

INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision:2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 1 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

aramco

**AMIRAL PROJECT**

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INCIDENT REPORTING PROCEDURE

2	IFU	28-Feb-2024	Issue For Use	D.H.CHANG	D.S.LEE	Y.H.JUNG	
1	IFU	08-Jan-2024	Issue For Use	D.H.CHANG	D.S.LEE	Y.B.IM	
0	IFR	29-Nov-2023	For Review	D.H.CHANG	D.S.LEE	Y.B.IM	
Rev.	Step	Date	Revision Description	Issued by Safety Supervisor	Reviewed by Safety Manager	Approved by PM	Concurred by: Pkg. APMT

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INCIDENT REPORTING PROCEDURE				Document ID : SA-AMI-000-HDAI-710014	
				Contractor Reference : 6601000283	
				Revision: 2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 2 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

TABLE OF CONTENTS

1	PURPOSE	3
2	SCOPE	3
3	COVERAGE	3
4	DEFINITIONS	4
5	RESPONSIBILITIES	8
6	GENERAL PROCEDURE	9
7	DETAILED ACCIDENT REPORTING PROCEDURE	10
6.1	ORAL REPORT	10
6.2	PRELIMINARY REPORT	11
6.3	FOLLOW-UP AND INVESTIGATION REPORT	11
8	ATTACHMENT	11
9	REFERENCE	21

This document is the property of AMIRAL and shall not be disclosed to third parties or reproduced without permission of the owner.

INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision: 2		Step: IFU			
Rev Date 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 3 of 21	
Vendor Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

1 PURPOSE

To establish a procedural reporting in AMIRAL Project PKG 4 in all work related injury and/or property damage for the purpose of evaluating the cause as well as the preventive measures to avoid recurrence of similar incidents in the future. Investigation shall be conducted in a manner, which will provide facts rather than faults.

2 SCOPE

Reporting of CONTRACTOR'S Personnel fatality, serious injury, contractor Personnel or damage to any AMIRAL equipment or property, On-Job Injuries/ Occupational Illnesses in AMIRAL PKG4 which includes an immediate written report of all on-job injuries or occupational illnesses regardless of severity, complied that in accordance with GI 6.007 Incident Reporting and Investigation

3 COVERAGE

All accidents that produce personal injury and damage to equipment/material shall be investigated, including "near-misses" so that appropriate action can be taken.

CONTRACTOR will utilize forms/instructions (attached) for injury and damage reporting.

CONTRACTOR will keep a record of all injuries and damages showing all;

- Fatality (FAT)
- Lost time Injury-Illness Case (LTI)
- Restricted Duty Injury-Illness (RDI)
- Medical Treatment-Injury Case (MTC)
- Total Recordable Injury-Illness Case (TRC)
- First Aid Injury Case (FAI)

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				6601000283	
Revision: 2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 4 of 21	
Vender Reference: N/A			System / Subsystem: NN	Equipment Type: N/A	

- Permanent Disability Case (PDC)
- Motor Vehicle Accident (MVA)
- **Off job injury**
- Security Incidents
- Environmental Incidents
- Incidents involving damage to CONTRACTOR / COMPANY's equipment or property, crane and heavy equipment accident.

This record shall be available for inspection at all reasonable times.

4 DEFINITIONS

Major Incident:

- An incident resulting from Company operations or activities (within or outside company premises) with one or more fatalities.
- An incident injuring three or more personnel resulting in permanent disability (total or partial) or loss of any part of any extremity.
- An incident injuring five or more personnel resulting in temporary disability (lost work time or restricted duty cases).
- An incident resulting in fire or damage loss of \$5 million or more. The cost of an incident includes all costs incurred to bring the facility/plant/operation back to its pre-incident condition. It includes all losses of product or production for that plant, i.e. operation unit.
- An inland oil spill of 1600 cubic meters (10,000 barrels) or more, irrespective of the proportion recovered; or an offshore oil spill more than 5,000 barrels.
- A pipeline, trunkline, or flowline rupture, or any other unintentional release of flammable and/or toxic vapor or liquid large enough to require significant evacuation of plant personnel, closure of any public road or evacuation of any public area, or large enough to force curtailment of delivery of gas, condensate or sulfur to SAG or private sector users for eight hours or more.

