


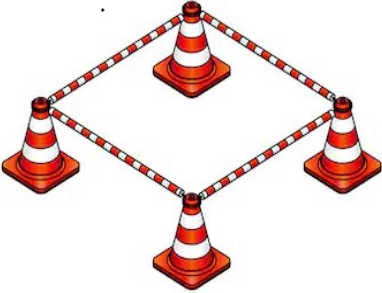
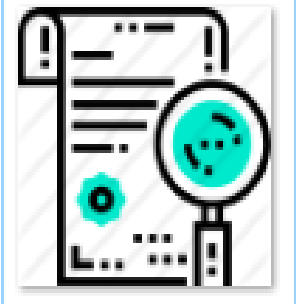



Guidelines – Accident Investigation & Reporting

PCFC- Entity (Business Unit) Name	:	Trakhees (Dept. of Planning & Development)
Department Name	:	Civil Engineering Department (CED)
Section Name	:	Inspection & Compliance (Construction Safety)
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Guidelines – Accident Investigation & Reporting

		
<p>PROCEED TO THE LOCATION OF ACCIDENT</p>	<p>CALL AMBULANCE / FIRE-BRIGADE</p>	<p>INFORM RELEVANT PEOPLE</p>
<ul style="list-style-type: none"> • Immediately proceed to the location of an accident as soon as you receive the information / call. • Assess the situation. • Find out the type of emergency. • Check out if anyone is injured. • If minor injury, provide first aid 	<ul style="list-style-type: none"> • Do not panic. • Call the concerned emergency services if accident is serious <ul style="list-style-type: none"> • Police - 999 • Ambulance - 998 • Fire - 997 • Please call on 054-7923544 for reporting any Construction related accident / incident, 	<ul style="list-style-type: none"> • Inform relevant Project /Construction Manager. • Inform relevant Trakhees Inspection Engineer or Manager • Ensure that all the reportable accidents / diseases, as described under Trakhees' guidelines, are reported to Trakhees.
		
<p>CORDON OFF THE AREA</p>	<p>COLLECT EVIDENCE & INVESTIGATE</p>	<p>REPORT TO TRAKHEES</p>
<ul style="list-style-type: none"> • Cordon off the accident scene immediately by using warning tapes and cones. • Do not allow and unauthorised access • Ensure the area is protected and not disturbed until all authority investigation is completed • Place a security guard to control the scene 	<ul style="list-style-type: none"> • Collect all required evidences before it is moved or altered. • Take necessary photographs. • Speak to witness and collect the facts • Note down the time and other details as necessary • Report facts to ensure rumours and false information are not spread 	<ul style="list-style-type: none"> • Immediate information given to Trakhees by calling directly the respective area engineers or by calling CS emergency number 054 7923544 • A formal written accident notification (Pages 3-4) shall be submitted within 24 hours via email. cs.ced@trk.pcfc.ae • Do not hide any accident occurred at construction site • If the worker in absent for more than 3 days then it will be termed as reportable accident

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 <input type="checkbox"/> Fatality <input type="checkbox"/> Major <input type="checkbox"/> Over 3 Day <input type="checkbox"/> Fire <input type="checkbox"/> Property Damage <input type="checkbox"/> Environmental Disturbance <input type="checkbox"/>		
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 <input type="checkbox"/> Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Amputation <input type="checkbox"/> Crush <input type="checkbox"/> Burn <input type="checkbox"/> Electric Shock <input type="checkbox"/> Puncture Wound <input type="checkbox"/> Other <input type="checkbox"/> (State) _____		
Nature of work of injured person:			
Employer Of Injured Person:			
Details of Plant / Equipment Involved In Accident / Incident:			

Accident / Incident Notification

Accident/Incident Casual Factors: <i>(Tick / select most relevant cause)</i>	Lack of Training <input type="checkbox"/>	Unsafe Act <input type="checkbox"/>	Unsafe Condition <input type="checkbox"/>
	Poor Supervision <input type="checkbox"/>	Management System Failure <input type="checkbox"/>	
	Other <input type="checkbox"/>		
	(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.

✚ All the above sections must be filled in detail and accident notification form shall be submitted within 24 hours via email cs.ced@trk.pcfc.ae

✚ In the case of fatal or major accident/incident, respective area engineer shall be notified immediately by directly calling him or by calling CS emergency mobile number on 054 7923544