

| 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: | | <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: | Year: | Mid April | Mid July | Mid October | Mid-January |

Occupational Health & Safety Performance – Mandatory Reporting to ADPHC

Note: Refer to ADOSH-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. |
|---|-----|---------------|------------------------------|-----|
| 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) | | | | |

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| 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 | $\frac{TRC}{Working\ Hours} \times 1,000,000$ |
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| 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 | $\frac{No.\ of\ Days\ Lost \times 1,000,000}{Working\ Hours}$ |
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| KPI 2-05 Lost Time Injury Frequency Rate (LTIFR) [Total Lost Time Injuries reported in KPI 2-02] | Number of Lost Time Injuries in the Reporting Period | Number of Working Hours in Reporting Period | $\frac{No.\ of\ LTI's \times 1,000,000}{Working\ Hours}$ |
|---|--|---|--|

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|---|--|--|--|
| (Fatality, Permanent Total Disability, Permanent Partial Disability & Lost Workdays Cases)] | | | |
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| 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).

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|-----------------|---|
| 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 |
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| 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.)

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

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| KPI 4-02 Number of Near-Miss & First Aid Cases for other Persons: | Near Miss | First Aid Cases |
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OSH Resources, OSHMS Development & Implementation Cost and Enforcement Summary for Entity

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|---|-------------------------|-----------------------------------|---|
| KPI 5-01- OSH Resources (Cumulative) | Number of OSH Employees | Number of OSH Nationals Employees | $\frac{\text{No. of OSH Nationals Employees} \times 100}{\text{Number of OSH Employees}}$ |
| | | | |

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|--|--|---|
| | Number of OSH Employees that passed the ADPHC-SF Practitioner Course | Number of OSH Employees Registered at Qudorat till date |
| | | |

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

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

Declaration

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

| | | | |
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| 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) | __/__/__ | |