox"/> Lost Time Injury (LTI)/ Moderate Health Effect	<input type="checkbox"/> >\$500K	<input type="checkbox"/> >\$500K	<input type="checkbox"/> <100bbbls	<input type="checkbox"/> <100bbbls	<input type="checkbox"/> >100kg	<input type="checkbox"/> Considerable Impact
4	<input type="checkbox"/> Restricted Work Case (RWC)/ Slight Health Effect	<input type="checkbox"/> >\$100K	<input type="checkbox"/> >\$100K	<input type="checkbox"/> >10bbbls	<input type="checkbox"/> >10bbbls	<input type="checkbox"/> <100kg	<input type="checkbox"/> Limited Impact
5	<input type="checkbox"/> First Aid Case (FAC)/ Medical Treatment Case (MTC)/ No Health Effect	<input type="checkbox"/> <\$100K	<input type="checkbox"/> <\$100K	<input type="checkbox"/> <1bbl	<input type="checkbox"/> <1bbl	<input type="checkbox"/> <10kg	<input type="checkbox"/> Slight Impact

Please check the appropriate boxes below (A – E) corresponding to Actual Consequences checked above

Code	Potential Number of People Affected	Likelihood
A	<input type="checkbox"/> 0	<input type="checkbox"/> Never Heard of Before in Industry
B	<input type="checkbox"/> 1	<input type="checkbox"/> Heard of in the Industry
C	<input type="checkbox"/> 2 – 10	<input type="checkbox"/> Incident has Occurred in our Company
D	<input type="checkbox"/> 11 – 100	<input type="checkbox"/> Happens Several Times per Year in our Company
E	<input type="checkbox"/> 101+	<input type="checkbox"/> Happens Several Times per Year at our Site

### 5.2 – Potential Severity

Code	Actual Harm to People	Production/ Productivity Loss	Property	Environment			Reputation
				Oil	Chemical	Gas	
1	<input type="checkbox"/> Fatality	<input type="checkbox"/> >\$10M	<input type="checkbox"/> >\$10M	<input type="checkbox"/> >1000bbbls	<input type="checkbox"/> >1000bbbls	<input type="checkbox"/> >10000kg	<input type="checkbox"/> International Impact
2	<input type="checkbox"/> Major Injury/ Serious Health Effect (Long Term Illness)	<input type="checkbox"/> >\$2M	<input type="checkbox"/> >\$2M	<input type="checkbox"/> <1000bbbls	<input type="checkbox"/> <1000bbbls	<input type="checkbox"/> <10000kg	<input type="checkbox"/> National Impact
3	<input type="checkbox"/> Lost Time Injury (LTI)/ Moderate Health Effect	<input type="checkbox"/> >\$500K	<input type="checkbox"/> >\$500K	<input type="checkbox"/> <100bbbls	<input type="checkbox"/> <100bbbls	<input type="checkbox"/> >100kg	<input type="checkbox"/> Considerable Impact
4	<input type="checkbox"/> Restricted Work Case (RWC)/ Slight Health Effect	<input type="checkbox"/> >\$100K	<input type="checkbox"/> >\$100K	<input type="checkbox"/> >10bbbls	<input type="checkbox"/> >10bbbls	<input type="checkbox"/> <100kg	<input type="checkbox"/> Limited Impact
5	<input type="checkbox"/> First Aid Case (FAC)/ Medical Treatment Case (MTC)/ No Health Effect	<input type="checkbox"/> <\$100K	<input type="checkbox"/> <\$100K	<input type="checkbox"/> <1bbl	<input type="checkbox"/> <1bbl	<input type="checkbox"/> <10kg	<input type="checkbox"/> Slight Impact

Please check the appropriate boxes below (A – E) corresponding to Actual Consequences checked above

Code	Potential Number of People Affected	Likelihood
A	<input type="checkbox"/> 0	<input type="checkbox"/> Never Heard of Before in Industry
B	<input type="checkbox"/> 1	<input type="checkbox"/> Heard of in the Industry
C	<input type="checkbox"/> 2 – 10	<input type="checkbox"/> Incident has Occurred in our Company
D	<input type="checkbox"/> 11 – 100	<input type="checkbox"/> Happens Several Times per Year in our Company
	<input type="checkbox"/> 101+	<input type="checkbox"/> Happens Several Times per Year at our Site