

DISTRIBUT	ION TO :												
MD, CEO, G	GMs, Disc	ipline SR MGR, Q	hse mGR & adv	isors, LINI	E ma	nagers,	HRA r	mANAGE	R				
REPORT O	RIGINATE	ED BY:											
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUP	POR	T SERV	ICE		GSM NO CUG:	:			
LOCATION INCIDENT:		Chh	DATE OF INC	IDENT:	NT: 17-01-2023 Time : 09:10 AN) am		
INCIDENT TY (TICK MARK APPLICABLE	THE		s / Fist Aid Case onal Illness / As					-		-	-	-	
INCIDENT AC	CTUAL SE	VERITY RATING:		3		Likelih	bod	Rare(1)	Unlikely (2)	Possil (3)		ikely(4)	Almost Certain
POTENTIAL	SEVERITY	(RATING:		5		astrophic(5)	Low	Moderate	Hig	h	High	(5) High
Note: Use the Risk Assessment Matrix to determine the actual and potential severity rating for the incident. Seek assistance from the													
HSE Advisor if required.									High				
to the RAY QH		Min	or(2)		Low	Moderate	Moder	ate l	Moderate	Moderate			
LOW	ME				Neg	gligible(1)		Low	Low	Lov	v	Low	Low
Please click and	drag circle for	r correct rating)					DENT						
Sxrc			Ы	KIEF DESCK	IPTIO	N OF INCI	DENT						
			В	RIEF DESCR	IPTIO	N OF DAM	AGE						
b6g													
NUMBER OF P	ERSONS IN	IJURED :					89						
NAMES OF INJ	IURED PEO	PLE AND DETAILS O	INJURIES.	5D vi	vrxył	orx							
		(All incidents i	THE FOLLO	OWING FOR r High Poten					n report con	pleted)			
IMMEDIATE CAUSES		Hfhc											
UNDERLYING CAUSES		Sgdf											
Ref No :				/ersion. No	b :		Issue	d Date:			Pa	ge No.	Page 2 of

DISTRIBUTION MD. CEO. GI		ipline SR MGR. Q	hse mGR & advisors	s. LINE r	nanaders	. HRA m/	ANAGE	R			
						,					
REPORT OR	RIGINATE	ED BY:									
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUPPC	ORT SER\	/ICE		GSM NO CUG:	:		0
LOCATION C INCIDENT:)F	Chh	DATE OF INCIDE	NT:	17-01-2	2023		Time :	c	9:10 AM	
INCIDENT TYP (TICK MARK T APPLICABLE)	THE		ss / Fist Aid Case / R onal Illness / Asset c			-				-	
INCIDENT AC	TUAL SE	VERITY RATING:		3	Likelil		Rare(1)	Unlikely	Possible	e Likely(4)	Almost
POTENTIAL S	EVERITY	(RATING:		5	Severity			(2)	(3)		Certain (5)
					Catastrophic	:(5)	Low	Moderate	High	High	High
potential sever	rity rating		etermine the actual Seek assistance from	and the	Major(4)		Low	Moderate	Moderate	e High	High
HSE Advisor if re		Madium or Link Diald	l shall be referred	r	Moderate(3)		Low	Moderate	Moderate	e Moderate	High
to the RAY QHS		'Medium or High Risk mediately	r	/linor(2)		Low	Moderate	Moderate	e Moderate	Moderate	
LOW MED HIGH Negligible(1) Low Low Low Low Low									Low		
(Please click and dr	rag circle for	r correct rating)									
Gxrc			BRIEF	DESCRIPT	ION OF INC	IDENT					
			BRIEF	DESCRIP	FION OF DA	MAGE					
Tb6g											
NUMBER OF PE	RSONS IN	IJURED :				89					
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. 5D vtvrxybrx											
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-											
(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed)											
IMMEDIATE CAUSES		Hfhc									
UNDERLYING CAUSES		Sgdf									
		CORRECTIVE AI	ND PREVENTIVE ACTIO	NS:			F	RESPONSIB	LE:	CLO	SED DATE:
Ref No :			Versi	on. No :		Issued	Date:			Page No.	Page 3 of 9

