

RAY International Electrical Contracting & Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

INCIDENT NOTIFICATION To be reported within 24 hours (maximum)

Abudhabi/ Dubai

PEPORT ORIGI	NATED	RV·									
NAME:	PORT ORIGINATED BY: compan division				Active	⊃roj		GSM NO:			
LOCATION OF INCIDENT:	I UNIII			DATE OF INCIDENT: 10-04-2023				TIME:		11:10 AM	
INCIDENT TYPE:	•	First Aid Ca	se			•	•				
INCIDENT ACTUAL SEVERITY RATING: 4 POTENTIAL SEVERITY RATING: 3 RISKLEVEL: Moderate					Likelihood Severity	Rare (1)	Unlikely (2)	Possible (3)	e Likely (4)	Almost Certain (5)	
Use the Risk Assessment Matrix to determine the actual and potential severity					Catastrophic (5) Major (4)	Low	Moderate	High Moderat	High	High	
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					Moderate (3)	Low	Moderate Moderate	Moderat	te Moderate	High High	
Low Moderate			High			Minor (2) Low Negligible (1) Low		Moderate	Moderat Low	te Moderate Low	Moderate Low
vd		Hotelate			DESCRIPTION	Negligible (1) ON OF INCIDENT	Low	Low	Low	2511	Low
vd		Hodelate		BRIEF			Low	Low	Low	2511	Low
vd				BRIEF	DESCRIPTI	ON OF INCIDENT	Low	Low	Low	2011	Low
vd hc NUMBER OF PE	RSONS II			BRIEF I	DESCRIPTI	ON OF INCIDENT	Low	Low	Low	Zon	200
vd hc NUMBER OF PE	RSONS II	NJURED:	URIES.	BRIEF	DESCRIPTI	ON OF INCIDENT		Low	Low	Zon .	200
vd hc NUMBER OF PE	RSONS II	NJURED: OPLE AND DETAILS OF INJ	URIES.	BRIEF I BRIEF 68 nc	DESCRIPTI	ON OF INCIDENT	ITS-				
vd hc NUMBER OF PE	RSONS II	NJURED: OPLE AND DETAILS OF INJ	URIES.	BRIEF I BRIEF 68 nc	DESCRIPTI	ON OF INCIDENT ON OF DAMAGE	ITS-			Zon .	
Vd hc NUMBER OF PEI NAMES OF INJU	RSONS II	NJURED: OPLE AND DETAILS OF INJ (All incidents i	URIES.	BRIEF I BRIEF 68 nc	DESCRIPTI	ON OF INCIDENT ON OF DAMAGE	ITS-				
hc NUMBER OF PEI NAMES OF INJU IMMEDIATE CAUSES UNDERLYING CAUSES	RSONS II	NJURED: OPLE AND DETAILS OF INJ (All incidents i	URIES.	BRIEF I BRIEF 68 nc	DESCRIPTI	ON OF INCIDENT ON OF DAMAGE	ITS-	eport compl			D DATE

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