

INCIDENT NOTIFICATION FORM

SECTION 1: DETAILS OF THE PERSON REPORTING THIS INCIDENT

Person's name: _____ Designation: _____
 Contact no.: _____ Email ID: _____
 Date and time of the report: _____ Emirates ID no.: _____

SECTION 2: INJURED PERSON DETAILS

Name of the injured person: _____ Contact no.: _____
 Emirates ID no.: _____ Age: _____
 Gender: Male Female
 Occupation of the person: _____

SECTION 3: INCIDENT DETAILS

Date of incident: _____ Time of incident: _____
 Shift timings: _____ Location of incident: _____
 Nature of incident (tick the appropriate box): Fatality Injury Property damage
 Fire Environmental disturbance
 Others, please specify: _____

Details of plant/equipment involved in the incident: _____
 Plate no.: _____
 Brief details of the incident (attach a separate sheet if required): _____

SECTION 4: IMMEDIATE ACTIONS TAKEN (TICK YES OR NO):

Is first aid given to the injured?: Yes No Emergency services are contacted?: Yes No
 Any other comments?: _____

SECTION 5: WITNESS TO THE INCIDENT

| Witness name | Position | Employer | Contact no. | Emirates ID no. |
|--------------|----------|----------|-------------|-----------------|
| 1. | | | | |
| 2. | | | | |

Once the form has been completed, please email it to hse@rakez.com

INCIDENT NOTIFICATION FORM

EMERGENCY NUMBERS



| | RAKEZ ZONE | | | |
|---------------------|--------------------------|--------------------------|----------------------------|----------------------------------|
| CONTACT PERSON | AL GHAIL INDUSTRIAL ZONE | AL HAMRA INDUSTRIAL ZONE | AL HULAILA INDUSTRIAL ZONE | RAKEZ BUSINESS ZONE - AL NAKHEEL |
| Security Gate | 07 2440082 | 07 2430331 | 050 6277839 | 07 2041076, 07 2041190 |
| Security Patrolling | 050 9792435 | 050 1993587 | 07 2660015 | 050 4864001 |
| Security Supervisor | 050 1993612 | 050 6277839 | 050 6277642 | 050 3773671 |