



RLC - HSE INCIDENT NOTIFICATION FORM

Notification No:

(Applicable to RLC, End Users, Contractors & Others in Ras Laffan Industrial City and can be reported by anyone)

EVENT REPORT TO: Mike White (RHT), HEAD OF SAFETY, RLC

FAX TO: 4733-259

Email TO: incident@qp.com.qa

EVENT DATE: TIME: LOCATION:

EVENT RELATED TO: **I.HEALTH** **SAFETY** **FIRE** **ENVIRONMENT** **SECURITY**

EVENT TYPE: **NEAR HIT** **ACCIDENT** **SECURITY INCIDENT**

EVENT DESCRIPTION: (please include as much information regarding the incident as possible)

IMMEDIATE ACTION TAKEN (if any):

	NAME	COMPANY	DESIGNATION / OCCUPATION	ACTIVITY BEING PERFORMED	CONTACT DETAILS	
					Tel	Fax
PERSON(S) INVOLVED						
EQUIPMENT(S) INVOLVED						

EXTERNAL AGENCIES	POLICE	YES / NO	HOSPITAL	YES / NO	OTHERS	YES / NO
CASE NO. & OTHER DETAILS (if any)						

	NAME	COMPANY	DESIGNATION / OCCUPATION	ACTIVITY BEING PERFORMED	CONTACT DETAILS	
					Tel	Fax
EVENT REPORTED BY						

NOTE:

- THIS IS ONLY A NOTIFICATION FORM, DETAILED REPORT IN RLC FORMAT TO FOLLOW LATER BASED ON REQUIREMENT
- THIS FORM TO BE SUBMITTED AS SOON AS POSSIBLE (maximum of **6 HRS**) (Please turn over for Information)

GLOSSARY OF INCIDENT RELATED TERMS:

HEALTH/HYGIENE

Amputation	(Body Part Affected)
Caused by Cauterization	Arms / Shoulders
Caused by Cold	Eyes
Caused by Electricity	Feet
Caused by Heat	Fingers
Eye Injury	Hands
Fatality	Head/Neck
First Aid	Legs
Fracture	Face
Occupational Illness	Toes
Occupational Injury	Trunk
Open Wound	Other
Soft Tissue	
Strain/Sprain	
Poisoning	
Other	

SAFETY

Near Hit
 Equipment failure
 Lost Work Day
 Non-Conformance
 Operation Failure
 Restricted Work
 Fall
 Exposure/radiation
 Oxygen Deficiency
 Exertion
 Other

FIRE

Near Hit
 Chemical Spill
 Chemical Release
 Fire
 Fire Alarm
 Oil Spill
 Explosion
 Other

ENVIRONMENT

Near Hit
 Chemical Spill / Fumes
 Dust / Particle Pollution
 Gas Release / Fumes
 Hazardous waste
 Marine Pollution
 Noise
 Odour
 Oil Spill on land / in sea
 Produced Water
 Solid Waste (Domestic)
 Solid Waste (Inert)
 Other

SECURITY

Near Hit
 Assault
 Criminal Act
 Damage to Property
 Road accident
 Theft
 Traffic Violation
 Other

FOR RHT PURPOSES:

NOTIFICATION NO:
NOTIFICATION RECEIVED:
REPORT SENT:
REPORT UPDATED IN MASTER/PC/SENT TO QP:
REPORT CLOSED ON:

TIME:
TIME:
TIME:
TIME:

DATE:
DATE:
DATE:
DATE:

Signature