

RAY International Electrical Equipments Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

RAY-IMS-FR-627

Ref No:

INCIDENT NOTIFICATION

To be reported within 24 hours (maximum)

Version. No:

01

Issued Date:

Abudhabi / Dubai

3/30/2023

Page 1 of 2

Page No:

		To be reported Within 24 not	ars (maximam)								
DISTRIBUTIONTo:	scipline SR M	IGR, Qhse mGR & advisors, LINE managers, HRA mANAGER									
REPORT ORIGINA		Nimisha									
NAME:	23-03-0	0013	company / division: SangProject				GSM NO: CUG:	0			
LOCATION OF INCIDE	ENT:	kannur	DATE OF INCIDENT:	25-03-20	23		TIME:	05:16 F	05:16 PM		
INCIDENT TYPE: (TICK MARK THE APPLICABLE) Near Miss / Fist Aid Case / Restricted Work / Medically treated / Lost Time Injury / Fatality / Occupational Illness / Asset damage / Environment Damage/Traffic Accident/Roll Over											
INCIDENT ACTUAL		TING:		Likelihood Severity Rare		Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)		
Note:					Catastrophic (5)	Low	ow Moderate Hig	High	High	High	
Use the Risk Assess Advisor if required.	sment Matrix	to determine the actual and potential severity rating for the i	ncident. Seek assistance from	the HSE	Major (4) Lon		Moderate	Moderate	High	High	
Incidents with a pote	ential 'Medium	or High Risk' shall be referred to the RAY QHSE Dept immediately			Moderate (3)	Low Moderat		Moderate	Moderate	High	
		LOW MED	нісн		Minor (2)	Low	Moderate	Moderate	Moderate	Moderate	
(Please click and drag (t rating)		Negligible (1)	le (1) Low		Low	Low	Low			
Checking BRIEF DESCRIPTION OF INCIDENT											
checking			BRIEF DESCRIPTION	OF DAMAGE							
NUMBER OF PERSONS INJURED: 4											
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. checking											
			THE FOLLOWING FOR <u>LOW</u> Medium or High Potential M			man late al\					
		· · · · · · · · · · · · · · · · · · ·	medium of High Potential <u>M</u>	nave a rui	il investigation report co	mpieteu)					
IMMEDIATE CAUSES		testing									
UNDERLYING CAUSE	S	testing									
CORRECTIVE AND	ACTIONS:		CLOSED DATE								
checking				25-03-2023							
preventive testing Nimisha					25-03-2023						

DISTRIBUTIONTO: MD, CEO, GMs, Dis	scipline SR M	IGR, Qhse mGR & advisors, LINE managers, HRA mANAGEF	₹								
REPORT ORIGINA	ATED BY:	Nimisha									
NAME:	23-03-0	0013	COMPANY / DIVISION:	SangProje	SangProject			0			
LOCATION OF INCIDE	ENT:	kannur	DATE OF INCIDENT:	25-03-202	23		TIME:	05:16 F	05:16 PM		
INCIDENT TYPE: (TICK MARK THE APPLICABLE) Near Miss / Fist Aid Case / Restricted Work / Medically treated / Lost Time Injury / Fatality / Occupational Illness / Asset damage / Environment Damage/Traffic Accident/Roll Over											
INCIDENT ACTUAL		TING:	4	Likelihood Severity			Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)	
Note:				Catastrophic (5)	Low	Moderate	High	High	High		
	to determine the actual and potential severity rating for the	incident. Seek assistance from	cident. Seek assistance from the HSE		Low	Moderate	Moderate	High	High		
Incidents with a pote	ential 'Medium	or High Risk' shall be referred to the RAY QHSE Dept immediately			Moderate (3) Low		Moderate	Moderate	Moderate	High	
		LOW MED	нісн		Minor (2)	Low	Moderate	Moderate	Moderate	Moderate	
Please click and drag o	circle for correct	t rating)			Negligible (1) Low		Low	Low	Low	Low	
checking			BRIEF DESCRIPTION	OF INCIDENT							
Checking			BRIEF DESCRIPTION	OF DAMAGE							
checking			BRIEF DESCRIPTION	OF DAMAGE							
NUMBER OF PERSON	NS INJURED:		4								
NAMES OF INJURED	PEOPLE AND	DETAILS OF INJURIES.	checking								
		(All incidents including	THE FOLLOWING FOR <u>LOW F</u> ng Medium or High Potential <u>M</u> U			mpleted)					
IMMEDIATE CAUSES		testing									
UNDERLYING CAUSE	S	testing									
CORRECTIVE AND	PREVENTIVE	ACTIONS:	RESPONSIBLE				CLOSED DATE				
corrective testing1 surya					25-03-2023						
preventive testing1 surya					25-03-2023						_
preventive 3 Shilpa 23-03-2023											

Ref No:	RAY-IMS-FR-627	Version. No:	01	Issued Date :	3/30/2023	Page No:	Page 2 of 2	