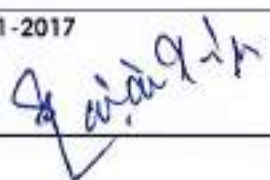



	INVESTIGATION & REPORTING PROCEDURE	Pro. No.	JAS-OHS-03
		DOI	08/01/2017
		REV.	00

INVESTIGATION & REPORTING PROCEDURE

JAS-OHS-03

PREPARED BY	APPROVED BY
Management Representative Ali Mumtaz	Operations Manager: Rashid Iqbal Khan
Date: 09-01-2017 	Date: 09-01-2017 



	INVESTIGATION & REPORTING PROCEDURE	Pro. No.	JAS-OHS-03
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AMENDMENT RECORD			
Revision #	Date	Pages affected	Details of Amendment
00	08-01-2017	NIL	NA



1.0 PURPOSE:

	INVESTIGATION & REPORTING PROCEDURE	Pro. No.	JAS-OHS-03
		DOI	08/01/2017
		REV.	00

The purpose of this procedure to describe the process of investigation and reporting the incidents and near misses in order to prevent future occurrences.

To ensure that all functions and levels within JASCON ENGINEERING WLL are aware of OHSMS Policies, Objectives and communication takes place with regards to the effectiveness of OHSMS. For receiving, responding and documenting communications from external sources relevant to OHSMS aspects of JASCON ENGINEERING WLL .

SCOPE:

This procedure applies to all communication, internal and or external related to incidents and near misses.

2.0 TERMS & DEFINITIONS

MR	Management Representative
PD	Project Director
OHSMS	Occupational Health and Safety Management System, based on OHSAS 18001:2007
Procedure	A documented process with established inputs and outputs, as required by International Standards or required specifically by JASCON ENGINEERING WLL due to its operations.
Documents	OHSMS Manual, procedures and related forms are considered as Documents
Records	All order documents containing information related to OHSMS are considered as Records.
OH&S	Occupational Health & Safety
HAZARD	Anything (e.g. condition, situation, practice, behaviour) that has the potential to cause harm, including injury, disease, death, environmental or property and equipment damage.
LOR	Legal and Other Requirements
PPE	Personal Protective Equipment
JSA	Job Specific Assessment
MEEP	Material, Equipment, Environment, People, Place of work
MOC	Management of Change
ALARP	Impacts As Low As Reasonably Practicable to the accepted level.
ERICPD	Eliminate, Reduce/Substitute, Isolate, Control, PPE and Discipline

3.0 REFERENCES

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OHSAS 18001:2007

4.0 RESPONSIBILITIES

4.1 Project Director

- 4.1.1 Reviews the Incident Report
- 4.1.2 Authorize the report to be submitted to ADEHSMS

4.2 MR

- 4.2.1 Reviews the report
- 4.2.2 Enters the report into the log.
- 4.2.3 Issues NCR (if required).
- 4.2.4 Follow up on the recommendations

4.3 HEALTH AND SAFETY OFFICER

- 4.3.1 Conducts the investigations
- 4.3.2 Prepares the report
- 4.3.3 Submits to the MR/PD
- 4.3.4 Follow up on the closing issues.

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5.0 PROCEDURE

5.1 INITIAL INFORMATION

- a) When an incident or near miss occurs and the initial problem has been dealt with e.g. first aid rendered, spill cleaned up, etc., the safety officer should investigate the employee concerned (or employees at the scene) to complete appropriate sections of the incident/near-miss report.
- b) Lead HEALTH AND SAFETY Engineer should maintain an incident/near-miss log. The purpose of this log is to record and track all occurrences reported.

5.2 INVESTIGATION

- 5.2.1 Depending on the occurrence, a realistic time period is set for the Safety Officer to carry out the investigation and produce a written report.
- 5.2.2 When it is not possible to complete the investigation (e.g. injured person or witness not available) then a partial investigation should be conducted and an initial report is produced. The initial report shall be submitted within 24 hours of the incident.
- 5.2.3 The investigation of an occurrence must determine:
 - a) Direct causes and contributing factors
 - b) Underlying causes
 - c) How it can be prevented from happening again (recommendations for prevention)
 - d) For all reportable incidents under RIDDOR, the detailed investigation shall be conducted and reported
- 5.2.4 The investigation Report should be reviewed by the Lead HEALTH AND SAFETY Engineer before it is presented to the Top Management and to all interested parties.

5.3 REPORTING

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- 5.3.1 A key element of reporting process is the identification of necessary actions to rectify the problems and to prevent its reoccurrence. Those carrying out the investigations should take corrective actions where this is within their control.
- 5.3.2 In addition to the formal reporting procedure, it is necessary that all employees be made aware of all occurrences and the results of subsequent investigations, by using bulletin boards or safety tool box talks.
- 5.3.3 Each quarter a report on HEALTH AND SAFETY issues is issued.
- 5.3.4 All records related incident investigation and reporting should be maintained.

7.0 APPENDICES

CODE	DESCRIPTION	RETENTION	HOLDER
JAS-FM-OHS-03-01	Accident Investigation Report	05 Years	HEALTH AND SAFETY Officer
JAS-FM-OHS-03-02	Weekly Report	05 Years	HEALTH AND SAFETY Officer
JAS-FM-OHS-03-03	Monthly Report	05 Years	HEALTH AND SAFETY Officer
JAS-FM-OHS-03-04	Sub-contractor Report	05 Years	HEALTH AND SAFETY Officer
JAS-FM-OHS-03-05	First Aid Report	05 Years	HEALTH AND SAFETY Officer

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JASCON ENGINEERING WLL	Form No.	JAS-FM-OHS-03-01
INVESTIGATION & REPORTING PROCEDURE	DOI:	8/01/2017
ACCIDENT/INCIDENT INVESTIGATION REPORT	Rev.	0

Within 24 hours this report has to be Completed by health and safety department and site management. Report all Accident/Incident and high potential near misses. Also report Medical Aid cases and Occurrences with this report. Medical Aid cases with Major or Unacceptable Potential (lost time or fatality) must be reported on Significant detailed Incident Investigation Report.

Location:	Company/ subcontractor:	Date:	Time:
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INCIDENT TYPE:

Injury	<input type="checkbox"/>	Property	<input type="checkbox"/>	Production Loss	<input type="checkbox"/>	Near-Miss	<input type="checkbox"/>
Security	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

SEVERITY:

Actual Severity:	Potential Severity:	Classification: Injuries Only
Major <input type="checkbox"/>	Major <input type="checkbox"/>	First Aid (FA) <input type="checkbox"/>
Unacceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>	Medical Aid (MA) <input type="checkbox"/>
Minor <input type="checkbox"/>		Modified Work (MW) <input type="checkbox"/>
		Restricted Work (RW) <input type="checkbox"/>
		Lost Time Accident (LTA) <input type="checkbox"/>
		Fatality <input type="checkbox"/>
		Medical Treatment Non Work Related <input type="checkbox"/>
		First Aid <input type="checkbox"/>

Description of the Incident: (interview eye witnesses as required)

Estimated Direct Cost:

Property Damage:

Symptoms or Immediate Cause(s) of Incident:

Base or Root Cause(s) of Incident:

Contributing Factors Causing Incident:

Recommendations to Prevent Reoccurrence:	Assigned To:	Target Date:
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Corrective Actions Completed to Date:

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JASCON ENGINEERING WLL	Form No.	JAS-FM-OHS-03-01
INVESTIGATION & REPORTING PROCEDURE	DOI:	8/01/2017
ACCIDENT/INCIDENT INVESTIGATION REPORT	Rev.	0

Projects Manager Statement/Recommendations:

Signature:		Signature:
Project Manager		HEALTH AND SAFETY Officer

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Ref. :INCIDENT INVESTIGATION & REPORTING PROCEDURE

Revision

0

WEEKLY REPORT

DOI

05/01/2017

Project	
Month	
To:	

REPORT NO.

Week

Date

No	DESCRIPTION	TRIPOLI	SUB	TOTAL
1	Total employee on site			
2	First Aid Cases			
3	Reportable Incidents			
4	Near Miss			
5	Lost Time Incidents (LTI)			
6	Days lost due to reportable incidents			
7	Total Manhours works (Subs)			
8	Tool Box meetings (workforce)			
9	HSE Meetings			

Report prepared by

Lead Health and Safety Engineer

Project Manager

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JASCON ENGINEERING W.L.L.	Form No.	JAS-FM-OHS-03-03
Ref. :INCIDENT INVESTIGATION & REPORTING PROCEDURE	Revision	0
MONTHLY REPORT	DOI	06/01/2017

Project		REPORT NO.	
Month		Sr. #	
To:		Date	

No	DESCRIPTION	TRIPOLI	SUB	TOTAL
1	Total employee on site			
2	First Aid Cases			
3	Reportable Incidents			
4	Near Miss			
5	Lost Time Incidents (LTI)			
6	Days lost due to reportable incidents			
7	Total Manhours works (Subs)			
8	Tool Box meetings (workforce)			
9	HSE Meetings			

Report prepared by

Lead Health and Safety Engineer

Project Manager

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JASCON ENGINEERING WLL	Form No.	JAS-FM-OHS-03-04
Ref. :INCIDENT INVESTIGATION & REPORTING PROCEDURE	Revision	0
SUBCONTRACTOR REPORT	DOI	06/01/2017

Project	
Month	
To:	
SUB	

REPORT NO.	
Sr. #	
Date	

No	DESCRIPTION	COMPANY
1	Total employee on site	
2	First Aid Cases	
3	Reportable Incidents	
4	Near Miss	
5	Lost Time Incidents (LTI)	
6	Days lost due to reportable incidents	
7	Total Manhours works (Subs)	
8	Tool Box meetings (workforce)	
9	HSE Meetings	

Report prepared by

Lead Health and Safety Engineer

Project Manager

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Within 24 hours this report has to be Completed by HSE department and site management. Report all Accident/Incident and high potential near misses. Also report Medical Aid cases and Occurrences with this report. Medical Aid cases with Major or Unacceptable Potential (lost time or fatality) must be reported on Significant detailed Incident Investigation Report.

Location: *Wakoda Stadium* Company/ subcontractor: *JASCON* Date: *4 Feb 2018* Time: *09:50 AM*
Level 1 Area

INCIDENT TYPE:
Injury Property Production Loss Near-Miss
Security Environmental Fire Other

SEVERITY:
Actual Severity: Major Unacceptable Minor
Potential Severity: Major Unacceptable
Classification: Injuries Only
First Aid (FA)
Medical Aid (MA)
Modified Work (MW)
Restricted Work (RW)
Lost Time Accident (LTA)
Fatality
Medical Treatment Non Work Related
First Aid

Description of the Incident: (Interview eye witnesses as required) *Zihad Sheakh was Screwing the Channel with Screw machine Suddenly his Channel was slipped on his hand and the Screw bit cut on his Left thumb little bit. First Aid Provided by the main Contractor.*

Estimated Direct Cost: *and the Screw bit cut on his Left thumb little bit. First Aid Provided by the main Contractor.*

Property Damage: *NONE*

Symptoms or Immediate Cause(s) of Incident:

Primary or Root Cause(s) of Incident: *Lack of Concentration, Attention*

Contributing Factors Causing Incident: *Carelessness*

Recommendations to Prevent Reoccurrence: *Super Visor should monitor his Employees more closely*

Corrective Actions Completed to Date:

Projects Manager Statement/Recommendations:
[Signature] *04.02.18*

Signature: *[Signature]* HSE Officer/ LEAD HSE
Project Manager: *Haris Javeed and M. Tanveer*

3)



JASCON ENGINEERING WLL	Form No.	JAS-FM-OHS-03-01
INVESTIGATION & REPORTING PROCEDURE	DOI:	8/01/2017
ACCIDENT/INCIDENT INVESTIGATION REPORT	Rev.	0

Within 24 hours this report has to be Completed by health and safety department and site management. Report all Accident/Incident and high potential near misses. Also report Medical Aid cases and Occurrences with this report. Medical Aid cases with Major or Unacceptable Potential (lost time or fatality) must be reported on Significant detailed Incident Investigation Report.

Location: *Mess area*
Wahy Stadium Company/ subcontractor: *Jascon* Date: *18/03/18* Time: *11:55 am*

INCIDENT TYPE:

Injury	<input type="checkbox"/>	Property	<input type="checkbox"/>	Production Loss	<input type="checkbox"/>	Near-Miss	<input checked="" type="checkbox"/>
Security	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

SEVERITY:

Actual Severity:	Potential Severity:	Classification: Injuries Only
Major <input type="checkbox"/>	Major <input type="checkbox"/>	First Aid (FA) <input type="checkbox"/>
Unacceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>	Medical Aid (MA) <input type="checkbox"/>
Minor <input type="checkbox"/>		Modified Work (MW) <input type="checkbox"/>
		Restricted Work (RW) <input type="checkbox"/>
		Lost Time Accident (LTA) <input type="checkbox"/>
		Fatality <input type="checkbox"/>
		Medical Treatment Non Work Related <input type="checkbox"/>
		First Aid <input type="checkbox"/>

Description of the Incident: (Interview eye witnesses as required)
Fell down while going for lunch

Estimated Direct Cost:
NA

Property Damage:
NA

Symptoms or Immediate Cause(s) of Incident:
Running in rush

Base or Root Cause(s) of Incident:
Wiko Hauldler was running, he should not do that, not allow

Contributing Factors Causing Incident:
not proper access

Recommendations to Prevent Reoccurrence: <i>Training of Moment at site</i>	Assigned To: <i>M. Tajeer</i>	Target Date: <i>19/03/18</i>
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Corrective Actions Completed to Date:
19.03.18 *Tool Box Talk*

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JASCON

HSE Corrective Action Report (HCAR) Rev.0

This section to be completed by JASCON

Project: AL WAKRAH STADIUM

Attention:

Description of Nonconformance:

Rectified and give proper training to a group of workers on 19-03-2018

If the nonconformance is parts-related, complete the following:

Investigation

Report Date and Time #:

18/03/18

11:55am

Cause#:

Improper access

Recommendation

s: Training of movement at site

Factors Involved:

Running, Improper access

Training (if applicable):

yes.

Date of Corrective Action:

19/03/18

Date of Training:

19/03/18

Duty Assigned To:

Target Date:

Completion Date:

HSE Officer Name & Signature:

Haris Javed

HSE Manager Name & Signature:

Inam-ul-haq Jabeel

Coordinator Name & Signatures:

Project Manager Name & Signature:

Tariq ul Islam

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JASCON ENGINEERING WLL	Form No.	JAS-FM-OHS-03-01
INVESTIGATION & REPORTING PROCEDURE	DOI:	8/01/2017
ACCIDENT/INCIDENT INVESTIGATION REPORT	Rev.	0

Within 24 hours this report has to be Completed by health and safety department and site management. Report all Accident/Incident and high potential near misses. Also report Medical Aid cases and Occurrences with this report. Medical Aid cases with Major or Unacceptable Potential (lost time or fatality) must be reported on Significant detailed Incident Investigation Report.

Location: *G. Road - car Park*
Talouh - Qatar University
 Company/ subcontractor: *JASCON*
 Date: *02/04/18*
 Time: *9:30 am*

INCIDENT TYPE:

Injury	<input type="checkbox"/>	Property	<input type="checkbox"/>	Production Loss	<input type="checkbox"/>	Near-Miss	<input checked="" type="checkbox"/>
Security	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Other	<input type="checkbox"/>

SEVERITY:

Actual Severity:	Potential Severity:	Classification: Injuries Only
Major <input type="checkbox"/>	Major <input type="checkbox"/>	First Aid (FA) <input type="checkbox"/>
Unacceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>	Medical Aid (MA) <input type="checkbox"/>
Minor <input type="checkbox"/>		Modified Work (MW) <input type="checkbox"/>
		Restricted Work (RW) <input type="checkbox"/>
		Lost Time Accident (LTA) <input type="checkbox"/>
		Fatality <input type="checkbox"/>
		Medical Treatment Non Work Related <input type="checkbox"/>
		First Aid <input type="checkbox"/>

Description of the Incident: (interview eye witnesses as required)
Fall hammer

Estimated Direct Cost:
N/A

Property Damage:
N/A

Symptoms or Immediate Cause(s) of Incident:
House keeping, Tools were not placed properly

Base or Root Cause(s) of Incident:
House keeping

Contributing Factors Causing Incident:
New worker on site

Recommendations to Prevent Reoccurrence: <i>Proper Training, Awareness</i>	Assigned To: <i>HANIS JAVED</i>	Target Date: <i>03.04.18</i>
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Corrective Actions Completed to Date:
03.04.18 *TBT*



JASCON

HSE Corrective Action Report (HCAR) Rev.0

This section to be completed by JASCON

Project: TADMUR CAR PARK QATAR
UNIVERSITY

Attention:

Description of Nonconformance:
House Keeping Standard
Maintained

If the nonconformance is parts-related, complete the following:

Investigation Report Date and Time #: 02/04/18 9:30 am

Cause#:

Recommendation:
Keep proper housekeeping at all time

Factors Involved: Falling objects, tools from height

Training (if applicable): yes

Date of Corrective Action: 05-04-18

Date of Training: 05-04-18

Duty Assigned To:
Target Date:
Completion Date:

HSE Officer Name & Signature: *Haris Saeed*
HSE Manager Name & Signature: *Inam-ul-haq*
Coordinator Name & Signatures:
Project Manager Name & Signature: *Faisal Khan*

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Faisal Khan