

Accident Reporting Procedure



Contents

- 1. Accident Reporting Procedure 4
- 2. General 4
- 3. Scope of this Procedure..... 5
- 4. Internal Reportage all Accidents 5
- 5. Claims 5
- 6. JEH-AC1-03 Accident Reporting Form 6
- 7. JEH-AC1-04 Accident Reporting Flowchart..... 7
- 8. JEH-AC1-05 Witness Statement Form 8

List of Figures

- Fig 1 JEH-AC1-03 Accident Reporting Form6
- Fig 2 JEH-AC1-04 Accident Reporting Flowchart.....7
- Fig 3 JEH-AC1-05 Witness Statement Form8

1. Accident Reporting Procedure

It is important that all accidents are notified in accordance with this procedure.

This is to:

- Safeguard the interests of any person injured;
- Ensure that the Company and its insurers are fully and properly informed of any accident from which a claim for compensation may arise;
- Comply with government legislation;
- Provide information to assist the prevention of a re-occurrence of any similar accident;
- Provide statistical information enabling a constant review of the Company's safety performance to be made.

In the event of an accident, speed and action is imperative.

The reporting of any accident needs to be as quick as the provision of treatment.

The responsibility for the reporting action is vested in the manager of the person concerned.

It must be stressed, however, that the responsibility for the total reporting action following any accident will involve many people, and they will need to understand this procedure and ensure its provisions are followed. Therefore, although the following procedure suggests certain positions, or that people should undertake certain actions, local management may delegate these to other people.

It is important is that the procedure is followed correctly and the basic principle to follow is that it is better to over report than under report. This ensures that an incident which seemed inconsequential at the time is fully recorded and therefore not sources of embarrassment at a later date.

All employees must report any injury however slight, sustained by them in the course of their employment with J & E Hall International, to a First Aider / Appointed Person and their Supervisor or Manager.

This is to ensure that a record is maintained, safeguarding the employee and the Company.

The incident will be recorded in the Accident Book held by the First Aider / Appointed Person.

The forms used are:

- Local Office Accident Book held by the First Aider / Appointed Person;
- Record of Employee Accident – JEH-AC1-03 Accident Reporting Form;
- Record of Witness Statement – JEH-AC1-05 Witness Statement Form;
- **RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. This will be completed online by J & E Hall Internationals HSQE Function ONLY.**

2. General

All accidents at work resulting in personal injury are to be reported internally within the Company.

In addition, all fatal accidents and major injuries which cause more than seven days incapacity for work are to be notified to the incident control centre by J & E Hall Internationals HSQE Function (RIDDOR reportable).

3. Scope of this Procedure

Any Employee or Sub-Contractor working under the direction of J & E Hall International.

4. Internal Reportage all Accidents

The injured person's line manager must be advised as soon as possible.

Depending upon the seriousness of the injury the line manager must advise J & E Hall Internationals HSQE function as soon as reasonably practicable (normally by telephone) and ensure that adequate attention is given the welfare of the injured person (and relatives where applicable).

Following an accident, near miss or dangerous occurrence, all employees must ensure that all relevant details are reported to their line manager or their nominated person where they will complete the local office accident book.

Following the completion of the local office accident book, the responsible line manager shall complete J & E Hall Internationals form 'JEH-AC1-03 Accident Reporting Form' immediately refer to 6. JEH-AC1-03 Accident Reporting Form and follow the process shown in 7. JEH-AC1-04 Accident Reporting Flowchart.

Accidents on Customer Sites must be reported in accordance with Customer accident reporting procedures.

In addition, the J & E Hall Internationals form 'JEH-AC1-03 Accident Reporting Form' must be completed in accordance with this procedure.

Following an accident overseas, the J & E Hall Internationals form 'Form' must be completed in accordance with this procedure.

Where the accident causes more than seven days incapacity for work the responsible manager is to advise the J & E Hall Internationals HSQE Function. HSQE will determine RIDOOR reportable incidents.

