



# Oil & Gas Development Company Limited

## PRELIMINARY INCIDENT REPORT

( Must be reported on the same day to HSEQ Department OGDCL Head Office Islamabad)  
 [ Fax.: 051-2623041; Email: HSEQReports@ogdcl.com ]

**PART I: General**

**Activity-based Event Classification**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Area: \_\_\_\_\_  
 Location/ Field: \_\_\_\_\_  
 Reported By: \_\_\_\_\_

- Work-related*
- Non-work related*
- OGDCL crew*
- Contractor crew*
- Third party*
- Within OGDCL site boundary*
- Outside OGDCL site boundary*

Severity  5  4  3  2  1

*Note: Location IC shall assign Severity to the incident from the Matrix mentioned overleaf.*

**PART II: Incident / Nonconformance / Deviation:**

Summary:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	Gas Leakage	Oil/ Chemical Spill	Roadside Accident	Improper Lifting	Falling Object	Struck By	Confined space	Explosive Blast	Equipment Safeguarding	Fall from Height

Description:

**PART III: Summary of Consequences:**

Asset Damage (Quantify)	Environment Damage (Quantify)	Human Damage		Production Loss (Quantify)	Reputation Damage
		Injury(ies)	Fatality(ies)		

1.						
2.						
Name of Injured/ Fatality		Designation	Employment No	DOB	Section/Deptt.	Status*

\* Regular/ Contractual/ Work Charge/ Trainee/ Contractor/ Other

**PART IV: Contributing Surface Cause(s):**

Unsafe Condition	Unsafe Act/Behavior
<input type="checkbox"/> Improper HSE Equipment <input type="checkbox"/> Improper HSE Documentation <input type="checkbox"/> Poor Illumination <input type="checkbox"/> Improper / Incomplete Resources <input type="checkbox"/> Non-provision of Necessary Protection Equipment <input type="checkbox"/> Unsafe Design or Construction <input type="checkbox"/> Poor / Inadequate Operating Conditions <input type="checkbox"/> Inadequate Warning System <input type="checkbox"/> Poor Housekeeping <input type="checkbox"/> Defective Tool <input type="checkbox"/> Slippery Surface <input type="checkbox"/> Bad Environmental Conditions <input type="checkbox"/> Any Other(s) _____	<input type="checkbox"/> Operating without Authority <input type="checkbox"/> Horseplay <input type="checkbox"/> Over-speeding <input type="checkbox"/> Overriding Safety Devices <input type="checkbox"/> Not Wearing Proper Protection Equipment <input type="checkbox"/> Ill Maintenance of Tools <input type="checkbox"/> Disobeying Instructions / Not Following SOP <input type="checkbox"/> Wrong Orders of Supervisor <input type="checkbox"/> Too Much Occupied/Over-worked/Fatigue <input type="checkbox"/> Lack of Skill / Knowledge of Worker(s) <input type="checkbox"/> Unsafe Act of Outsider(s) <input type="checkbox"/> Unsafe Act of Fellow-Worker(s) <input type="checkbox"/> Working in Bad Environmental Conditions <input type="checkbox"/> Any Other(s) _____

**PART V: Immediate Cautions Taken On Affected Area/ Incident Site?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerned informed/ evacuated	Injured/ casualties removed	Site barricaded & warning sign posted	First aid provided	Admin & Medical teams informed	Hazards contained/ controlled	Energy isolated

**PART VI: Regulatory Department/ Concerned Intimated?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes:
Families of Victims	CIM	EPA	PNRA	Police	

Signature & Date:  
 Reported By



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### Severity Matrix

Actual Severity	Potential Impact			
	Human	Environment	Asset / Financial	Reputation
<b>Catastrophic (5)</b>	Multiple Fatalities	<b>Massive Effect</b> Persistent Severe Environmental Damage or Severe Nuisance extending over a large area of commercial, communal or recreation use. Continuous excursions beyond allowable or regulatory limits.	Loss of > 10 Million USD	International Concern
<b>Critical (4)</b>	Single Fatality	<b>Major Effect</b> Severe environmental damage; the company is required to take Extensive measures to restore the damaged environment. Intermittent excursions beyond allowable or regulatory limits.	Loss of 2 – 10 Million USD	National Concern
<b>Major (3)</b>	Multiple Injury Cases esp. Lost Time Injury(ies)	<b>Local Effect</b> Limited Discharges affecting the neighborhood or damaging local environment. Excursions beyond allowable or regulatory limits.	Loss of 0.025 – 2 Million USD	Provincial / Regional Concern
<b>Marginal (2)</b>	Medical Treatment Case(s) / Restricted Workday Injury(ies)	<b>Minor Effect</b> Discharge or Contamination with no lasting effect. Rare excursions beyond allowable or regulatory limits.	Loss up to 0.025 Million USD	Local Concern
<b>Negligible (1)</b>	Near Miss/ Hit	<b>Slight Effect</b> Slight Damage within the premises of the facility	Nil	Awareness, No Concern