DISTRIBUTIO											
		ipline SR MGR, Q	hse mGR & adv	visors, LIN	E managers	, HRA mA	ANAGE	R			
REPORT ORI	IGINATE	ED BY:									
NAME :	23-01-00	0011	COMPANY / DIVISION:	SUP	PORT SER	/ICE		GSM NO CUG:	:		(
LOCATION O	F	Chh	DATE OF INC	DENT:	17-01-2	023	09:10 AM	9:10 AM			
INCIDENT TYP (TICK MARK TH APPLICABLE)			s / Fist Aid Cas onal Illness / A			-					
		VERITY RATING:		3	Likeli		Rare(1)	Unlikely (2)	Possibl (3)	e Likely(4)	Almost Certain (5)
POTENTIAL SE	EVERITY	'RATING:		5	Catastrophic	(5)	Low	Moderate	High	High	High
potential severit	ty rating	ment Matrix to de for the incident.	ctual and from the	Major(4)		Low	Moderate	Moderat	te High	High	
HSE Advisor if red		Madium or High Pick		Moderate(3)		Low	Moderate	Moderat	te Moderate	High	
	Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately						Low	Moderate	Moderat	te Moderate	Moderate
LOW	ME	D HIGH			Negligible(1)		Low	Low	Low	Low	Low
(Please click and dra	ag circle for	correct rating)									
Gxrc			в	RIEF DESCR	RIPTION OF INC	JDENT					
Tb6g			E	BRIEF DESCI	RIPTION OF DA	MAGE					
NUMBER OF PER	RSONS IN	IJURED :				89					
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. 5D vtvrxybrx											
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-											
(All incidents including Medium or High Potential MUST have a full investigation report completed) IMMEDIATE CAUSES Hfhc											
UNDERLYING CAUSES		Sgdf									
Gfb							s			2023-01	-31
Ref No :				Version. N	o :	Issued	Date:			Page No.	Page 4 of 9

