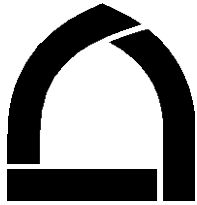


Contractor EHS Performance Reporting Form

Doc No:	HCT/EHS/FSP-005/01
Rev no:	1.0
Date	February/ 2018

Company:	Project Name / No.
Address:	Telephone No:
Reporting Period: From ____ (Month)____(Year) To ____ (Month)____(Year)	Submitted by (Name): Signature: Date:

01.	Lost Time Injury Frequency Rate (LTIFR)	Number of Lost Time Injuries in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of LTI's}}{\text{Working Hours}} \times 1,000,000$
02.	Lost Time Injury Severity Rate (LTISR)	Number of Workdays lost due to Injuries & illness in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of Days Lost}}{\text{Working Hours}} \times 1,000,000$
03.	Total Reportable Case Frequency (TRCF)	Number of Total Injuries & Illness Reported in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{TRC}}{\text{Working Hours}} \times 1,000,000$
04.	Environmental Incidents - Severity (Number of Pollution Incidents in Reporting Period)	Number of Pollution Incidents - Minor	Number of Pollution Incidents - Moderate	Number of Pollution Incidents - Major



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05.	Environmental Incident - Type (Number of Pollution Incidents in Reporting Period) (Including fuel, oil, waste material or other polluting substance)	<input type="checkbox"/> Spill / Release / Discharge to Land <input type="checkbox"/> Spill / Release / Discharge to Water, including Groundwater <input type="checkbox"/> Release / Discharge to Atmosphere <input type="checkbox"/> Unauthorized / Accidental Vegetation Removal or Harm <input type="checkbox"/> Accidental Harm to Animal Species <input type="checkbox"/> Unauthorized / Accidental Damage to Heritage Site / Item <input type="checkbox"/> Other (Provide Details): _____			
		Number of penalties / fines received:			
06.	Number of fines / penalties / prosecutions received from any Legal Authority as a result of non-compliance to EHSMS requirements	Number of enforceable undertakings performed:			
		Total value of all fines / penalties/ enforceable undertakings enforced (AED):			
		Number of warning notices received:			
07.	Number of written warning notices received from any Legal Authority as a result of non-compliance to EHSMS requirements	Number of improvement notices received:			
		Number of prohibition notices received:			
08.	Number of EHSMS Workshops / Seminars or Similar Training Organized / Performed / Attended	No. of Participants	Title / Subject	Training Level (Management, Supervisory, Operational)	Duration (Hrs)

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the Authorized Contact Person :

Official Stamp:

Date : _____ / _____ / _____