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INCIDENT REPORTING PROCEDURE				Document ID : SA-AMI-000-HDAI-710014	
				Contractor Reference : 6601000283	
				Revision: 2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 5 of 21	
Vendor Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

Moderate Incident:

- Injury to one or two personnel resulting in permanent disability (total or partial) or loss of any part of any extremity.
- injury to two to four personnel resulting in temporary disability (lost work time or restricted duty cases).
- Fire or damage loss greater than or equal to \$100,000 but less than \$5 million (refer to Section 2.1.4).
- An inland oil spill greater than or equal to 160 cubic meters (1,000 barrels) but less than 1600 cubic meters (10,000 barrels), irrespective of the proportion recovered; or an offshore oil spill between 50 and 5,000 barrels.
- An unintentional release of flammable and/or toxic vapor or liquid requiring evacuation of the non-essential on-site personnel, or forcing curtailment of delivery of gas, condensate or sulfur to SAG or private sector user for between one to eight hours.
- Any SA Motor Vehicle Accident (MVA) involving a rollover; however, not meeting 2.1 criteria.
- Any minor incident may be declared moderate by the proponent manager at his discretion.

Minor Incident:

- Injury to one employee or contractor resulting in lost work time for restricted duty
- Damage loss over \$5,000 (except fires) but less than \$100,000
- Any fire with damage loss less than \$100,000.
- An inland oil spill less than 160 cubic meters (1,000 barrels); or an offshore oil spill less than 50 barrels.
- An unintentional release of flammable and/or toxic vapor or liquid not addressed in the definitions

EVENT:

- Step that leads to the action or status change in the project management. It has no time and is the start or the end of the activity.

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				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
				Revision: 2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 6 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

Near-miss:

- An unplanned event that could have resulted in injury, death, or damage to property.

Process Safety Near-miss:

- An unplanned event or sequence of events that could have caused harm or loss if conditions were different or if were allowed to progress, but actually did not. Process safety near miss is sub-classified into unsafe acts and unsafe conditions.

Safety Observation:

- Is a formal evaluation of safety practices in the workplace. Managers, supervisors or other employees conduct safety observations in person with the goals of identifying positive and negative safety behaviors, addressing the behaviors and recording them for reporting them for reporting purposes.

Unsafe Act:

- Performance of a task or other activity that is conducted in a manner that may threaten the health and/or safety of workers.

Unsafe Conditions:

- A condition in the work place that is likely to cause property damage or injury.

On-job Fatality (FAT):

- An on-job injury or occupational illness that results in fatality.

Lost Time Injury/Illness Case (LTI):

- An on-job injury or occupational illness that involves one or more days away from work beyond the day the injury or illness occurred
- Illness includes diseases or rashes that may be caused by inhalation, absorption, ingestion or direct contact. The exposure may have taken place over a period of time or

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INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision: 2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 7 of 21	
Vendor Reference: N/A			System / Subsystem: NN	Equipment Type: N/A	

resulted from a single incident. Some examples include noise induced hearing loss, dust-disease of the lung, respiratory conditions due to toxic agents, poisoning (such as H2S and other gases), disorders due to physical agents (other than toxic materials) such as heatstroke, heat-exhaustion, dehydration, or other environmental factors, and illnesses to medical professionals as a result of exposure to patients

Restricted Duty Injury/Illness Case (RDI):

- An on-job injury or occupational illness that results in restricted work or job transfer. The employee cannot perform an activity he/she regularly performs at least once a week. (Example: A sprained ankle resulting in a reassignment from a field to a desk job for 5 days.) Does not include restricted work activity limited to the day of injury or illness. Examples of how to determine a restricted work case are:
 - a) Employee is kept from performing one or more of the routine functions (work activities the employee regularly performs at least once a week) of his/her job, or from working the full workday that he/she would otherwise have been scheduled to work.
 - b) A physician or other licensed health care professional recommended that the employee not perform one or more of the routine functions of his/her job, or not work the full workday that he/she would otherwise have been scheduled to work.

Medical Treatment Injury / Illness Case (MTC):

- An on-job injury or occupational illness that is more serious than on-job first aid injury (FAI) or occupational illness requiring medical treatment. (Examples: Treatment requiring sutures, prescription medicines, vaccines (hepatitis B, rabies); use of tweezers to remove splinters from eye; rigid means to immobilize part of body.)
MTCs include all cases involving:
 - a) Given a one or more doses of prescription medicine.
 - b) Given an "over the counter" medicine at prescription strength.
 - c) Other immunizations that are administered to manage a job related injury or illness such as Hepatitis B or rabies vaccine.
 - d) Using wound closing devices such as sutures, staples, etc.
 - e) Physical therapy or chiropractic treatment.
 - f) Using devices with rigid stays or other systems designed to immobilize parts of the body (does not include any non-rigid means of support.)
 - g) Removing splinters from the eye with tweezers and other complex means.

