



**RAY International Electrical Equipments Maintenance LLC**  
**RAY International Electrical Contracting LLC**  
**RAY International Power LLC**

**INCIDENT NOTIFICATION**

**To be reported within 24 hours (maximum)**

Abudhabi/ Dubai

**DISTRIBUTIONTo:**

MD, CEO, GMs, Discipline SR MGR, Qhse mGR & advisors, LINE managers, HRA mANAGER

**REPORT ORIGINATED BY:**

NAME:		COMPANY / DIVISION:		GSM NO: CUG:	
LOCATION OF INCIDENT:		DATE OF INCIDENT:		TIME:	

**INCIDENT TYPE:  
(TICK MARK THE  
APPLICABLE)**

Near Miss / First Aid Case / Restricted Work / Medically treated / Lost Time Injury / Fatality /  
Occupational Illness / Asset damage / Environment Damage/Traffic Accident/Roll Over

**INCIDENT ACTUAL SEVERITY RATING:**

**POTENTIAL SEVERITY RATING:**

**Note:**

Use the Risk Assessment Matrix to determine the **actual** and **potential** severity rating for the incident. Seek assistance from the HSE Advisor if required.

**Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately**

LOW

MED

HIGH

(Please click and drag circle for correct rating)

Likelihood Severity	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Catastrophic (5)	Low	Moderate	High	High	High
Major (4)	Low	Moderate	Moderate	High	High
Moderate (3)	Low	Moderate	Moderate	Moderate	High
Minor (2)	Low	Moderate	Moderate	Moderate	Moderate
Negligible (1)	Low	Low	Low	Low	Low

**BRIEF DESCRIPTION OF INCIDENT**

**BRIEF DESCRIPTION OF DAMAGE**

**NUMBER OF PERSONS INJURED:**

**NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES.**

**THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-**

**(All incidents including Medium or High Potential MUST have a full investigation report completed)**

**IMMEDIATE  
CAUSES**

**UNDERLYING  
CAUSES**

**CORRECTIVE AND PREVENTIVE ACTIONS:**

**RESPONSIBLE:**

**CLOSED DATE:**

Ref No: RAY-IMS-FR-627

Version. No

01

Issued Date

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