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|  Ramky Cleantech Services Pte. Ltd. | PAGE 1 of 4 | |
| TITLE: Accident / Incident Reporting Form (Non-Injury) | DOCUMENT NO: QHSE-FR-09-05 | Rev No: 2 |

Instructions:

- 1) For incidents not involving Ramky's employee, please fill up **Section A, C – D**,
- 2) For incidents involving Ramky's employee, please fill up **ALL** the sections,
- 3) All completed and endorsed forms are to be submitted to **HR/ Admin** Department within **3 Calendar Days** from date of incident.
- 4) To attach behind: Traffic Police report (for traffic accidents only), GIA (General Insurance Association) report (for traffic accidents only), Police report (for loss/ theft of company asset incidents) & Photo(s) of damage/ incident site (if available)

NATURE OF EVENT:

| | | |
|---|---|--|
| <input type="checkbox"/> Road Traffic Accident | <input checked="" type="checkbox"/> Dangerous Occurrence ¹ | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Loss/ Theft of Company Asset | <input type="checkbox"/> Others, please indicate: | |

¹Dangerous Occurrence:

Collapse/ failure of lifting equipment/ Fire or explosion/ Collapse of scaffold or gondola

HSE/Case Event No: _____

SECTION A: DETAILS OF ACCIDENT / INCIDENT

| | |
|--|---|
| Site / Division : Public Cleansing | Address / Location of Event : 1301 Bedok North Avenue 4 |
| Date of Event : 23/03/2021 | Time of Event : 0300hrs |

SECTION B: PARTICULARS OF EMPLOYEE INVOLVED

| | |
|--|---|
| Name : Rosl Bin Yusoff (2016275) | NRIC / FIN / Work Permit / Passport No: SXXXX823C |
|--|---|

SECTION C: DESCRIPTION OF ACCIDENT / INCIDENT
Description of Accident / Incident:

(Please be as descriptive as possible:

What were the events that led to the incident?

What machines/ equipment/ tools were involved?

What are the details of 3rd Party (Full name, NRIC, contact number, company name), if relevant

Provide photos/ sketches if available.)

by MS YJ5689K

On 23/03/2021 at around 0215hrs, I was travelling along East Coast Parkway. I noticed that there was hydraulic oil leaking from side brush. Hence, I drove back to depot to change vehicle. When I reached the bus stop opposite depot at around 0230hrs, the engine was suddenly off itself and the signal (Engine Stop) on. I tried several times to start the vehicle but could not. Then I smelled burning and immediately got down from vehicle to check. I saw the smoke coming out from engine parts and there was a lady who passed by called SCDF. It was around 0300hrs and two men from bus stop team assisted to put out the fire using their equipment. About 0310hrs SCDF and police reached the scene while the fire had been totally put out. They have done their investigation at 0340hrs and the vehicle was towed to the workshop. No injury involved.

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2**SECTION D: OTHER INCIDENT DETAILS**

Select the appropriate options:

Did the event results in any damages to government property?

Yes ☐No ☒

Did the event involve any government officials?

Yes ☐No ☒Did the event results in any notice of violations/summons/infringements from the government or building owner?
(If Yes, please attach a copy of the notice)Yes ☐No ☒

Any witness to the accident / incident / event?

Yes ☒No ☐

If yes, Name : Nil


Contact No. : Nil

*Delete accordingly

SECTION E: ROOT CAUSE & CORRECTIVE/ PREVENTIVE ACTION(S) (To be completed by Supervisor/OM)**Root Cause(s) of Accident / Incident / Event :**☐ Defective/faulty tools/equipment☐ Inadequate/Lack of servicing/maintenance on tools/equipment☐ Improper tools/equipment used☐ Incorrect body position/posture☐ Lack of situational/spatial awareness☐ Lack of knowledge/training☐ Lack of supervisory control☐ SOP/instructions not communicated/unclear/lacking☐ Risk assessment not communicated/performed☐ Miscommunication☐ Natural disaster/Act of God/
Beyond worker's control☐ Fatigued worker (excessive work hours)☐ Lack of housekeeping/lighting☐ Worker did not follow SOP (including not wearing PPE)☐ PPE unavailable to worker☐ Others, pls specify: _____**Corrective/ Preventive Action(s) :** (Action items to be implemented to prevent similar accident / incident / occurrence)

| S/N | Corrective/ Preventive Action | Person In Charge | Target Date |
|-----|-------------------------------|------------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

* Delete as appropriate

| | | |
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SECTION F: DISCIPLINARY ACTIONS (To be completed by Supervisor/OM)

Type of discipline action/s taken:

 Verbal Warning ☐ 1st Warning Letter ☐ 2nd Warning Letter ☐ Not Applicable ☒
Details of Employee:

Employee Name & Number: _____ Designation: _____

Site: _____ Cost Centre: _____

Reason(s) for discipline action:
DEDUCTION

This incident would incur a deduction of SGD\$ _____ on your Performance Allowance.

The Management takes a serious view on such negligence. We would like to urge you to excel in your work and you should be aware that the impact of this situation may have a negative result on your performance.

You are warned against committing any further offence, failing which stricter disciplinary actions, including up to termination or dismissal, would be meted out.

CLAIM FOR LOSS/ DAMAGE TO RAMKY PROPERTY

This incident would incur an amount of SGD\$ _____, payable to the Company, for the purposes of repair/ replacement of such lost/ damaged Company Property that has been issued & entrusted to you, as a result of your neglect or default.

 Please elaborate and provide exact breakdown of reasonable replacement/ repair costs below:
(attach relevant documents if available)

*Delete accordingly

 I, Rosl Bin Yusoff declare that the information provided by me in this incident report is true to the best of my knowledge.

Name & Signature of Injured Workman/ Person involved in incident

Date


Fong Jia Kuan

Name & Signature of Recording Officer/ Supervisor

Date

Name & Signature of Manager

Date

| | | |
|---|---|----------------------------|
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SECTION G: APPROVAL OF SUBMISSION (To be completed by HSE Dept/HOD)

Risk Assessment reviewed? Yes ☐ N/A ☐

Other comments on accident /recommendations:

Name : _____ Signature : _____ Date : _____
(HSE Department)

Approve / Rejected.*

Name: _____ Signature : _____ Date : _____
(Head Of Division)

* Delete as appropriate

REVISION HISTORY

| Revision No. | Revision Date | Reference | Revision Details / Changes |
|--------------|---------------|---|--|
| 0 | 02/01/2015 | HSE Procedure 5.4.5(L), QHSE Procedure Sect 9.0 | Implementation of form |
| 1 | 29/03/2016 | RAMKY-QHSE-SP-001 Accident/ Incident Management and Reporting | Revised entire form layout |
| 2 | 15/04/2016 | RAMKY-QHSE-SP-001 Accident/ Incident Management and Reporting | Amended incident description prompts; Amended list of root causes; Included field for 'Person In Charge' for corrective/ preventive actions; Amended language from deduction of 'monthly salary', to deduction of 'performance allowance'; Added section as provision for claim process - for loss/ damage to Ramky property due to neglect or default |