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INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision: 2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 8 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

Total Recordable Injury/Illness Case (TRCs):

- TRCs include all recordable injuries/illnesses as defined by OSHA, including FATs, LTIs, RDIs and MTCs.

First Aid Injury Case (FAI)

- Minor on-job injury (not illness) requiring one-time treatment and Subsequent observations. The treatment, even if administered by a physician, doesn't require medical or surgical follow-up intervention. (Examples: Diagnostic procedures such as x-rays and blood tests. Treatments such as tetanus shots, bandaging, using eye patches, hot or cold compression therapy.) Below is the complete list of all treatments considered as first aid. Any minor treatment that is not on the list should be considered as a Medical Treatment Case.
 - a) Using a nonprescription medication at nonprescription strength.
 - b) Administering tetanus immunizations.
 - c) Cleaning, flushing or soaking wounds on the surface of the skin.
 - d) Using wound coverings such as bandages, Band-Aids, gauze pads, etc.; or using butterfly bandages or Strips.
 - e) Using hot or cold therapy or treatments.
 - f) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.
 - g) Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.)
 - h) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
 - i) Using eye patches.
 - j) Removing foreign bodies from the eye using only irrigation or a cotton swab.
 - k) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means.
 - L) Using finger guards.
 - M) Using massages (Physical therapy or chiropractic treatment are considered medical treatment.)
 - N) Drinking fluids for relief of heat stress.

5 RESPONSIBILITIES

Craftsmen / Workers / Drivers

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				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision: 2		Step IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 9 of 21	
Vendor Reference: N/A			System / Subsystem: NN	Equipment Type: N/A	

Immediately report the accidents / incidents / Near misses to his immediate supervisor or foreman.

Foremen / Supervisor

Carry out an immediate investigation of every accident/incident, which occurs within his area of responsibility. He shall complete an incident report within twenty-four hours and submit it to Construction Project Engineer with a copy to the COMPANY Site Representative and one for himself.

HSE Manager / Supervisor

Within two working days after receipt of the Foreman accident report, the HSE Manager / Supervisor shall verify the findings of the Foreman and carry out an independent investigation of every serious or potentially serious occurrence.

HSE Officer

Carry out incident scene management and collection of evidence for investigation

Construction Project Engineer

Review all accident reports to ensure that the corrective action has been taken.

6 GENERAL PROCEDURE

1. Whenever an employee has an accident / incident, he shall immediately report the case to his Supervisor and secure medical slip (for non-serious cases only) before proceeding to the clinic for treatment.
2. In case of a major accident, the injured shall be brought directly by qualified rescue personnel to the clinic or hospital for emergency treatment. Extra precautions shall be exercised not to further aggravate the injury of the victim.

INCIDENT REPORTING PROCEDURE				Document ID : SA-AMI-000-HDAI-710014	
				Contractor Reference : 6601000283	
				Revision: 2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 10 of 21	
Vender Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

3. Seriously injured worker is not to be moved by anyone but by qualified rescue personnel only.

4. All workers who met an accident shall be scheduled for HSE re-orientation by the HSE Department before reporting back to work.

5. Employees who fails to report injuries suffered while on an official work duty as soon as possible shall be disciplined according to CONTRACTOR disciplinary action policy.

7 DETAILED ACCIDENT REPORTING PROCEDURE

CONTRACTOR shall promptly report all accidents & injuries to the CONTRACTOR / COMPANY Representative.

6.1 Oral Report

CONTRACTOR shall ensure that an immediate oral report is made to the COMPANY/CONTRACTOR Representative in the case of all:

- a) All fatalities, on-or off-the-job, including death by natural causes.
- b) All injuries and illnesses requiring medical treatment and/or incurring lost time. This includes off-the-job injuries and serious illnesses outside working hours.
- c) All damages to our property & equipment (i.e. crane/heavy equipment mishaps, scaffold and excavation collapse, near miss incidents, etc.).
- d) All damage, in any amount, to COMPANY/CONTRACTOR or third party property and equipment including underground/overhead utilities & communications.
- e) All fires.
- f) All work-related Motor Vehicle Accidents (MVAs) whether on or off the job site.

