Form G2

مركز أبوظبي للصحة العامة
ABU DHABI PUBLIC HEALTH CENTRE

Appropriate Investigation to be completed as per Mechanism 11.0

All non-serious Incidents not requiring notification to SRA should be investigated and results recorded using this Form (G2)

Part A – Incident Information			
1. Reporting Entity Information			
Name of Entity:			
Sector:		Classification Code:	
Registration Number:			
Address of Entity:			
Authorized Contact Person:		Email Address:	
Telephone Number:		Mobile Number:	

2. Incident involving a Non-Nominated Contractor *(hired by or working for Entity but not Nominated currently with any concerned SRA/does not fall under any current Sector)*:	☐ Yes	☐ No
Name of Contractor:		
Type of Business:		
Address:		

3. Incident Information:			
Date of Incident (DD/MM/YYYY)		Time (24 hr):	
Incident Type:			
☐ Restricted Work Case			
☐ Medical Treatment Case			
☐ First aid Injury			
☐ Equipment / Property Damage			
☐ Near-miss			

4. Incident Details:	
Brief description of the main circumstances leading to the Incident: *(Attach additional pages if more space is required)*	
Incident Location on Site:	
Incident Workplace Address:	
Medical Report: (If applicable)	

5. Injured Person's Personal Details (For Injuries): *In case of an incident with more than one injured person, complete the information for each person using separate forms*			
Name:		Occupation:	
Relationship with Entity:	☐ Entity Employee	☐ Contractor Employee	☐ Other Person (e.g. Visitor,)
Nationality:		Date of Birth:	
Passport Number:		Length of Service:	____ Years __ Months
Contact Phone Number:		Gender:	☐ Male ☐ Female

Part B – Incident Investigation Summary

1. Incident Causes Details:

To be supported with the incident investigation report

Immediate Cause (Unsafe Act)	☐ Failure to secure	☐ Operating equipment without authority
	☐ Failure to warn	☐ Servicing equipment in operation
	☐ Removing / Defeating Safety Devices	☐ Using defective equipment / tools
	☐ Failure to use PPE properly	☐ Using equipment improperly
	☐ Operating at improper speed	☐ Improper lifting/ loading/ placement
	☐ Lack of awareness / knowledge	☐ Improper position for task
	☐ Lack of attention / concentration	☐ Horseplay (*practical joke with harmful impacts*)
	☐ Violation / taking shortcuts	☐ Others _____

Immediate Cause (Unsafe Conditions)	☐ Inadequate guards or barriers	☐ Inadequate or improper protective equipment
	☐ Inadequate warning system or notice	☐ Inadequate or excess illumination
	☐ Inadequate ventilation	☐ Congestion/ restricted action/ poor access
	☐ Fire and explosion hazards	☐ Poor housekeeping, disorder
	☐ High / Low temperature exposure	☐ Excessive noise exposure
	☐ Hazardous gases/dusts/vapors/fumes	☐ Radiation exposure
	☐ Defective tools, equipment or materials	☐ Equipment failure
	☐ Others _____	

Root Causes (Personal factor)	☐ Physical Capability (*Any sensory deficiency, Inadequate size or strength or physical disabilities*)	☐ Physical Condition (*previous injury/illness, Fatigue, blood sugar or Impairment due to drugs*)
	☐ Mental State (*poor judgment, memory failure, poor condition, fears or emotional disturbance*)	☐ Skill Level (*Inadequate required skill, lack of coaching on skill or infrequent performance of skill*)
	☐ Behavior (*save time, avoids discomfort, improper supervisory, inadequate disciplinary process or inappropriate aggression*)	☐ Mental Stress (*Frustration, confusion/conflicting directions, emotional overload, extreme meaningless activities or concentration/judgment demands*)
	☐ Human Error	☐ Others _____

Root Causes (System Factor)	☐ Inadequate Training / Knowledge transfer	☐ Inadequate Leadership Supervision
	☐ Inadequate / Missing Work Procedures (SoP)	☐ Inadequate Incident Investigation / Analysis
	☐ Inadequate Purchasing/Material handling	☐ Inadequate Engineering / Design / Controls
	☐ Inadequate Tools/Equipment	☐ Inadequate Maintenance
	☐ Inadequate Risk Assessment / Management	☐ Inadequate Communication
	☐ Inadequate Contractor Management	☐ Inadequate Planned Inspections
	☐ Inadequate Management of Change	☐ Inadequate Emergency Response Plan
	☐ Others_____	

2. Injury Details:

To be supported with diagnosis by Licensed Health Care Professional and/or Medical Report

Nature of Injury / Illness:	☐ Abrasions / Bruising	☐ Amputation - Traumatic	☐ Bite / Sting
	☐ Burn	☐ Concussion	☐ Crush / Internal Injury
	☐ Cuts/ Laceration / Open Wound	☐ Hearing Loss / Deafness	☐ Dislocation
	☐ Electric Shock	☐ Foreign Body under Skin	☐ Fracture
	☐ Foreign Body in Eye	☐ Infectious Disease	☐ Hernia
	☐ Heat Related Illness	☐ Occupational Illness / Disease	☐ Musculoskeletal Disorder - Chronic / RSI
	☐ Nerve / Spinal Cord Injury	☐ Psychological (Stress)	☐ Poisoning / Toxic Effect - Ingestion
	☐ Poisoning / Toxic Effect –Inhalation	☐ Strain / Sprain	☐ Respiratory Disease
	☐ Skin Irritation / Disease	☐ Other _____	Other _____