DISTRIBUTI												
		ipline SR MGR, Q	hse mGR & adv	visors, LIN	IE ma	anagers	, HRA m/	ANAGE	R			
REPORT OF	RIGINATE	ED BY:										
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUF	POF	RT SER\	/ICE		GSM NO CUG:	:		
LOCATION (INCIDENT:	OF	Chh	DATE OF INC	DENT:	17-01-2023 Time : 09:10						09:10 AM	
INCIDENT TY (TICK MARK APPLICABLE	THE		s / Fist Aid Cas onal Illness / A				-			-		
INCIDENT AC	CTUAL SE	VERITY RATING:		3		Likelil		Rare(1)	Unlikely (2)	Possib (3)	le Likely(4)	Almost Certain
POTENTIAL S	SEVERITY	(RATING:		5		Severity atastrophic	:(5)	Low	Moderate	High	High	(5) High
		ment Matrix to d for the incident.	etermine the a Seek assistance	ctual and from the	Ma	ajor(4)		Low	Moderate	Modera	ite High	High
HSE Advisor if r	required.				Mo	oderate(3)		Low	Moderate	Modera	ite Moderate	High
	Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately							Low	ow Moderate Mo		ite Moderate	Moderate
LOW	ME	ED HIGH			Ne	egligible(1)	,	Low	Low	Low	Low	Low
(Please click and c	drag circle for	r correct rating)										
Gxrc			В	RIEF DESC	RIPTIC	ON OF INC	CIDENT					
Tb6g			E	BRIEF DESC	RIPTIO	ON OF DA	MAGE					
NUMBER OF P	ERSONS IN	NJURED :					89					
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. 5D vtvrxybrx												
THE FOLLOWING FOR <u>LOW POTENTIAL INCIDENTS</u> - (All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed)												
IMMEDIATE CAUSES Hfhc												
UNDERLYING CAUSES		Sgdf										
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DISTRIBUTION TO :										
MD, CEO, GMs, Discipline SR MGR,	Qhse mGR & advis	sors, LINE r	managers	, HRA mA	NAGE	R				
REPORT ORIGINATED BY:										
NAME : 23-01-00011	COMPANY / DIVISION:	SUPPO	DRT SER\	/ICE		GSM NO CUG:	:		0	
LOCATION OF INCIDENT: Chh	DATE OF INCI	DENT:	17-01-2	023		Time :		09:10 AM		
	Лiss / Fist Aid Case ational Illness / Ass			-			-			
INCIDENT ACTUAL SEVERITY RATING	:	3	Likelil		Rare(1)	Unlikely (2)	Possib (3)	le Likely(4)	Almost Certain	
POTENTIAL SEVERITY RATING:		5	Severity Catastrophic	(5)	Low	Moderate	High	High	(5) High	
Note: Use the Risk Assessment Matrix to potential severity rating for the incident.			Major(4)		Low	Moderate	Modera	ate High	High	
HSE Advisor if required.			Moderate(3)		Low	Moderate	Modera	ate Moderate	High	
Incidents with a potential 'Medium or High R to the RAY QHSE Dept immediately		Minor(2)		Low Mod		Modera	ate Moderate	Moderate		
LOW MED HIG	GH		Negligible(1)		Low	Low	Low	Low	Low	
(Please click and drag circle for correct rating)										
Gxrc										
Tb6g	BR	IEF DESCRIP	TION OF DA	MAGE						
NUMBER OF PERSONS INJURED :				89						
NAMES OF INJURED PEOPLE AND DETAILS	OF INJURIES.	5D vtvr	xybrx							
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-										
(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed) IMMEDIATE Hfhc										
UNDERLYING Sgdf CAUSES										
Ref No :		ersion. No :		Issued [Data			Page No.	Page 6 of 9	

DISTRIBUTI												
MD, CEO, G	Ms, Disc	ipline SR MGR, Q	hse mGR & adv	visors, LINI	E ma	anagers,	HRA mA	ANAGE	R			
REPORT OF	RIGINATE	ED BY:										
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUP	POR	T SERV	/ICE		GSM NO CUG:	:		(
LOCATION (INCIDENT:	OF	Chh	DATE OF INC	TE OF INCIDENT: 17-01-2023 Time : 09:10 AM								
INCIDENT TY (TICK MARK APPLICABLE	THE		s / Fist Aid Cas onal Illness / A				-			-		
INCIDENT AC	TUAL SE	VERITY RATING:		3		Likelił		Rare(1)	Unlikely (2)	Possil (3)	,,,,	Almost Certain
POTENTIAL S	SEVERITY	rating:		5		Severity tastrophic	(5)	Low	Moderate	Higl	h High	(5) High
		ment Matrix to d for the incident.		ctual and from the	Мај	jor(4)		Low	Moderate	Moder	ate High	High
HSE Advisor if r	-				Мо	derate(3)		Low	Moderate	Moder	ate Moderate	High
Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately						nor(2)		Low Moderate		Moder	ate Moderate	Moderate
LOW	ME	ED HIGH			Ne	gligible(1)		Low	Low	Lov	v Low	Low
(Please click and c	drag circle for	correct rating)										
Gxrc				RIEF DESCR								
Tb6g			E	BRIEF DESCR	RELIC	ON OF DA	MAGE					
NUMBER OF P	ERSONS IN	IJURED :					89					
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. 5D vtvrxybrx												
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-												
(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed) IMMEDIATE												
CAUSES		Hfhc										
UNDERLYING CAUSES		Sgdf										
										-		
Ref No :			,	Version. No	o :		Issued	Date:			Page No.	Page 7 of 9

