|  | RAY International Electrical Contracting & Maintenance LLC  |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
|--|---|-----------------------|------------------------|----------------|------------|-----|------------------|---------------------------|-------------------------------|--------------|------|-----------------|----------------|--------|--|
| DAV  | RAY International Electrical Contracting LLC  |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| INTERNATIONAL  | RAY International Power LLC   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| INCIDENT NOTIFICATION  |   |                       |                        |                |            |     |                  |                           |                               |              |      | Abudhabi/ Dubai |                |        |  |
| To be reported within 24 hours (maximum)   |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| DISTRIBUTIONTo:  |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                | $\neg$ |  |
|  | 1.1   | line SR MGR, QHSE MGR | & advisor              | s, LINE Manage | ers, HRA   | Mar | nager            |                           |                               |              |      |                 |                |        |  |
| REPORT ORIGINA   | TED   | BY:                   |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| NAME: I  | en1   |                       | COMPANY /<br>DIVISION: |                | abc        |     |                  |                           | GSM NO:                       |              | 8    |                 |                |        |  |
| LOCATION OF<br>INCIDENT: created by len1   |   |                       |                        | DENT:          | 06-07-2024 |     |                  | TIME:                     |                               | 14:23        |      |                 |                |        |  |
| INCIDENT TYPE:   | INCIDENT TYPE: Medically Treated  |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| INCIDENT ACTUAL SEVERITY RATING:   |   |                       |                        | 2              |            |     | Likelihood       |                           |                               |              |      |                 | Almost         |        |  |
| POTENTIAL SEVERITY RATING: 2   |   |                       |                        |                |            |     | Severity         | Rare (1)                  | Unlikely<br>(2)               | Possi<br>(3) |      | Likely (4)      | Certain<br>(5) |        |  |
| RISKLEVEL: Moderate  |   |                       |                        |                |            |     | Catastrophic (5) | Low                       | Moderate                      | Hig          | jh – | High            | High           |        |  |
| Note:<br>Use the Risk Assessment Matrix to determine the actual and potential severity |   |                       |                        |                |            |     | Major (4)        | (4) Low Moderate Moderate |                               | rate         | High | High            |                |        |  |
| rating for the incident. Seek assistance from the HSE Advisor if required.             |   |                       |                        |                |            |     | Moderate (3) Low |                           | Moderate                      | Mode         | rate | Moderate        | High           |        |  |
| Incidents with a potential 'Medium or High Risk' shall be referred to the              |   |                       |                        |                |            |     | Minor (2) Low    |                           | Moderate                      | Moderate     |      | Moderate        | Moderate       |        |  |
| RAY QHSE Dept immediately Low Moderate High  |   |                       |                        |                |            |     | Negligible (1)   | Low                       | Low                           | Lot          | ĸ    | Low             | Low            |        |  |
| BRIEF DESCRIPTION OF INCIDENT  |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| ddd  |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| BRIEF DESCRIPTION OF DAMAGE  |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| ddd  |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| NUMBER OF PERSONS INJURED: 1   |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES. dd                                    |   |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
|  | THE FOLLOWING FOR <u>LOW POTENTIAL INCIDENTS</u> -<br>(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed) |                       |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| IMMEDIATE<br>CAUSES  |   | dd                    |                        |                |            |     |                  |                           |                               |              |      |                 |                | $\neg$ |  |
| UNDERLYING<br>CAUSES   |   | dd                    |                        |                |            |     |                  |                           |                               |              |      |                 |                |        |  |
| CORRECTIVE AND PREVENTIVE ACTIONS:   |   |                       |                        |                |            |     |                  | RESPONSIBLE:              |                               |              |      | CLOSED DATE:    |                |        |  |
| ddd  |   |                       |                        |                |            |     |                  | Prave<br>Samy             | Praveenkumar Kumara d<br>Samy |              |      |                 |                |        |  |