**Contractor HSE Monthly Report**

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| **Instructions:**\* This template is mandatory for all high & medium risks contracts as referred to in the **HSE Exhibit for Contractors – High** (GM-NOC-HSE-009) Appendix 2, Section 12 Monitoring & Reporting.\* Contractor is requested to complete this form by the **7th working day of the month**, for the previous month and send it to the relevant NOC **Contract Owner** with copy to (**contractors.hse@noc.qa** + Operational Safety Manager/Head/ Lead) \* All fields refer to work performed under the specific NOC Contract. |
| **1. Contract Details** |
| Contractor Name |   | Contract Owner |   |
| Contract Number |  | Scope of the Contract |  |
| Validity End Date |   | Number of Subcontractors (if any) |  |
| Number of Subcontractors levels (if any) |  |
| Number of Contractor POB (Onshore & Offshore) |  | **\*\***Number of Subcontractor POB (Onshore & Offshore) |  |
| Man-Hours of Contractor Personnel engaged in execution of Contract (Onshore & offshore) |  | **\*\***Man-Hours of Subcontractor Personnel engaged in execution of Contract (Onshore & offshore) |  |
| **2. HSE Statistics (**Please note that the details provided as per the above contract number scop only not the overall activities**)**  |
| 2022 YTD Definitions Month - NN 00000**FAT****LTI****RWDC+MTC****FAC+ NM + IWC****Observation Cards****Recordable**00000 |
| **3. Incident Free (IF) Program Details** |
| HSE Manager, Name & Contact email |  | Nominated / Trained IF Program Trainer (s): Name & Contact |  |
| No. of Nominated / Trained IF Champions |  | \*\*No. of HSE Golden Rules e-Learning Completion should be (=> Max daily POB) |  |
| % Compliance to IF induction |  | \*\*Number of HSE recognition given to Contractor Personnel per month |  |
| **4. Leading Practices Implemented** | **5. Details of (**brief description to the incidents**)** |
|  | **Last month** | **YTD** |  | **Last month** | **YTD** |
| Compliance to HSE Golden Rules e-learning (Total number of golden rules e-learning certificates issued/ total manpower required by NOC\*100) |  |  | MTC (Describe) |  |  |
| Number of observation cards submitted |  |  | LTI (Describe) |  |  |
| Observation card reporting Ratio |  |  | First Aid (Describe) |  |  |
| Number of emergency drills |  |  | RWDC (Describe) |  |  |
| Number of HSE tours (including management tours) |  |  | Fatality (Describe) |  |  |
| Number of HSE stand downs / talks |  |  | High Potential (HIPOs) (Describe) |  |  |
| Percentage compliance to Company HSE training matrix |  |  | Heat Stress cases (Describe) |  |  |
| Percentage compliance to Contractor HSE training matrix |  |  | Number of Recordable and HIPO Incidents Involving Subcontractor  |  |  |
| % Compliance to HSE audit plans |  |  | Near Miss (Describe) |  |  |
| \*\*IF Inductions Conducted by Contractor  |  |  | Number of vehicle Incidents (LV & HV) (Describe) |  |  |
| **6. Environment (**as applicable**)**  | **7. Optional – HSE Plan Related to Performance Measures** |
|  | **Last month** | **YTD** |  | **Last month** | **YTD** |
| Liquid fuel consumptions (Tons) |  |  | \*\*Covid- 19 Vaccination status  |  |  |
| Freshwater consumption (m3) |  |  | \*\*Additional comments  |  |  |
| Wastewater discharges to sea and its oil in water concentration (m3) |  |  |  |  |  |
| Discharges of cuttings/mud to sea and its oil on cutting concentration (Tons) |  |  |  |  |  |
| Quantity of waste generation (hazardous, non-hazardous, and inert wastes) and their disposal methods (Tons) |  |  |  |  |  |
| Chemical consumption |  |  |  |  |  |
| Air quality and emissions of pollutants to the atmosphere and dust control |  |  |  |  |  |
| Energy consumption |  |  |  |  |  |
| Environmental Incidents including but not limited to spills greater than one (1) barrel of oil or chemical product.  |  |  |  |  |  |

**Fields marked with \*\* are optional**

Insert pictures for the previous month (for example HSE achievements/ act related to HSE.

Terminology

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| **Fatality (FAT)** | A fatality is described as occupational when it results from an occupational injury even if it occurs after the original accident, with no time limit. A fatality does not give rise to any lost-time days. |
| **Injury** | An injury is a physical damage resulting from traumatic contact between the victim’s body and an external agent or an exposure to work-related environmental factors. The classification of an injury is decided only after consulting a doctor or a NOC medical adviser (except first aid cases). |
| **Medical Treatment Case (MTC)** | All medical treatment cases which neither result in restricted workday cases nor LTI are termed as Medical Treatment Only Cases. Such cases will require one or more visits to a medical professional but will not restrict the employee from carrying out his/her normal duties. |
| **Restricted Workday Case (RWDC)** | Any work-related injury other than fatality or LTI which results in a person being unfit for full performance of the regular job on any day after the occupational injury. Work performed might be:* An assignment to a temporary job.
* Part-time work at the regular job.
* Working full-time in the regular job but not performing all the usual duties of the job.

Where no meaningful restricted work is being performed, the incident is recorded as an LTI. |
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| **LTIF** | Number or Lost Time Injuries (FAT+LTI) occurring in a workplace per 1 million man-hours worked. |
| **Lost Time Injury (LTI)** | Any work-related injury, other than a fatal injury, which results in a person being unfit for work on any day after the day of occurrence of the occupational injury.“Any day” includes rest days, weekend days, leave days, public holidays or days after ceasing employment. |
| **TRIR** | Number of recordable incidents (FAT, LTI, RWDC and MTC) in a workplace per 1 million man-hours worked. |
| **FAC**  | First Aid Case |
| **NM** | Near Miss |
| **IWC**  | Incident With Consequence (\*Excluding recordable accidents) |
| **IF** | Incident Free |

 