

General Information					
Classification Code:		Registration Number:			
Name of Entity:		OSHMS Approval Date:			
Address of Entity:		Telephone Number			
Contact Details of Authorized Person:	Name:				
	E-mail:		Telephone Number		
Number of Employees:		Working Hours Performed this Quarter*			
*Working Hrs. = No. of employees x working hrs. x No. of workdays (This simple formula is to be used only if no accurate mechanism available)					
Reporting Period:	Year: YYYY	<input type="checkbox"/> Q1 (Jan-Mar)	<input type="checkbox"/> Q2 (Apr-Jun)	<input type="checkbox"/> Q3 (Jul-Sep)	<input type="checkbox"/> Q4 (Oct-Dec)
Reporting Timeframe:		Mid April	Mid July	Mid October	Mid-January

Occupational Health & Safety Performance – Mandatory Reporting to Sector Regulatory Authority

Note: Refer to OSHAD SF - Mechanism 11.0 for reporting of incident with multiple consequences and its schedule B and C for Guidance on Injuries & Illness

Occupational Health & Safety Performance Summary for Entity, Contractors & Other Persons

KPI 2-01 Total Incidents (From My Entity and Non- Nominated Contractor)(sum of KPI 2-02 & 3-01)

Occupational Health & Safety Performance Summary for Entity

KPI 2-02 Total Incidents (From my Entity) (Total No. of incidents that occurred during the reporting quarter)					
Entity (s) Employees Injuries & Illness Consequences	No.	Lost Workdays	Other Consequences	No.	
Lost Time Injuries	Fatality			Serious Dangerous Occurrence	
	Permanent Total Disability			Equipment / Property Damage	
	Permanent Partial Disability				
	Lost Workdays Cases				
	a) Lost Workdays Injuries				
b) Lost Workdays Occupational Illness					
Restricted Workday Case					
Medical Treatment Case					
Total Consequences (Summation of Injuries, illnesses and other Consequences)					

KPI 2-03 Total Reported Case Frequency (TRCF) [Total Injuries & illness reported in KPI 2-02 (Lost Time Injuries, Restricted Workdays and Medical Treatment Cases)]	Number of Total Injuries & Illness Reported in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{TRC \times 1,000,000}{\text{Working Hours}}$

KPI 2-04 Lost Time Injury Severity Rate (LTISR) [Total Lost Workdays reported in KPI 2-02] Zero LWDs for Fatality & Permanent Total Disability	Number of Workdays lost due to Injuries & illness in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of Days Lost} \times 1,000,000}{\text{Working Hours}}$

KPI 2-05 Lost Time Injury Frequency Rate (LTIFR) [Total Lost Time Injuries reported in KPI 2-02 (Fatality, Permanent Total Disability, Permanent Partial Disability & Lost Workdays Cases)]	Number of Lost Time Injuries in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of LTI's} \times 1,000,000}{\text{Working Hours}}$

KPI 2-06 Number of Near Miss & First Aid Cases for Entity:	Near Miss	First Aid Cases

Occupational Health & Safety Performance Summary for Contractors

(hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector).

KPI 3-01	Total Incidents (From Non-Nominated Contractor) (total No. of incidents that occurred during the reporting quarter)			
Contractor (s) Employees Injuries & Illness Consequences	No.	Other Consequences	No.	
Lost Time Injuries	Fatality		Serious Dangerous Occurrence	
	Permanent Total Disability		Equipment / Property Damage	
	Permanent Partial Disability			
	Lost Workdays Cases			
	a) Lost Workdays Injuries			
	b) Lost Workdays Occupational Illness			
Restricted Workday Case				
Medical Treatment Case				
Total Consequences (Summation of Injuries, illnesses and other Consequences)				

KPI 3-02 Number of Near Miss & First Aid Cases for Contractors:	Near Miss	First Aid Cases

KPI 3-03 Number of Monitoring Activities Performed on Contractor(s) / Supply Chain by Entity (nominated/non-nominated):	Total No. of Contractors		Inspections Performed on Contractors	
	Review / Approval of Contractor OSH Procedures.		Contractor Incidents Investigated by Entity.	
	Specific Requirement / Part System Audit Performed on Contractors		Corrective Notices Issued to Contractors:	
	Full OSHMS Audit Performed on Contractor		Breach Notices Issued to Contractors:	

Consequences Summary for Other Persons (Visitors, Students, Hotel Guests, Passengers, etc.)

KPI 4-01 Number of Fatalities & Injuries for other Persons:	Total consequences (Summation of Fatalities & Injuries)		
	Fatality	Other Injuries	

KPI 4-02 Number of Near-Miss & First Aid Cases for other Persons:	Near Miss	First Aid Cases

OSH Resources, OSHMS Development, Implementation and Enforcement Summary for Entity

KPI 5-01- OSH Resources (Cumulative)	Number of OSH Employees	Number of OSH Nationals Employees	$\frac{\text{No. of OSH Nationals Employees} \times 100}{\text{Number of OSH Employees}}$
	Number of OSH Employees that passed the OSHAD-SF Practitioner Course	Number of OSH Employees Registered at Qudorat till date	

KPI 5-02 Average Number of Training Hours per Employee	Number of OSH Training Hours Undertaken	<u>No. of OSH Training Hours undertaken by Employees</u>
		Total No. of Employees

No. of Participants	Title	Training Level	Training Provider	Training Hours

Note: Additional information can be attached on a separate sheet if required

KPI 5-03 Third Party OSHMS Compliance Audit	Annual 3 rd Party OSHMS Compliance Audit conducted during this quarter and form F submitted (YES/NO)	
	If YES, include date of audit	

KPI 5-04 Number of Corrective Notices (warning notices, improvement notices) received from the SRA as a result of non-compliance to OSHMS requirements	Number of warning notices received:	
	Number of improvement notices received:	
	Number of prohibition notices received:	

KPI 5-05 Number of Breach Notices (fines / penalties / enforceable undertakings) received from the SRA as a result of non-compliance to OSHMS requirements	Number of fines / penalties received:	
	Number of enforceable undertakings (<i>entity's commitment to spend money to rectify OSHMS non-compliance</i>):	
	Total value of all fines / penalties/ enforceable undertakings enforced (AED):	

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the CEO / MD: (Top Manager):		Official Stamp:	
Date : (DD/MM/YYYY)	___ / ___ / ___		

Official Use

Remarks :

Relevant Authority Stamp	Entered into Database by:	
	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	___ / ___ / ___
	Reviewed by:	
	Name:	
	Signature:	
Date: (DD/MM/YYYY)	___ / ___ / ___	