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INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision:2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 11 of 21	
Vendor Reference: N/A			System / Subsystem: NN	Equipment Type: N/A	

6.2 Preliminary Report

- a) As soon as possible, but no later than 24 hours after the oral report, CONTRACTOR's HSE Manager shall submit details of the accident on Preliminary Accident Report Form
- b) The completed preliminary report describing the immediate steps taken to prevent recurrence shall be submitted to the COMPANY/CONTRACTOR Representative.

6.3 Follow-Up and Investigation Report

CONTRACTOR shall ensure that follow-up investigation of accident including MVAs shall be completed in accordance with Subsections 12.3.5 and 12.3.6 of CSSP

- a) CONTRACTOR shall submit a typewritten follow-up report to COMPANY / CONTRACTOR Representative within 3 workdays of the accident. The report shall be in a format acceptable to COMPANY/CONTRACTOR. In the case of serious accidents (Serious is defined as an injury resulting in the loss of one (1) day beyond the day of the accident occurrence), CONTRACTOR shall submit, a fully detailed account of circumstances, witness statements, descriptive photographs (where permitted) and accident scene diagrams. The accident investigation or report will not be delayed.
- b) The Main purposes of an accident investigation are:
 - i. To find the cause(s) so that similar accidents can be prevented.
 - ii. To determine the point at which the "unplanned" events took over from the planned sequence of events, and
 - iii. To recommend temporary and permanent corrective action to be taken.
- c) Near miss incidents shall be reported to COMPANY / CONTRACTOR.
- d) All incidents will be reported utilizing the new Contractor Safety Solution (CSS) which is currently being rolled out. CSS will negate the need to utilize Attachment 1.

8 ATTACHMENT

Attachment No.1 – Incident preliminary and final report form

INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision:2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 12 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

TRACKING NUMBER:		Page 1 - Preliminary Report			
PRELIMINARY (PAGE 6):		SUBMIT WITHIN 24 HOURS		PROJECT MANAGEMENT CONTRACTOR INVESTIGATION REPORT	
FINAL (PAGES 1-7):		SUBMIT WITHIN 3 DAYS			
INCIDENT CATEGORY, CLASSIFICATION, BASIC INFORMATION					
INCIDENT CATEGORY *		ON/IOB/OFFJOB *		INCIDENT CLASSIFICATION *	
ONSHORE/OFFSHORE *		DAY/NIGHT *		INCIDENT DATE *	
				INCIDENT TIME *	
		INCIDENT LOCATION *		28-Feb-2024 00:00	
BRIEF SUMMARY OF INCIDENT * (ONE-LINER DESCRIPTION OF INCIDENT)					
ACTIONS TAKEN (IMMEDIATE CORRECTIVE ACTIONS) * Note: This is different from the Intermediate and Root Causes of incident identified in pages 5 and 6					
DESCRIBE INJURY OR ILLNESS (IF ANY)					
DESCRIBE PROPERTY DAMAGE (IF ANY)					
NATURE OF INJURY *		BODY AREA PART *			
ACCIDENT TYPES *					
SOURCE OF INJURIES *					
HAZARDOUS CONDITIONS * 201 IMPROPER ARRANGEMENT PROCEDURE, ETC. IMPROPER STORAGE OR PILING OF TOOLS OR MATERIALS					
CONTRACTOR INFORMATION					
NAME OF INVOLVED *		ID (BADGE OR IQAMA) *		CONTACT NO. *	
JOB TITLE *		JOB CLASSIFICATION *		EMPLOYMENT TYPE *	
SUPERVISOR NAME		ID (BADGE OR IQAMA)		CONTACT NO.	
PRIME CONTRACTOR (COMPANY NAME) *		SUB CONTRACTOR (COMPANY NAME) *			
PROJECT NAME:					
WITNESS AND OTHERS INVOLVED		WITNESS #1 - NAME, IQAMA, AND CONTACT NO		WITNESS #2 - NAME, IQAMA, AND CONTACT NO	
		WITNESS #3 - NAME, IQAMA, AND CONTACT NO		WITNESS #4 - NAME, IQAMA, AND CONTACT NO	
CONTRACTOR COORDINATION (CONTROL FOR REPRESENTATIVE)					
PREPARED BY		NAME		NAME	
		SIGNATURE		SIGNATURE	
		DATE (mm/dd/yyyy)		DATE (mm/dd/yyyy)	
		CONTACT NO		CONTACT NO	
DEPARTMENT *		CONTRACT NUMBER *		DIVISION * DIVISION SAP ORGCODE *	
BI NUMBER *		CONTRACT NUMBER *		DIVISION HEAD	
PIR RECEIVED DATE		FINAL REPORT RECEIVED DATE		NAME: SIGNATURE	
DIVISION SAFETY COORDINATOR INITIALS				G16.001 NOTIFICATIONS MADE? Yes	
INVESTIGATION STATUS					
INCIDENT CAUSE ANALYSIS SYSTEMS USED? *		VERIFIED BY		DATE CLOSED	
INVESTIGATION (ACTION) STATUS: *					

