

|                                                                                                  | RAY International Electrical Contracting & Maintenance LLC<br>RAY International Electrical Contracting LLC<br>RAY International Power LLC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
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| <b>INCIDENT NOTIFICATION</b><br>To be reported within 24 hours (maximum)                                                                                                        |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          | Abudhabi/ Dubai |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| DISTRIBUTIONTO:<br>MD, CEO, GMs, Discipline SR MGR, QHSE MGR & advisors, LINE Managers, HRA Manager                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| REPORT ORIGINATED BY:                                                                                                                                                           |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| NAME:                                                                                                                                                                           | sa                                                                                                                                        | COMPANY / DIVISION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AL AIN-COM-RESOURCES | GSM NO:  |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| LOCATION OF INCIDENT:                                                                                                                                                           | gg                                                                                                                                        | DATE OF INCIDENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 27-07-2024           | TIME:    | 09:26           |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| INCIDENT TYPE: Restricted Work                                                                                                                                                  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| INCIDENT ACTUAL SEVERITY RATING: 3                                                                                                                                              |                                                                                                                                           | <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             |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| POTENTIAL SEVERITY RATING: 2                                                                                                                                                    |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| RISKLEVEL: Moderate                                                                                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| Note:<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. |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| Incidents with a potential 'Medium or High Risk' shall be referred to the RAY QHSE Dept immediately                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| <div>Low</div> <div>Moderate</div> <div>High</div>                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| BRIEF DESCRIPTION OF INCIDENT                                                                                                                                                   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| 5g                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| BRIEF DESCRIPTION OF DAMAGE                                                                                                                                                     |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| g                                                                                                                                                                               |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| NUMBER OF PERSONS INJURED: 1                                                                                                                                                    |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| NAMES OF INJURED PEOPLE AND DETAILS OF INJURIES: gh                                                                                                                             |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| THE FOLLOWING FOR <u>LOW</u> POTENTIAL INCIDENTS-<br>(All incidents including Medium or High Potential <u>MUST</u> have a full investigation report completed)                  |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| IMMEDIATE CAUSES hnn                                                                                                                                                            |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| UNDERLYING CAUSES ggg                                                                                                                                                           |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |          |                 |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| CORRECTIVE AND PREVENTIVE ACTIONS:                                                                                                                                              |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RESPONSIBLE:         |          | CLOSED DATE:    |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |
| c                                                                                                                                                                               |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NA                   |          | dd              |                       |              |              |                    |            |                    |                  |     |          |      |      |      |           |     |          |          |      |      |              |     |          |          |          |      |           |     |          |          |          |          |                |     |     |     |     |     |