5. Claims

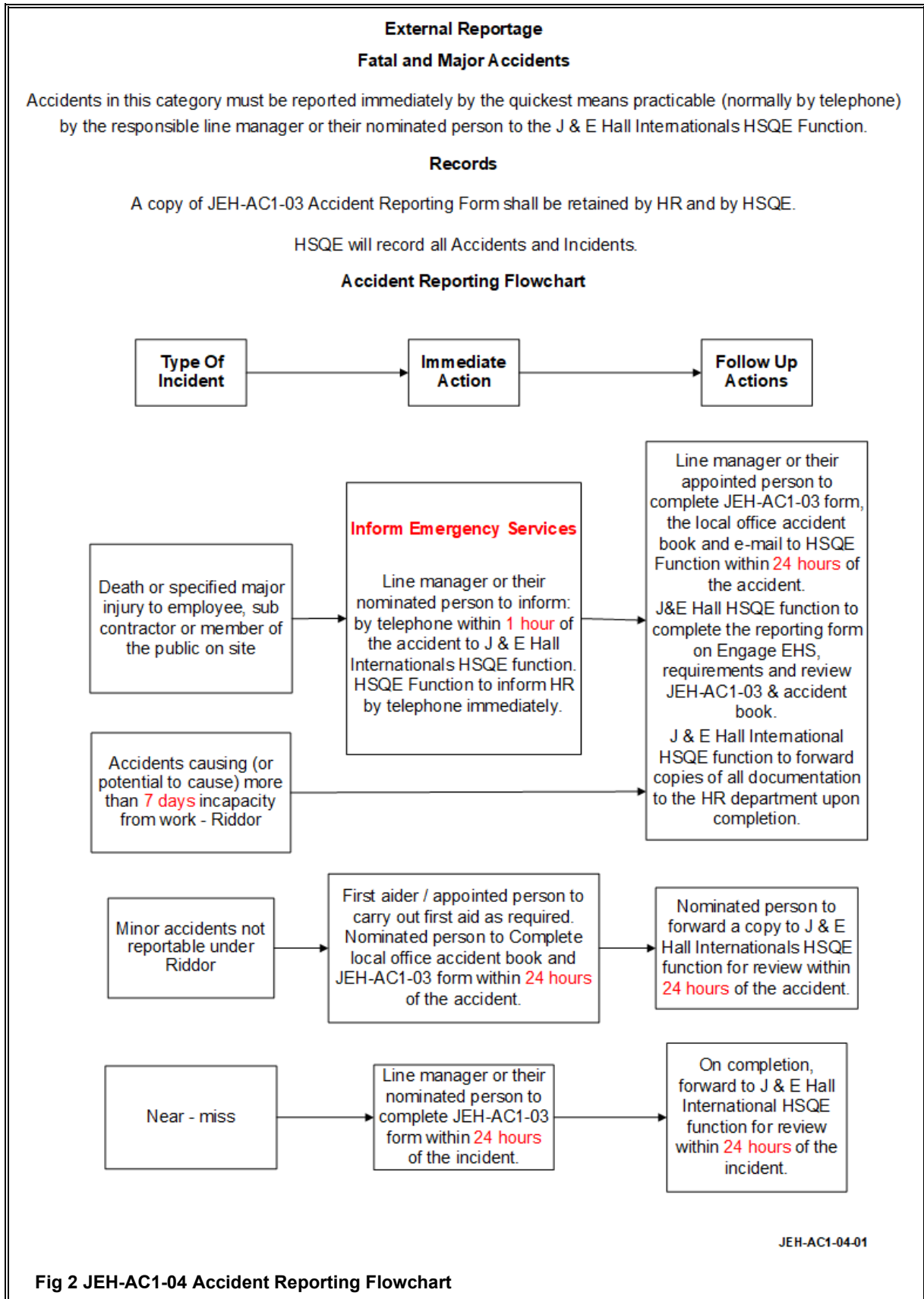
Written claims in respect of industrial injury must be forwarded without delay to the Company HR Department. The HR Department will report any serious accidents to the Insurance brokers to enable an accident investigation to be undertaken prior to any claims being lodged against the Company.

6. JEH-AC1-03 Accident Reporting Form


Company Record / Report of Employee Accident / Near Miss / Dangerous Occurrence / Incident			
Issue 02		Please refer to the J & E Hall Limited Personal Accident Reporting Procedure prior to completing this	
		11/22	
Details of Person Completing AC1 Form: (Injured persons line manager or nominated person)			
Name:		Occupation:	Department No:
Complete sections 1-4 in Discussion with Injured Person			
Delete as Appropriate:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident	Near Miss	Dangerous Occurrence	Incident
SECTION 1 - Details of Person:			
Name:		Occupation:	Birth date:
Department No:		Employee Status:	Employee Clock No:
Home Address:		Tel:	
SECTION 2 - Details of the Accident / Near Miss / Dangerous Occurrence / Incident:			
Date:	Time:	Time Started Work:	Time Finished Work:
State full postal address including post code and telephone number and dept/area where incident occurred			
How did the, Accident / Near Miss / Dangerous Occurrence / Incident Occur? Give as much detail as possible, e.g. weather condition, equipment involved, lighting, moving machinery			
<small>Continue on separate sheet if necessary</small>			
SECTION 3 - Details of Injury Sustained: Nature / part of body, whether became unconscious, required resuscitation etc.			
<small>Continue on separate sheet if necessary</small>			
Witness to Accident: Name / Address		Witness to Accident: Name / Address	
Witness statements are taken and recorded on form: <input type="checkbox"/>			
Did the Injury Require a Doctor / Hospital Attention: Yes <input type="checkbox"/> No <input type="checkbox"/>		Was injured Person Admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Doc / Hosp Name:		Is the injured person still there? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, what was the duration?
SECTION 4 - Managers Report: (State cause of accident and actions taken to prevent re-occurrence):			
Was the Employee Authorised to carryout the work undertaken? Yes <input type="checkbox"/> No <input type="checkbox"/>		<small>Continue on separate sheet if necessary</small>	
Personal Protective Equipment Requirements for the operation: (Identify)			
Were these adhered to? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Local Office Accident Book completed by:		Date:	
Line manager or nominated person to enter details into Evalu8 and complete all documents, within 24 hours			
SECTION 5 - Review by HSQE Function:			
Is this a Reportable Accident (over 7 days) Yes <input type="checkbox"/> No <input type="checkbox"/>		JEH-AC1-03 Accident Reporting Form	
Signed: Line Manager:			
Signed: Injured Person:			<small>A member of J & E Hall Limited</small>

Fig 1 JEH-AC1-03 Accident Reporting Form

7. JEH-AC1-04 Accident Reporting Flowchart



8. JEH-AC1-05 Witness Statement Form



Accident/Incident Witness Statement Form

Report Number:		
Statement Taken on:	Date	Time
Date /Time of Incident	Date	Time
Interviewee:		
Position Held:		
Location / Area of Accident:		
Equipment Involved:		
Interviewer:		
Signature of Interviewee:	Date:	
Signature of Interviewer:	Date:	

Continue on a new sheet if required.

Issue 02 : 12/22
JEH-AC1-05
Page 1 of 1

Fig 3 JEH-AC1-05 Witness Statement Form