HTC-HSE-FRM-004 — ACCIDENT / INCIDENT REPORT

HATEEN TECH. CONT. L.L.C.
ACCIDENT / INCIDENT INVESTIGATION REPORT

Report No.: HTC-HSE-AIR-____
Date: _____
Project: _____
Location: _____
Date & Time of Incident: _____
Reported By: _____

1. Type of Incident

☐ Fatality
☐ Lost Time Injury
☐ Medical Treatment Injury
☐ First Aid Case
☐ Near Miss
☐ Property Damage
☐ Equipment Damage
☐ Fire
☐ Electrical Accident
☐ Environmental Incident
☐ Other: _____

2. Injured Person Details

Particular	Details
Name	_____
Employee ID	_____
Employer / Company	_____
Job Title / Trade	_____
Nationality	_____
Age	_____
Contact No.	_____
Work Location	_____

3. Accident Details

Exact Location:

Description of Accident / Incident:

Work Activity Being Performed:

Equipment / Tools Involved:

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4. Injury / Damage Details

Nature of Injury: _____
Body Part Affected: _____
First Aid Provided: ☐ Yes ☐ No
Hospital / Clinic: _____
Medical Treatment: _____

5. Immediate Actions Taken

☐ Work stopped
☐ Area isolated
☐ First aid provided
☐ Ambulance called
☐ Police notified
☐ Site management notified
☐ Client/Consultant notified
☐ Equipment isolated
☐ Area secured

Details:

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6. Root Cause Investigation

Immediate Cause:

Underlying Cause:

Root Cause:

Contributing Factors:

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7. Corrective / Preventive Action

No.	Action Required	Responsible Person	Target Date	Status
1				
2				
3				
4				

8. Government / Authority Notification

Authority	Required?	Date/Time	Reference No.
Police	☐ Yes ☐ No		
Medical Authority	☐ Yes ☐ No		
MOHRE	☐ Yes ☐ No		
Civil Defence	☐ Yes ☐ No		
Other Authority	☐ Yes ☐ No		

For a UAE work injury, retain the official government/police/medical notification or reference as supporting evidence with this internal report. MOHRE also states that accident reports should contain details such as the circumstances of the accident, first aid/treatment provided, and relevant worker information.

9. Photographic Evidence

Photo 1: _____

Photo 2: _____

Photo 3: _____

Photo 4: _____

10. Investigation & Approval

Prepared By – HSE Officer:
Name: _____ Signature: _____ Date: _____

Reviewed By – Project Manager:
Name: _____ Signature: _____ Date: _____

Approved By – Management:
Name: _____ Signature: _____ Date: _____

Status: ☐ Open ☐ Under Investigation ☐ Corrective Action Ongoing ☐ Closed