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INCIDENT REPORTING PROCEDURE				Document ID : SA-AMI-000-HDAI-710014	
				Contractor Reference : 6601000283	
				Revision: 2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 13 of 21	
Vendor Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

ACTIVITY AT THE TIME OF THE INCIDENT					
NARRATIVE OF INCIDENT/CHRONOLOGICAL SEQUENCE OF EVENTS/LOSS INFORMATION					
TRACK INCIDENT FROM SIGNIFICANT EVENTS PRIOR TO INCIDENT THROUGH REINVESTIGATION. STATE ONLY THE FACTS. DO NOT INCLUDE ASSUMPTIONS. ATTACH ADDITIONAL PAGES AS REQUIRED.					
NO. OF DAYS OFF WORK: *	DAYS RESTRICTED DUTY: *	DATE OF INJURY:	DATE RETURNED TO WORK:		
ESTIMATED AMOUNT OF PROPERTY DAMAGE (\$): *	QUANTITY OF LOST PRODUCT:	OTHER LOSSES:	OTHER LOSSES:		
REMARKS: *					
DOCUMENT REFERENCE: *			INCIDENT PREVENTION BULLETIN DEVELOPED?: *		
TIMELINE: *					
NARRATIVE: *					
MEDICAL FACILITY TREATED AT AND CONTACT INFORMATION:					
SUPPORTING DOCUMENTS ATTACHED (CHECK ALL THAT IS ATTACHED)					
PICTURE, DRAWINGS, ETC.:	WITNESS STATEMENT:	ROOT CAUSE CHECK LIST:	OTHER (DESCRIBE):		
TRAINING RECORDS:	WORK PERMITS:	CORRECTIVE ACTIONS LIST:	OTHER (DESCRIBE):		
PRE-JOB BRIEFING RECORDS:	JOB SAFETY ANALYSIS:	OTHER (DESCRIBE):	OTHER (DESCRIBE):		

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Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 14 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

STATEMENT OF EMPLOYEE INVOLVED/WITNESS OF INCIDENT			
EMPLOYEE'S NAME		LOCATION:	
IQAMA / BADGE NO		INCIDENT TIME:	
MOBILE PHONE NO		JOB TITLE:	
COMPANY		WORK LOCATION:	
DESCRIPTION OF INCIDENT (Describe what you saw and any actions you had taken, include times and where you were)			
SIGNATURE		DATE:	

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				6601000283	
Revision:2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 15 of 21	
Vendor Reference: N/A			System / Subsystem: NN	Equipment Type: N/A	

PHOTO INFORMATION SHEET			
PROJECT NAME:		BI NUMBER:	
DATE OF INCIDENT:			
PHOTO NO.:			
PHOTO DATE:			
TIME OF DAY:			
LOCATION:			
PROVIDE DIRECTION OF PHOTO			
BRIEF DESCRIPTION	PIN PHOTO HERE		
OTHER NOTES			
PHOTOGRAPHER:			
PHOTO NO.:			
PHOTO DATE:			
TIME OF DAY:			
LOCATION:			
PROVIDE DIRECTION OF PHOTO			
BRIEF DESCRIPTION OF WHAT IS IN PHOTO:	PIN PHOTO HERE		
OTHER NOTES			
PHOTOGRAPHER:			

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Document ID :

SA-AMI-000-HDAI-710014

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6601000283

Revision:2

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Rev. Date: **28-FEB-2024**

Doc. Type: **PRC**

Discipline: CSE

Phase: **DE**

Class: 2

Page 16 of 21

Vender Reference : N/A

System / Subsystem: **NN**

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ROOT CAUSE ANALYSIS

INTERMEDIATE CAUSE(S) OF INCIDENT

HOOT CAUSE(S) OF INCIDENT

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				6601000283	
Revision: 2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 17 of 21	
Vendor Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

