

General Information						
Classification Code:				Sector Regulatory Authority:		
Reporting Period:	Year: ____	<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:		End of April	End of July	End of October	End of January	
Sector Summary:	Number of Entities Reporting:		Total Number of Employees:		Total Working Hours Performed This Quarter:	

Occupational Health and Safety Performance - Compulsory Reporting to Competent Authority						
KPI 1-01 - Cumulative Number of Entities Nominated (High Risk)	Total Number of "High Risk" Entities Nominated to develop full OSHMS:					
	Total Number of Entities approved (full OSHMS):					
KPI 1-02 – Cumulative Number of Entities Notified (Medium/Low Risk Entities)	Total Number of "Medium Risk" Entities Notified to comply with Mechanism 5:					
	Total Number of "Low Risk" Entities Notified:					
KPI 1-03 – This Quarter Number of entities with an approved OSHMS complying with quarterly OSH performance reporting requirements	Total number of entities with an approved OSHMS who should submit their OSH Performance Report:					
	Percentage of entities with an approved OSHMS complying:					
KPI 1-04 – This Quarter Number of SRA investigations of incidents	Number of serious incidents notified or reported by entities with an approved OSHMS:					
	Number of serious incidents notifications/reports received by the SRAs involving entities without an approved OSHMS:					
	Number of investigations performed by SRA:					
	Percentage of investigations performed by SRA (out of total incidents notified or reported this quarter):					
KPI 1-05 – This Quarter Number of SRA inspections of entities	Number of nominated/notified entities inspected (excluding those with approved OSHMS):					
	Number of entities with an approved OSHMS inspected:					
	Percentage of entities with an approved OSHMS inspected (out of total entities inspected this quarter):					
KPI 1-06 – Cumulative Number of SRA Audits of entities	Number of entities with approved OSHMS audited by SRA:					
	Percentage of entities with approved OSHMS audited by SRA:					
*KPI 1-07 – This Quarter Number of OSHMS Workshops / Seminars or Similar Training Conducted by the SRA	Total Number of workshops/Seminars:					
	Total Number of Participants:					
	Total Training hours (for all participants in all workshops) :					
No. of Participants	Title	Training Level	Training Provider	Training Hours		
KPI 1-08– This Quarter Number of Awareness Activities conducted by the SRA	Total Number of Awareness Notifications (workshops, publications, press releases, etc.) sent to the Center:					
	Percentage of Awareness Notifications approved by the Center (out of total submitted this quarter):					

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

Occupational Health & Safety Performance Summary for Sector Entities, Contractors & Other Persons

S-KPI 2-01	Total Incidents (From Sector Entities and Non- Nominated Contractor working with Sector Entities) (sum of S-KPI 2-02 &3-01)	
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Occupational Health & Safety Performance Summary for Sector Entities

S-KPI 2-02		Total incidents (From Sector Entities)			
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)					

S-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	$\frac{TRC \times 1,000,000}{Working\ Hours}$

S-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	$\frac{No.\ of\ Days\ Lost \times 1,000,000}{Working\ Hours}$

S-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	$\frac{No.\ of\ LTI's \times 1,000,000}{Working\ Hours}$

S-KPI 2-06 Number of Near Miss & First Aid Cases for Sector Entities:	Near Miss	First Aid Cases

Occupational Health & Safety Performance Summary for Contractors (hired by or working for Sector Entities but not Nominated currently with any concerned SRA/does not fall under any current Sector).

S-KPI 3-01				
Total Incidents (From Non-Nominated Contractor working with sector entities) (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)				

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

S-KPI 3-03	Total No. of Contractors	Inspections Performed on Contractors
Number of Monitoring Activities Performed on Contractor(s) / Supply Chain by Sector Entities (nominated/ non-nominated):	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:

Summary for Other Persons (Visitors, Students, Hotel Guests, Passengers, etc in Sector Entities.)

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

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

OSH Resources, OSHMS Development & Implementation Cost and Enforcement Summary for the Sector

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

S-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	
S-KPI 5-03 Number of Sector Entities with approved OSHMS completed annual 3 rd Party OSHMS Compliance Audit and report approved by SRA	Total number of entities with approved OSHMS completed annual 3 rd Party compliance Audit and submitted report and approved by SRA during this quarter.		
	Percentage of entities with approved OSHMS completed annual 3 rd Party compliance Audit.		
S-KPI 5-04 Number of Corrective Notices (warning notices, improvement notices) issued by the SRA as a result of non-compliance to OSHMS requirements within its Sector	Number of warning notices issued:		
	Number of improvement notices issued		
	Number of prohibition notices issued:		
S-KPI 5-05 Number of Breach Notices (fines / penalties / enforceable undertakings) issued by the SRA as a result of non-compliance to OSHMS requirements within its Sector	Number of fines / penalties issued:		
	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 Authorised Contact Person :		Regulatory Authority Official Stamp:	
Date : (DD/MM/YYYY)	____ / ____ / ____		

Official Use

Remarks :

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