



## **Accident / Incident Notification**

## **Section-1 Details of Person Making This Report**

Name :			Position :			
Contact No.			Company	:		
Date & Time of Report:			Signature	:		
Section-2 Accident / Incid	ent De	tails				
Project Or Business Name & Address:						
Exact Location Of Accident / Incident:						
Name Of Main Contractor Or Business Senior Manager:				Contact Nur	mber:	
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 B (Name & Position)	sy:					
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	on:					
Employer Of Injured Person:						
Details Of Plant / Equipment						
Involved In Accident / Incident	:					
Accident/Incident Causal Factor (tick/select most relevant caus		Lack of Training Unsafe Act Unsafe Condition Poor Supervision Management System Failure Other (State)				

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## **Accident / Incident Notification**

Section-3 Brief Details of the Accident / Incident.					
Section-4 Immediate Actions T	 「aken.				

## **Section-5 Witnesses to the Accident / Incident.**

Name	Position	Company	Contact Nos.

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

- 4 All the above sections must be filled in detail and accident notification form shall be submitted within 24 hours via email <a href="mailto:cs.ced@pcfc.ae">cs.ced@pcfc.ae</a>
- 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

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