CORRECTIVE ACTIONS						
IMMEDIATE ACTION (S)						
ACTION:						
RESPONSIBLE PARTY:				TARGET DATE:		
CORRECTIVE ACTION IMPLEMENTED:	YES:		VERIFIED BY:		DATE CLOSED:	
	NO:					
PERMANENT ACTION (S)						
ACTION:						
RESPONSIBLE PARTY:				TARGET DATE:		
CORRECTIVE ACTION IMPLEMENTED:	YES:		VERIFIED BY:		DATE CLOSED:	
	NO:					
PERMANENT ACTION (S)						
ACTION:						
RESPONSIBLE PARTY:				TARGET DATE:		
CORRECTIVE ACTION IMPLEMENTED:	YES:		VERIFIED BY:		DATE CLOSED:	
	NO:					
PERMANENT ACTION (S)						
ACTION:						
RESPONSIBLE PARTY:				TARGET DATE:		
CORRECTIVE ACTION IMPLEMENTED:	YES:		VERIFIED BY:		DATE CLOSED:	
	NO:					
INVESTIGATION STATUS						
IDENT CAUSE ANALYSIS SYSTEM S USED?*		▼	VERIFIED BY:		DATE CLOSED:	
INVESTIGATION (ACTION) STATUS:*		▼				

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INCIDENT REPORTING PROCEDURE				Document ID :	
				SA-AMI-000-HDAI-710014	
				Contractor Reference :	
				6601000283	
Revision: 2		Step: IFU			
Rev. Date: 28-FEB-2024					
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 18 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

Attachment No.2 – Near-miss Reporting

PLEASE PRINT OR TYPE 19.12 (08/2014)

PROJECT MANAGEMENT CONTRACTOR NEAR-MISS AT WORKSITE REPORT	
Department: *	Division: * Div. SAP Orgcode: *
Observer's Name: *	Badge Number: *
Contractor Company Name: *	BI Number: * <small>also Name Dept. Organization: A B C X Y Z 0123456789 01-10 00014-0000</small>
Incident Date: *	Incident Time: * Persons: ▼
PPT: ▼	Material: <input type="checkbox"/> Stacked unsafely/excessive/not protected (choose X if applicable)
PTW (Permit to Work): ▼	Work Procedure: ▼
Elevated Areas: ▼	Electrical: ▼
Heavy Equipment: ▼	Hot Work/ Welding & Cutting: ▼
Tool: ▼	Trenching & Excavation: ▼
Vehicle: ▼	Barricade: ▼ Confined Space entry: ▼
Ground Level: ▼	Environmental & Health Issue: ▼
Note: - Fields with asterisk (*) are mandatory fields and must be filled out.	
Observation Area:	
Describe What Happened?	
Analysis - Why did it happen?	
Immediate Action Taken:	
Recommended Future Corrective Action:	
Confirmation of Corrective Action Implementation: <input type="checkbox"/> On the spot <input type="checkbox"/> Next site visit <input type="checkbox"/> Other:	
Other Issues Not Covered By The Card (Please Specify)	
Positive Observation (Please Specify)	
Reviewed By (Supervisor Name):	
USERID:	
Company:	
Date:	Time:
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				Contractor Reference : 6601000283	
				Revision:2	Step: IFU
				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 19 of 21	
Vendor Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

Attachment No.3 – MVA Reporting Form

MVA REPORT - CONTRACTOR VEHICLES - Reverse 19.05 (01/13)

MVA TYPE (Circle the appropriate box)

COLLISION OF MOTOR VEHICLE WITH ANOTHER VEHICLE

1. Rear End	2. Rear End	3. Left Turn	4. Left Turn	5. Right Turn	6. Right Turn	7. Head on	8. Sideswipe	9. Angle	10. Backing
-------------	-------------	--------------	--------------	---------------	---------------	------------	--------------	----------	-------------

RAN OFF THE ROAD: 11. Right, 12. Left, 13. Straight

NON-COLLISION: 14. Over, 15. Other In

COLLISION OF MOTOR VEHICLE WITH:

16. Pedestrian	17. Parked	18. Train	19. Bicycle	20. Animal	21. Fixed	22. Other
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BASIC CAUSE OF ACCIDENT (Select one only for each vehicle) To be filled by Driver & Supervisor

