

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>RAY International Electrical Contracting &amp; Maintenance LLC</b><br><b>RAY International Electrical Contracting LLC</b><br><b>RAY International Power LLC</b> |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
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| <b><u>INCIDENT NOTIFICATION</u></b><br><b>To be reported within 24 hours (maximum)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     | Abudhabi/ Dubai |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>DISTRIBUTIONTO:</b><br>MD, CEO, GMs, Discipline SR MGR, QHSE MGR & advisors, LINE Managers, HRA Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>REPORT ORIGINATED BY:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>NAME:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sijinauser                                                                                                                                                         |              | <b>COMPANY / DIVISION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEPARTMENTAL COST    | <b>GSM NO:</b>      |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>LOCATION OF INCIDENT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Kannur                                                                                                                                                             |              | <b>DATE OF INCIDENT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10-09-2024           | <b>TIME:</b>        | 13:26           |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>INCIDENT TYPE:</b> Restricted Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>INCIDENT ACTUAL SEVERITY RATING:</b><br><br><b>POTENTIAL SEVERITY RATING:</b><br><br><b>RISKLEVEL:</b><br><br><b>Note:</b><br>Use the Risk Assessment Matrix to determine the <b>actual</b> and <b>potential</b> severity rating for the incident. Seek assistance from the HSE Advisor if required.<br><br><b>Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately</b><br><div><div>Low</div><div>Moderate</div><div>High</div></div>                                                                    |                                                                                                                                                                    |              | <table><tr><th>Likelihood \ Severity</th><th>Rare (1)</th><th>Unlikely (2)</th><th>Possible (3)</th><th>Likely (4)</th><th>Almost Certain (5)</th></tr><tr><th>Catastrophic (5)</th><td>Low</td><td>Moderate</td><td>High</td><td>High</td><td>High</td></tr><tr><th>Major (4)</th><td>Low</td><td>Moderate</td><td>Moderate</td><td>High</td><td>High</td></tr><tr><th>Moderate (3)</th><td>Low</td><td>Moderate</td><td>Moderate</td><td>Moderate</td><td>High</td></tr><tr><th>Minor (2)</th><td>Low</td><td>Moderate</td><td>Moderate</td><td>Moderate</td><td>Moderate</td></tr><tr><th>Negligible (1)</th><td>Low</td><td>Low</td><td>Low</td><td>Low</td><td>Low</td></tr></table> |                      |                     |                 | 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 |
| 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                 |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>BRIEF DESCRIPTION OF INCIDENT</b><br>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibu |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>BRIEF DESCRIPTION OF DAMAGE</b><br>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim. Donec pede justo, fringilla vel, aliquet nec, vulputate eget, arcu. In enim justo, rhoncus ut, imperdiet a, venenatis vitae, justo. Nullam dictum felis eu pede mollis pretium. Integer tincidunt. Cras dapibz   |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>NUMBER OF PERSONS INJURED:</b> 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES:</b> Avsenbheq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>THE FOLLOWING FOR LOW POTENTIAL INCIDENTS-</b><br>(All incidents including Medium or High Potential <b>MUST</b> have a full investigation report completed)                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>IMMEDIATE CAUSES</b> Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>UNDERLYING CAUSES</b> Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                     |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <b>CORRECTIVE AND PREVENTIVE ACTIONS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>RESPONSIBLE:</b>  | <b>CLOSED DATE:</b> |                 |                       |          |              |              |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
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