

Accident /Incident or Near Miss Report

(To be completed and faxed / emailed within 24 hours)

Complete all sections within 24 hrs.Date: ___ / ___ / ___ Department: _____ Client / Site: _____
dd mm yy Rig No. / Workshop / Mess / Office / Others

| INJURY | PROPERTY DAMAGE | NEAR MISS |
|------------------------------|------------------------|------------------|
| Name: | Type: | Type: |
| Co. No. | | |
| Job Title: | | |
| Time in Job: | | |
| Work Place | | |
| Date occurred: | Date: | Date: |
| Date Reported: | Time | Time: |
| Time shift Started: | Damage: | Damage: |
| Time Occurred: | Approx. Cost: | Approx. Cost: |
| Injury Type: | Exact Location: | Exact Location: |
| Part of body affected: | | |
| Hospitalized? Yes No | | |
| Immediate Supervisor (Print) | | |

Details of accident/incident or near miss:(use additional paper for more detailed explanation.)

Witness if any: Name:

Was authorisation given for this work? Yes _____ No _____

Name of authority: _____

Believed cause of accident (carelessness is not acceptable).

Action taken to prevent reoccurrence _____

By whom? _____ When: _____

This form was completed by (Print Name): _____

Job Title: _____

Supervisor (Signature) _____ Date ___ / ___ / ___
dd mm yy

Comments: Field Supervisor

Comments: ASIADRILL Safety Department Officer

Comments (Accidents/Incidents only): Site Manager

Comments (Accidents/Incidents only): Technical Manager

Recommendations (Safety Officer):

Action(s) on recommendations (Safety Officer):

Supervisor: _____
Signature

Date: / /
dd mm yy

****Note: Should no Accident/Incident occur it would be expected that three Near Misses for each rig along with combined three Near Misses for all other sections of the drilling services be recognized and reported each day without fail.**

**ACCIDENT/INCIDENT
INVESTIGATION REPORT Cont'd.**

To be used for additional information and further description of the accident/incident. Attach Photo's, diagram etc. to this sheet.