WTS Energy
People for Oil, Gas and New Energy. Globally.

WTS ENERGY
Incident Investigation, Corrective Action & Preventive Action



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1. INCIDENT INVESTIGATION

WTS Energy has established a procedure to record, investigate and analyze incidents in order to:

- Determine underlying QHSE deficiencies and other factors that might be causing or contributing to the occurrence of incidents;
- Identify the need for corrective action;
- Identify opportunities for preventive action;
- Identify opportunities for continual improvement;
- Communicate the results of such investigations;
- Track action items to completion.

Reference Document

- WTS Energy - Incident Reporting and Investigation.

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2. PREVENTIVE ACTION

Preventive actions shall be appropriate to the effects of the potential problems. Identification of significant Aspect-impacts / Hazard-Risks allows Worldwide Technical Services to identify preventive actions.

Reference Document

- WTS Energy – Corrective Action and Preventive Action Control.

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APPENDIX 1 - INCIDENT REPORTING FORM

Incident Reporting Form

Use this form to report any workplace accident, injury, incident, close call or illness.
Return completed form to the Operations Supervisor, or Management.

This is documenting an:

☐ Lost Time/Injury ☐ First Aid ☐ Incident ☐ Close Call ☐ Observation

Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report:_____ Date:_____

Person(s) Involved:_____

Equipment or Truck ID:_____

Event Details

Date of Event:_____ Location of Event:_____

Time of Event:_____ Witnesses:_____

Description of Events (Describe tasks being performed and sequence of events):

_____

_____

_____

_____

_____

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

_____

_____

TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED	
Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes_____ No_____ If yes, name of hospital or physician:

Signature of Employee:_____ Date:_____

Signature of Supervisor:_____ Date:_____

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APPENDIX 2 – CORRECTIVE AND PREVENTIVE ACTION FORM

SAMPLE ONLY

CPA No:	Environmental incident ☐	Nonconformity from audits ☐	Suggestion for improvement ☐	From complaints/notices/external parties ☐		Other ☐ .....
Category	Document control ☐	System failure ☐	Wrong instructions ☐	Training ☐	Contractor fault ☐	Operator fault ☐
Raised by:		**Assigned to:**		**Date:**		**Remarks:**
Description:						
Proposed immediate action (correction):						
Completed by:		**Date:**		**Remarks:**		
Root cause analysis required: Yes ☐ No ☐						
Underlying / root cause:						
Determined by:		**Date:**		**Remarks:**		
Proposed action for long term solution (corrective/preventive action):						
Completed by:		**Date:**		**Remarks:**		
Comments on effectiveness of action taken:						
Closed out by:		**Date:**		**Remarks:**		