

SITE ACCIDENT REPORT FORM

OWNER'S NAME			
CONTRACTOR		CONSULTANT	
PLOT NO.		DATE OF ACCIDENT	TIME OF ACCIDENT

DOCUMENTS REQUIRED

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| 1. PHOTOS OF ACCIDENT SITE | 2. COPIES OF TRAINING RECORDS OF INJURED PERSONS |
| 3. PASSPORT COPIES OF INJURED PERSON(S) WITH VALID VISA PAGE | 4. COPY OF BUILDING PERMIT |
| 5. COPY OF METHOD STATEMENTS & RISK ASSESSMENT RELATED TO PARTICULAR ACTIVITY | 6. HSE PASSPORT OF PROJECT MANAGER AND HSE OFFICER |

SR.	DESCRIPTION
1.	RUNNING SERIAL NUMBER OF ACCIDENT AT PROJECT SITE:
2.	DESCRIBE CLEARLY HOW THE ACCIDENT OCCURRED :
3.	EXACT PLACE IN THE PROJECT SITE, WHERE THE ACCIDENT OCCURRED:
4.	PARTICULARS OF THE PERSONS INJURED: (NO. OF PERSONS INJURED)
	NAME
	ADDRESS
	AGE
	OCCUPATION
	NATIONALITY
	PASSPORT NO.
	*IF THE ABOVE AREAS IS NOT ENOUGH PLEASE ATTACH THE DETAILS
5.	PARTICULARS OF THE PERSONS DIED: (NO. OF PERSONS DIED)
	NAME
	ADDRESS
	AGE
	OCCUPATION
	NATIONALITY
	PASSPORT NO.
	*IF THE ABOVE AREAS IS NOT ENOUGH PLEASE ATTACH THE DETAILS

6.	IF THE ACCIDENT WAS CAUSED BY ANY ELECTRICAL OR MECHANICAL MACHINERY (A) GIVE THE NAME & PART OF THE MACHINE CAUSE THE ACCIDENT:
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	(B) STATE WHETHER THE MACHINERY WAS MOVED BY MECHANICAL POWER AT THE TIME OF ACCIDENT:
7.	<p>DETAIL THE NATURE/ EXTENT OF INJURY RECEIVED:</p> <p>LOCATION:</p> <p>WHAT THE PERSON(S) INJURED/DIED WAS/WERE DOING AT THE TIME OF ACCIDENT?</p> <p>HOURS AT WHICH THE PERSON(S) INJURED/DIED HAS STARTED WORK ON THE DAY OF ACCIDENT:</p> <p>DATE AND TIME OF MOBILIZATION OF THE INJURED/DIED PERSON(S) TO HOSPITAL:</p> <p>NAME & ADDRESS OF THE DOCTOR OR HOSPITAL FROM WHOM OR IN WHICH THE PERSON(S) INJURED RECEIVED OR IS RECEIVING TREATMENT:</p> <p>IF THE PERSON(S) INJURED HAS DIED, GIVE:</p> <p>(A) THE DATE & HOUR OF HIS DEATH:</p> <p>(B) THE DATE & HOUR OF POST MORTEM :</p> <p>(C) THE NAME & ADDRESS OF THE DOCTOR WHO CONDUCTED THE EXAMINATION:</p>
8.	GIVE NAMES & ADDRESSES OF WITNESSES TO THE ACCIDENT:
9.	GIVE DETAILS OF DAMAGES TO THE PROPERTY AND ENVIRONMENT (IF ANY):
10.	WHAT SAFETY PRECAUTIONS/PROCEDURES WERE BEING IMPLEMENTED TO PREVENT THIS ACCIDENT ?
11.	WHAT ACTION HAS BEEN TAKEN TO PREVENT RECURRENCE OF SAME ACCIDENT IN FUTURE ?
12.	WHAT WERE THE CAUSES BEHIND THE ACCIDENT ?
13.	WHAT WAS THE ROOT CAUSE BEHIND THE ACCIDENT ?
14.	ANY OTHER RELEVANT INFORMATION:

NOTE: THE CONTRACTOR WILL BE CHARGED FOR THE ABOVE VIOLATIONS IN ACCORDANCE WITH CREATIVE CLUSTERS AUTHORITY'S HEALTH, SAFETY & ENVIRONMENT ENFORCEMENT ACTION REGULATIONS, UNDER CLAUSE 24(A)(4)(I) AND INCASE OF MAJOR ACCIDENT ALL THE ACTIVITIES AT SITE SHALL BE CEASED UNTIL FURTHER NOTICE BY THE ZONING DIVISION OF CREATIVE CLUSTERS AUTHORITY.

MASTER DEVELOPER MAIN CONTRACTOR CONSULTANT DETAILS

NAME		SIGNATURE	
TEL			
FAX		DATE	
MOBILE			
EMAIL		STAMP	

FOR DUBAI CREATIVE CLUSTERS AUTHORITY USE

COMMENT(S):

REVIEWED BY: HSE OPERATIONS:

NAME		SIGNATURE		DATE	
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