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| 5 | PR 1418 | [Part I (Procedure) - Incident Notification, Analysis, Reporting and Follow-Up](http://www.pdo.co.om/hseforcontractors/blocks/documentation/docs/current/procedure/pr1418-part1.doc) | Rev 1.0 | Dec-03 |   |
| 6 | PR 1418 | [Part II (Guideline) - Incident Notification, Analysis, Reporting and Follow-Up](http://www.pdo.co.om/hseforcontractors/blocks/documentation/docs/current/procedure/pr1418-part2.doc) | Rev 1.0 | Dec-03 |   |
| 7 | PR 1418 | [Part III (Appendices) - Incident Notification, Analysis, Reporting and Follow-Up](http://www.pdo.co.om/hseforcontractors/blocks/documentation/docs/current/procedure/pr1418-part3.doc) | Rev 1.0 | Dec-03 |   |

Part III section 4.1.2 of Part III gives the template for a NAD report (also copied below).

## 4.1.2 Non-accidental Death Reports

**Where non-accidental death occurs to a person who is currently employed by, or on contract to, the Company, records of medical pre-employment checks, periodic medical checks, information about the work and work conditions preceding the death should, if available be subject to investigation.  This also applies to non-accidental deaths outside normal working hours.  The objective of this investigation is to ascertain whether the cause of the fatality relates to systems and conditions which are managed by the Company and may provide the grounds for corrective action.  If this is the case, such a fatality should be reported immediately and be included in the Company statistics.  The contents of Non-accidental death reports should be based on the following template where relevant.  This is the information required by PDO and SIEP.**

1

2.                EVENT DETAILS

**2.1    Time,**

 **Date,**

 **Place of Death:**

**2.2    Details of the Deceased :**

**Name;**

**Company Number;**

**Date Of Birth;**

**Job;**

**2.3    Nature of injuries/cause of death:**

**2.4    Sequence of Events leading to the discovery of the deceased:**

* 1. **Sequence of Events following the discovery of the deceased:**

**2.6    Post Incident response:**

**2.6.1 Where death occurred within the Company fence, were the Company Medical Emergency Response (including First Aid, Medical Treatment and Medevac ) procedures suitable and complied with?**

3.                INVESTIGATION DETAILS

**3.1    Investigation Team (including medical officer or occupation health adviser).**

**3.2    Persons Interviewed :**

**3.3    Examination of relevant site / living conditions (vehicles, equipment, accommodation, etc.)**

**3.4    Examination of the work hazards:**

**3.4.1    Are there any work related exposures e.g. contact with hazardous substances, poor working environment etc. which could have contributed to the death**

**3.5    Evaluation of pre-existing conditions / lifestyle factors :**

3.5.2     Are there any pre-existing medical conditions?

3.5.3     Has the individual been declared medically fit to carry out his/her normal duties in compliance with Company Standards?

3.5.4     Had the individual exhibited any signs, or symptoms associated with the cause of death before/during his/her recent work period?

3.5.5     Had the individual been recently referred to a Doctor?

4.                HEALTH MANAGEMENT ASPECTS

**4.1    Organisation, roles and responsibilities**

**4.1.1              PDO & Contractor**

**4.1.2              What is known of the health management within the direct working environment of the deceased (health risk assessments, exposure monitoring, health controls and performance indicators.)**

**4.2    Health requirements for contract 4.3    HSE Plans (PDO & Contractor) (focus only on issues which are relevant to the cause of death)**

**4.4    Monitoring and Implementation of HSE Plans**

**4.4.1              PDO monitoring if PDO is fulfilling responsibilities and obligations          4.4.2              PDO monitoring if Contractor is fulfilling responsibilities and obligations**

**4.4.3              Contractor monitoring if it is fulfilling responsibilities and obligations**

**(above sections include monitoring, auditing, inspections, reviews etc.).**

5.                CONCLUSIONS

**5.1             Primary and Contributory cause(s) of the Death:**

**5.2             General conclusions or observations:**

6.                RECOMMENDATIONS

**6.1             Immediate actions**

**6.2             Follow-up actions**

LIST OF ATTACHMENTS

1.      **information such as autopsy report, medical fitness certificate, etc. if available)**

2.      **including action Close-Out form template**

3.      **Death Certificate**

4.      **Copy of Health Risk Assessment**

5.      **Copy of Passport if possible.**

6.      **Copy of Latest Medical examination report**

7.      **Incident report**

8.      **Interview report**