

RAY International Electrical Contracting & Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

INCIDENT NOTIFICATION To be reported within 24 hours (maximum)

Abudhabi/ Dubai

| DISTRIBUTIONT | o: | | | | | | | | | | |
|---|---------|-----------------------------|----------------|----------------|-------------------|--|-------------|-----------------|--------------|--------------|--------------------------|
| | | ine SR MGR, QHSE MGR | & advisor | s, LINE Manage | ers, HRA M | Manager | | | | | |
| REPORT ORIGI | NATED | BY: | | | | | | | | | |
| NAME: | trees | esaSang COMPANY / DIVISION: | | | email refresh | | | GSM NO: | | | |
| LOCATION OF action taken | | | DATE OF INCIDE | | 06-06-2023 | | TIME: | | 01:29 PM | | |
| INCIDENT TYPE: | | Other | | | | jmore powerful 52 with a maximum t n | | | | | |
| INCIDENT ACTUAL SEVERITY RATING: POTENTIAL SEVERITY RATING: | | | 4 2 | | | Likelihood Severity | Rare(1) | Unlikely (2) | Possible (3) | E Likely (4) | Almost Certain (5) |
| RISKLEVEL: | | | M | Moderate | | Catastrophic (5) | Low | Moderate | High | High | High |
| Note: Use the Risk Assessment Matrix to determine the actual and potential severity | | | | everity | Major (4) | Low | Moderate | Modera | | High | |
| rating for the incident. Seek assistance from the HSE Advisor if required. | | | | | | Moderate (3) | Low | Moderate | Modera | | High |
| Incidents with a potential 'Medium or High Risk' shall be referred to the | | | | | | Minor (2) | Low | Moderate | Modera | te Moderate | Moderate |
| RAY QHSE Dept immediately | | | | | | Negligible (1) | Low | Low | Low | Low | Low |
| Low | | Moderate | Hi | gh | | | | | | | |
| | | | | BRIEF D | DESCRIPTION | ON OF INCIDENT | | | | | |
| vd | | | | | | | | | | | |
| | | | | BRIEF D | DESCRIPTION | ON OF DAMAGE | | | | | |
| vdh | | | | | | | | | | | |
| JMBER OF PERS | ONS IN. | JURED: | | 65 | | | | | | | |
| NAMES OF INJU | RED PE | OPLE AND DETAILS OF INJUR | RIES. | vhd | i | | | | | | |
| | | | | | | POTENTIAL INCIDEN | | | | | |
| | | • | uding Me | dium or High P | otential <u>M</u> | IUST have a full inve | stigation r | eport comple | ted) | | |
| IMMEDIATE | | | | | | | | | | | |
| IMMEDIATE CAUSES | | ghs | | | | | | | | | |
| CAUSES UNDERLYING | | gns | | | | | | | | | |
| | | | PREVEN | TIVE ACTIONS: | 1 | | | RESPONSIB | BLE | CLO | SED DATE |