



FORM MISC 1 - ACCIDENT REPORT

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| COMPANY: | ACCIDENT NUMBER: |
| CONTRACTOR: | DATE AND HOUR OF ACCIDENT: |

PLACE OF ACCIDENT AND DEPARTMENT:

DESCRIPTION OF ACCIDENT:

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MEASURES TAKEN TO PREVENT RECURRENCE:

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INFORMATION ON INJURED

NAME OF INJURED PERSON:

ADDRESS:

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| AGE: | SEX: | OCCUPATION: | TENURE OF POSITION: | TIME REPORTED TO WORK: |
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| HOSPITAL NAME: | ATTENDING PHYSICIAN: | DAYS FOR RECOVERY: |
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NATURE AND EXTENT OF INJURY:

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REMARKS OF COMPANY INVESTIGATION OFFICER:

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| NAME AND POSITION: | SIGNATURE: | DATE: |
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FOR OFFICIAL USE ONLY:

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| INVESTIGATING OFFICER: | DATE: |
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FORM MISC-1 INSTRUCTIONS

Instructions for the preparation of the Accident Report Form MISC-1

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| Purpose: | To report to the MEEI all accidents (personal or otherwise) involving company |
| Frequency: | As occurs |
| Due date: | The Report must reach the MEEI within 72 hours of the accident. All serious reportable accidents must be verbally reported to this Ministry immediately after they occur. |
| Copies: | Original plus two copies. |
| Distribution: | Director, Petroleum Operations Management Division, Ministry of Energy and Energy Industries |
| Company: | Enter the name of the company reporting accident. |
| Accident No.: | Enter file number that company has assigned to accident. |
| Contractor: | Where applicable enter the name of contractor. |
| Date and hour of accident | Enter date and time of day accident occurred. |
| Place of accident and Dept.: | Enter exact place where accident occurred and department of company responsible for operation. |
| Description of Accident: | Enter a full account of accident including circumstances leading to and how accident occurred. Give cause of accident. (Attachments may be necessary). |
| Measures taken to | Enter measures taken to guard against similar conditions which caused accident. |
| Name of Injured | Enter name of injured person. |
| Address: | Enter address of injured person. |
| Age: | Enter age of person as of his last birthday. |
| Sex: | Enter sex of injured person. |
| Occupation: | Enter title/occupation person held with the company or contractor. |
| Tenure of Position: | Enter tenure of person in his position when injury occurred. Tenure will be stated in years, months. |
| Time Reported to | Enter the time of day injured person reported for work on day of injury. |
| Hospital Name: | Enter name of hospital if injured was hospitalised. |
| Attending Physician | Enter name of attending physician. |
| Days for Rec.: | Enter number of days prescribed for full recovery. |
| Nature and Extent of Injury: | Enter a description of nature and extent of injury and state whether person will be permanently disabled. |
| Remarks of Officer: | The company investigating officer will comment as to frequency of this type of accident, |
| Name and Position: | Enter in block letters the name of the company investigating officer and his position with |
| Signed: | Persons responsible for investigating accident will sign here. |
| Date: | Enter date report was signed. |
| Official Use Only: | Investigating officer, MEEI, will enter his comments here. Investigating officer may request any additional information from the company he deems necessary. |
| Investigating Officer: | Investigating officer will sign here at conclusion of investigation and after noting his comments |
| Date: | Investigating officer will enter date he signed report. |