**SERIOUS INCIDENT REPORT TEMPLATE**

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| **REPORT ON E&S SERIOUS INCIDENT IN [NAME OF COMPANY]** | |
| **Date of report** |  |
| **Company Contact Person** | / |
| **Date and time of accident / Date of notification to FI** | [Date, Time] / [Date/ explanation of delay] |
| **Type of accident** | (e.g. Fatality, major oil spill, explosion) |
| **Victims and damage** | * Fatalities (including number deceased and differentiating between employee/ contractor fatalities and members of the public). * Number injured (mention hospitalisations/ loss of limb). * Loss/ damage to company facilities or operating environment. * Environmental damage (e.g.water pollution). |
| **Immediate response** |  |
| **Description of issue** | Include the following where available or relevant:   * names of involved (if fatalities) * witnesses (including where relevant staff, unions, police, other authorities and other parties) * routine/non-routine activity being undertaken * factual statement of what happened * scene inspection photos/notes * sequence of events pre-dating accident * immediate cause * unsafe acts in sequence * unsafe conditions in sequence * underlying causes of unsafe acts/conditions (initial view) * root cause(s) * corrective / preventive action for EACH significant cause * actioned, timed-bound plan (can be attached) * Interim preventive measures * Other interim actions required cross-check to other activities / locations for lessons learned * Any negative publicity (including media) resulting from the incident |
| **Conclusion** | Outline of accident, key causes, corrective/ preventative actions, final position, and lessons learned. |
| **Follow-up by FI** | * **Complete Sheet B based on preliminary investigation** |

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| **SHEET B: FOLLOW-UP CHECKLIST FOR FI** | |
| **Areas where further clarity is desired based on current information:** |  |
| **Further information awaited** (utilising third party expertise where necessary): |  |
| **Critical review of accident and investigation status** |  |
| **Credibility of causes and corrective**  **/preventive actions identified** |  |
| **Outcome based on above:** | 1. Accept report / findings   Or   1. Conditionally accept report / require additional / different corrective actions   Or   1. Reject report |
| **Key follow up points** | Schedule to check / verify implementation of corrective and preventive actions. Include dates. |
| **Additional plans for verification / close-out of actions?** | Is third party expertise required? |
| **Lessons learned that could be shared with other portfolio companies?** |  |