Veh.1	Veh.2	Veh.1	Veh.2	Veh.1	Veh.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01 SPEED EXCESSIVE	02 DELAYED PERCEPTION	03 FAULTY EVASIVE ACTION	04 IMPROPER BACKING	05 WRONG LANE OR POSITION	06 IMPROPER PASSING
07 IMPROPER TURNING	08 FAILURE TO SIGNAL OR WRONG SIGNAL	09 SUDDEN MOVEMENT	10 FOLLOWING TOO CLOSELY	11 IMPROPER PARKING	12 TRAFFIC SIGNAL VIOLATION
13 STOP SIGN OR YIELD SIGN VIOLATION	14 MECHANICAL FAILURE	15 OTHER VEHICLE ACTION	16 UNKNOWN	17 OTHER CAUSES	SPECIFY

VEHICLE TYPE

Veh.1	Veh.2	Veh.1	Veh.2	Veh.1	Veh.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEDAN - SUBCOMPACT	SEDAN - INTERMEDIATE	SEDAN - STANDARD	2 X 4 PICKUP	4 X 4 PICKUP	2 X 4 CREWCAB PICKUP
4 X 4 CREWCAB PICKUP	2 X 4 STATION WAGON	4 X 4 STATION WAGON	TRUCK	TRACTOR	TRACTOR WITH TRAILER
2 X 4 CARRYALL	4 X 4 CARRYALL	BUS	MOTORCYCLE/SCOOTER/BICYCLE	MOBILE EQUIPMENT	OTHER

VEHICLE MOVEMENT

Veh.1	Veh.2	Veh.1	Veh.2	Veh.1	Veh.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01 STRAIGHT AHEAD	02 TURN RIGHT	03 TURN LEFT	04 OVERTAKING	05 SLOWING - STOPPING	06 STANDING IN TRAFFIC
07 MAKING U - TURN	08 ENTERING PARKING SPOT	09 LEAVING PARKING SPOT	10 BACKING	11 PARKED PROPERLY	12 PARKED IMPROPERLY
13 CHANGING LANES	14 OTHER	SPECIFY			

SEAT BELTS

Veh.1	Veh.2
<input type="checkbox"/>	<input type="checkbox"/>
PROVIDED, NOT USED	USED
NOT PROVIDED	PROVIDED, NO INFORMATION

LIGHT CONDITION

<input type="checkbox"/>	01 DAYLIGHT	02 DARKNESS	03 DAWN	04 DUSK
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WIND CONDITION

<input type="checkbox"/>	01 NO SIGNIFICANT WIND	02 STRONG WIND	03 SAND OR DUST STORM
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ROAD FEATURES

<input type="checkbox"/>	01 INTERSECTION	02 OPEN ROAD	03 NO REGULAR ROAD	04 DRIVEWAY - ALLEY	05 PLANT YARD	06 LOADING DOCK	07 BUILDING SERVICE ENTRY	08 PARKING AREA	09 CURVE	10 UP OR DOWN HILL	11 OTHER
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ROAD DEFECTS

<input type="checkbox"/>	01 LOOSE MATERIAL	02 HOLES, DEEP RUTS	03 LOW SHOULDERS	04 SOFT SHOULDERS	05 OTHER DEFECTS	06 ROAD UNDER CONSTRUCTION	07 NO DEFECTS
--------------------------	-------------------	---------------------	------------------	-------------------	------------------	----------------------------	---------------

WEATHER CONDITION

<input type="checkbox"/>	01 CLEAR	02 CLOUDY	03 RAINING	04 FOG
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TRAFFIC CONTROL

<input type="checkbox"/>	01 STOP SIGN	02 YIELD SIGN	03 STOP AND GO SIGNAL	04 FLASHING SIGNAL	05 OFFICER OR GATEMAN	06 OTHER DEVICE	07 NO CONTROL PRESENT
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GENERAL LOCATION

<input type="checkbox"/>	01 INDUSTRIAL/PLANT AREAS	02 RESIDENTIAL/COMMUNITIES	03 RURAL/OPEN ROAD	04 CITY/TOWNS	05 OPEN DESERT	06 OTHER
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ROAD SURFACE

<input type="checkbox"/>	01 PAVED	02 UNPAVED	03 GRAVEL	04 DIRT OR SAND	05 OTHER
--------------------------	----------	------------	-----------	-----------------	----------