		ipline SR MGR, Q	hse mGR & adv	visors 1 IN	IF ma	anaders	HRA m4		R			
						, and going,	,					
REPORT O	RIGINATI	ED BY:										
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUF	POR	RT SERV	/ICE		GSM NO CUG:	:		(
LOCATION INCIDENT:		Chh	DATE OF INC	CIDENT:	ENT: 17-01-2023 Time : 09:10 AM							
INCIDENT TY (TICK MARK APPLICABLE	THE		ss / Fist Aid Cas onal Illness / A				-			-		
INCIDENT AC	CTUAL SE	VERITY RATING:		3		Likelih		Rare(1)	Unlikely	Possib	ble Likely(4)	Almost Certain
POTENTIAL	SEVERITY	Y RATING:		5	5	Severity			(2)	(3)		(5)
			L		Ca	tastrophic	(5)	Low	Moderate	High	n High	High
potential seve	erity rating	ment Matrix to d for the incident.		ctual and from the	Ma	ijor(4)		Low	Moderate	Modera	ate High	High
HSE Advisor if		'Medium or High Risk	' shall be referred		Mo	derate(3)		Low	Moderate	Modera	ate Moderate	High
to the RAY QH		Mir	nor(2)		Low	Moderate	Modera	ate Moderate	e Moderate			
LOW	ME	ED HIGH			Ne	gligible(1)		Low	Low	Low	/ Low	Low
(Please click and	drag circle for	r correct rating)										
Gxrc			E	BRIEF DESCI	RIPTIC	DN OF INC	IDENT					
Tb6g			E	BRIEF DESC	RIPTIC	ON OF DA	MAGE					
NUMBER OF P	ERSONS IN	NJURED :					89					
NAMES OF IN.	IURED PEC	OPLE AND DETAILS O	F INJURIES.	5D v	⁄tvrxy	brx						
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-												
(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed) IMMEDIATE Hfhc												
UNDERLYING CAUSES		Sgdf										
Ref No :				Version. N	o :		Issued	Date:			Page No.	Page 8 of 9
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DISTRIBUT	ION TO :										
		ipline SR MGR, Q	hse mGR & advisors	LINE	managers, HRA	mANAGE	R				
REPORT O	RIGINATE	ED BY:									
NAME :	23-01-0	0011	COMPANY / DIVISION:	SUPF	PORT SERVICE		GSM NO CUG:	:		0	
LOCATION INCIDENT:		Chh	DATE OF INCIDEN	T:	17-01-2023		Time :		09:10 AM		
(TICK MARK	INCIDENT TYPE: Near Miss / Fist Aid Case / Restricted Work / Medically treated / Lost Time Injury / Fatality / (TICK MARK THE APPLICABLE) Occupational Illness / Asset damage / Environment Damage/Traffic Accident/Roll Over										
INCIDENT AC	CTUAL SE	VERITY RATING:		3	Likelihood	Rare(1)	Unlikely (2)	Possib (3)	ble Likely(4)	Almost Certain	
POTENTIAL SEVERITY RATING: 5 Severity Catastrophic(5) Low Moderate High High											
Note: Use the Risk Assessment Matrix to determine the actual and potential severity rating for the incident. Seek assistance from the										High	
HSE Advisor if		'Medium or High Risk	shall be referred		Moderate(3)	Low	Moderate	Modera	ate Moderate	High	
to the RAY QH		-			Minor(2)	Low	Moderate	Modera	ate Moderate	Moderate	
LOW	ME	ED HIGH			Negligible(1)	Low	Low	Low	/ Low	Low	
(Please click and	drag circle for	r correct rating)	BDIEC D	5000	PTION OF INCIDENT						
Gxrc			DALL D	LUUK							
Tb6g			BRIEF D	ESCR	IPTION OF DAMAGE						
NUMBER OF P		IJURED :			89						
NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. 5D vtvrxybrx											
THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-											
(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed)											
IMMEDIATE CAUSES		Hfhc									
UNDERLYING CAUSES		Sgdf									
T											

Ref No :	/ersion. No :		Issued Date:		Page No.	Page 9 of 9
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