Mechanism of Injury / Illness:	☐ Bite / Sting	☐ Biological Factors	☐ Cave-In or Collapse
	☐ Chemicals / Substances / Radiation	☐ Drowning / Submersion	☐ Dust / Fumes / Gases ☐ Equipment / Property Damage
	☐ Extreme Temperature / Fire	☐ Electricity	☐ Fall from Height
	☐ Hit by Moving Object / Crush / Vehicle	☐ Manual Handling	☐ Mental Stress
	☐ Occupational Violence	☐ Penetrating Injury (needle stick, puncture wound)	
	☐ Repetitive Motion	☐ Slip, Trip and Fall	☐ Sound / Pressure
	☐ Struck by Falling Object	☐ Other Unspecified Mechanism:_____	

Agency / Source of Injury / Illness:		☐ Animal / Human	☐ Confined Space	☐ Environmental Conditions
		☐ Fixed Machinery / Plant	☐ Infectious Agent	☐ Materials or Chemical Substances
		☐ Mobile Plant / Equipment	☐ Non-Powered Equipment / Tools / Appliances	
		☐ Powered Equipment / Tools / Appliances	☐ Road Transport / Vehicles	☐ Scaffolding or Ladders
		☐ Sharps / Scalpels / Needles / etc.	☐ Trench or Excavations	☐ Other _____
Bodily Location:	☐ Head / Neck	☒ Cervical Spine	☐ Ear	☐ Eye
		☒ Face (excluding eye)	☐ Forehead	☐ Mouth
		☐ Neck	☐ Nose	☐ Scalp / Skull
	☐ Trunk	☐ Abdomen	☐ Back	☐ Genitals
		☐ Pelvis	☐ Spine	☐ Thorax
	☐ Upper Extremity	☐ Clavicle (Collar Bone)	☐ Elbow	☐ Fingers (other than Thumbs)
		☐ Forearm	☐ Hand	☐ Shoulder
		☐ Thumb	☐ Upper Arm	☐ Wrist

	☐ Lower Extremity	☐ Ankle ☐ Hip / Groin ☐ Thigh	☐ Buttocks ☐ Knee ☐ Toes	☐ Foot ☐ Lower Leg
	☐ Internal Organs	☐ Arteries ☐ Intestines ☐ Lungs	☐ Brain ☐ Kidney ☐ Spleen	☐ Heart ☐ Liver ☐ Stomach
	☐ General	☐ Heat Related	☐ Occupational Illness	☐ Other: _____

3. Actions Taken Immediately after the Incident:

(Attach additional pages if more space is required)

No.	Actions:	Responsibility	Date Completed: (DD/MM/YYYY)
1.			
2.			
3.			

4. Incident Root Cause(s):

(Refer to Section 1. Attach additional pages if more space is required)

1.	
2.	
3.	

5. Corrective Actions to Prevent Recurrence:

(Attach additional pages if more space is required)

No.	Actions:	Person Responsible:	Target Date(DD/MM/YYYY)
1.			
2.			
3.			

6. Incident Cost:

(Approximate / Best Estimate)

No.		Item / Area	Amount (Dhs.)
1.	☐	Injury Cost (Treatment, Hospital, Transport, Insurance, etc.)	
2.	☐	Legal Cost (Compensation claims, judicial prosecutions, etc. – Federal Law No. 8)	
3.	☐	Productivity Cost (Business disruptions, Delays, Production loss / day, Material, Salaries, etc.)	
4.	☐	Asset Cost (Property, Machinery, Equipment, Structure, Vehicle, etc. – Repair & Maintenance)	
5.	☐	Asset Cost (Property, Machinery, Equipment, Structure, Material, Vehicle, etc. – Replacement)	
6.	☐	Enforcement Action (Penalty Issued by Authority etc.)	
7.	☐	Incident Scene / Area Restoration Cost (arrangements to make safe, cleanup, etc.)	
8.	☐	Other Cost relevant to / associated with the Incident	
9.		**Total Cost**	

7. Risk Assessment ***(considering / implementing the post incident corrective actions and controls)*** *Refer to ADOSH-SF Technical Guideline on Process of Risk Management*					
Probability:	☐ Rare	☐ Possible	☐ Likely	☐ Often	☐ Frequent
Severity of Consequence:	☐ Insignificant	☐ Minor	☐ Moderate	☐ Major	☐ Catastrophic
Level of Residual Risk:	☐ Low	☐ Moderate	☐ High	☐ Extreme	

8. Declaration by Injured Person (If applicable)			
I declare that all information provided in this document is true, correct and complete.			
Name of Injured Person or Representative:		Signature of Injured Person or Representative:	
Date : (DD/MM/YYYY)	_____ / _____ / _____		

9. Reviews & Approvals:		
☐ Complete investigation report attached – as per *Mechanism 11.0 – Incident Notification, Investigation and Reporting.* ☐ Relevant evidence included / attached to report (e.g. Copies of Relevant Procedures, Permits to Work, Photos, Drawings, MSDS, Copy of Police Report, Copy of Medical Report, Interviews, etc.) ☐ Corrective actions listed in this form and/or the attached investigation report will be fully implemented in a timely manner		
Incident Investigation Status:	☐ Closed – Completed	☐ Report attached

Signature of Investigation Team Leader	Signature of OSH Manager or Equivalent
Date (DD/MM/YYYY) _____ / _____ / _____	Date (DD/MM/YYYY) _____ / _____ / _____