

# **NED UNIVERSITY OF ENGINEERING & TECHNOLOGY**

No. DR (Estab) / (1003)/6203

Dated: 26-11-2020

## **OFFICE ORDER**

The University Administration has constituted the Health Safety and Environment Committee comprising of the following in the Department of Petroleum Engineering:

<b>Sr. No.</b>	<b>Name &amp; Designation</b>
01	<b>Syed Imran Ali</b> Lecturer
02	<b>Mr. Muhammad Arqam Khan</b> Lecturer
03	<b>Mr. Muhammad Mohsin Yousufi</b> Lecturer
04	<b>Mr. Amir Sohail</b> Lab-Technician

**REGISTRAR**

To:

**All above**

Copy for information to:

1. Dean (CPL)
2. Chairperson, Dept. of Petroleum Engg.
3. Director Finance
4. Ag. Resident Auditor

## **HEALTH, SAFETY & ENVIRONMENT POLICY**

Department of Petroleum engineering is fully committed to provide and maintain safe, healthy and clean working environment for the wellbeing of its students, employees and visitors.

Department aims to achieve highest level of HSE standards by developing and implementing strategies for eliminating workplace hazards that poses risk to Personnel health, Safety and Environment.

The efforts are to promote HSE culture in the department by providing awareness, training, instruction and supervision to our employees and students so that they can develop appropriate level of competency for responding to emergency events and take measure for environment protection.



Dr. