

ACCIDENT / INCIDENT NOTIFICATION

Section-1 Details Of Person Making This Report

Name :		Position :	
Contact No.		Company :	
Date & Time of Report:		Signature :	

Section-2 Accident / Incident Details

Project Or Business Name & Address:			
Exact Location Of Accident / Incident:			
Name Of Main Contractor Or Business Senior Manager:		Contact Number:	
Nature Of Accident/Incident	Dangerous Occurrence Fatality Major Over 3 Day Fire Property Damage Environmental Disturbance		
Date Of Accident / Incident:		Time of Accident / Incident:	
Accident / Incident Reported By: (Name & Position)			
Name Of Injured Person(s) If Known?		Trade :	
Type Of Injury:	Bruise Sprain Fracture Cut Amputation Crush Burn Electric Shock Puncture Wound Other (State) _____		
Nature of work of injured person:			
Employer Of Injured Person:			
Details Of Plant / Equipment Involved In Accident / Incident:			
Accident/Incident Causal Factors: (tick/select most relevant cause)	Lack Of Training Unsafe Act Unsafe Condition Poor Supervision Management System Failure Other (State) _____		

Section-3 Brief Details Of The Accident / Incident.

Section-4 Immediate Actions Taken.

Section-5 Witnesses to the Accident / Incident.

Name	Position	Company	Contact Nos.

If necessary continue on a separate sheet and attach to this form.

- ✚ In the case of all reportable accidents this form must be faxed and or e mailed to EHS Construction Safety within 24 hours of the accident at (04) 8813105 / ehs.construction@trakhees.ae
- ✚ In the case of fatal or major incident, EHS must be first notified by calling (04) 8833111 immediately
- ✚ Any contractor failing to give the required information or providing false information will be liable to further action being taken
- ✚ ALL SECTIONS MUST BE COMPLETED