## Annexure-2: Incident Reporting Form

**(Required within 24 hours)**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | NEPRA License No. |  |
| Incident Location |  | Date of Incident |  |
| Time of Incident |  | Incident No. |  |
| License Category  (Tick mark which is applicable) | Generation | Transmission | Distribution |
| Incident Category  (Tick mark which is applicable) | Employee | Contractor | General Public |
| Environmental  Violation | Occupational Health Violation |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Type | Fatality | | Public Injury | | | Public Illness | | | |
| Lost Time | | Restricted Duty | | | Medical Treatment | | | |
| First Aid | | Fire | | | Release/ Spilled | | | |
| Crane/ Heavy Equipment Property Damage | | | | | | | | |
| Total Victim(s) |  | | | | | | | | |
| Name of Victim-1 |  | | | CNIC No. | | |  | | |
| Gender |  | | | Age | | |  | | |
| Fathers Name |  | | | Occupation of Victim | | |  | | |
| Victim Relative Contact No. |  | | | Extent of Injury | | |  | | |
| Name of Victim-2 |  | | | CNIC No. | | |  | | |
| Gender |  | | | Age | | |  | | |
| Fathers Name |  | | | Occupation of Victim | | |  | | |
| Victim Relative Contact No. |  | | | Extent of Injury | | |  | | |
| Witness-1 Name |  | | | Witness-1 Contact No | | |  | | |
| Witness-2 Name |  | | | Witness-2 Contact No | | |  | | |
| Witness-3 Name |  | | | Witness-3 Contact No | | |  | | |
| Which PPE used by victim(s) at the time of incident: | | | | | | | | | |
| **Incident Description.** (Write down how incident happened, beginning with the normal job activity that led to the incident. Put the events with timing, as far as possible, in the order they happened) | | | | | | | | | |
| **Action Taken** | | | | | | | | **Yes** | **No** |
| Is the local police informed/ FIR lodged? | | | | | | | |  |  |
| Is necessary evidence immediately gathered from the incident site for investigation process? | | | | | | | |  |  |
| Is an investigation team formed by company to determine root cause? | | | | | | | |  |  |
| Responsibility is fixed upon (with justification). | | | | | | | | | |
| What corrective actions are implemented immediately at incident site? | | | | | | | | | |
| What preventive actions are implemented at other sites to avoid reoccurrence of similar Incident? | | | | | | | | | |
| Is this incident reported within 24 hours? (Yes/No). If No, provide justification. | | | | | | | | | |
| **Role** | | **Name** | | | **Mobile Number** | | | **Signature** | |
| Prepared by  (Company Representative) | |  | | |  | | |  | |

**Note-1:** When an accident is reported to the company, or known through media, occurring at any of company sites, within its service territory, under its jurisdiction, or electrical accidents occurring inside consumer premises, the company shall immediately report the accident to NEPRA Regional Office via email, phone, WhatsApp, or SMS including email at [hse@nepra.org.pk](mailto:hse@nepra.org.pk).

**Note-2:** The company shall upload all work-related and public-related accidents to the NEPRA Data Exchange Portal within 24 hours when directed by NEPRA when it’s determined by the Regional Office fact-finding report that it’s work-related or public-related accident.

**Note-3:** In the case of multiple fatalities or injuries resulting from a single incident, the incident reporting shall include details of all victims, as well as the names and contact numbers of all witnesses.