ROAD CONDITION

<input type="checkbox"/>	01 DRY	02 WET	03 OILY	04 SANDY	05 MUDDY
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DISTRIBUTION:
NO INJURY: Division keeps signed Original Copy to SAPMT for jobsite files (if applicable) and copy to Contractor.
Additional copies to Vice President - Project Management, Asst to VP - Project Management and Department Manager, if requested.
MVA INVOLVING INJURIES, DEATH, OR PROPERTY DAMAGE OF \$10,000 OR MORE: As above but Division sends additional copies to the following:
(1) Vice President - Project Management (2) Asst to VP - Project Management (3) Department Manager

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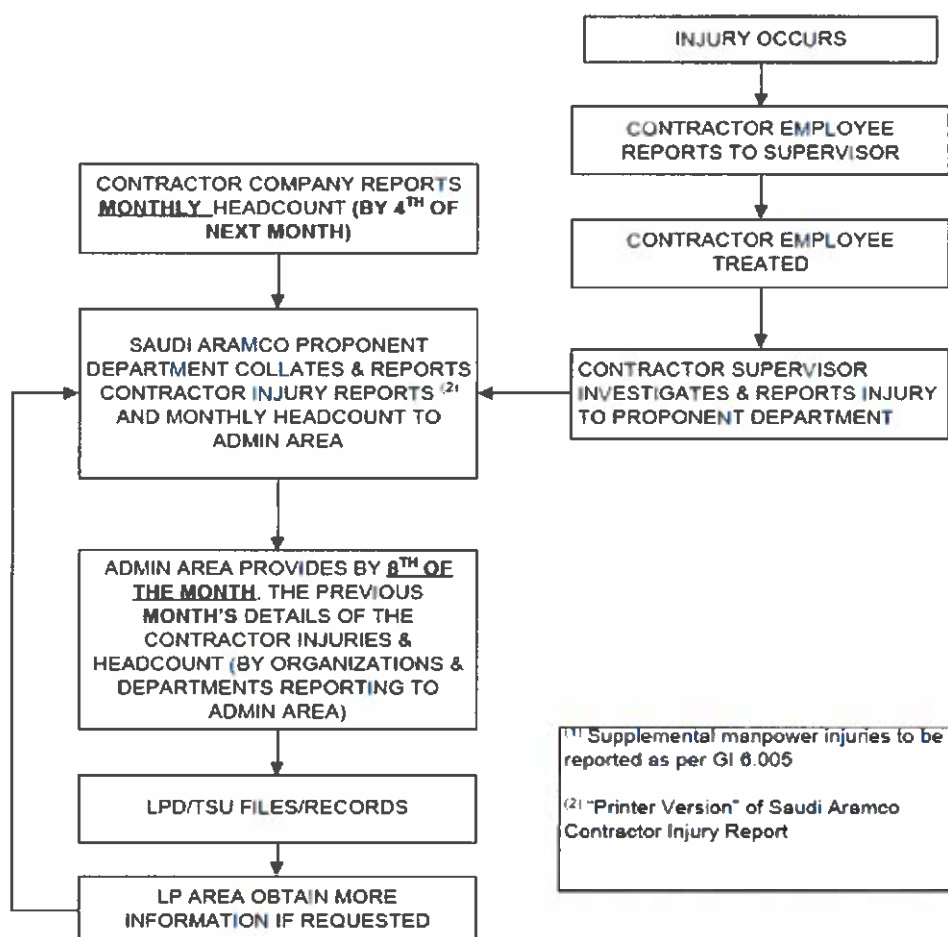
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Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 20 of 21	
Vender Reference : N/A			System / Subsystem: NN	Equipment Type: N/A	

Attachment No4. – Flow chart of contractor injury and headcount reporting

FLOWCHART OF CONTRACTOR INJURY AND HEADCOUNT REPORTING

For contractors and sub-contractors (excluding supplemental manpower) ⁽¹⁾



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				Rev. Date: 28-FEB-2024	
Doc. Type: PRC	Discipline: CSE	Phase: DE	Class: 2	Page 21 of 21	
Vendor Reference : N/A			System / Subsystem: NN		Equipment Type: N/A

9 REFERENCE

- GI 6.001, Notification Requirements for Incidents (Including Fires)
- GI 6.004, Near Miss Reporting Process
- GI 6.007, Reporting of Contractor On-Job Injuries/Occupational Illnesses,
- GI 6.029, Reporting and Recording of Motor Vehicle Accidents
- GI 7.026, Crane and Heavy Equipment Incident Reporting Procedures and
- GI 6.003, Incident Investigation
- GI 1787.000, Report of fire, emergency, or false alarm

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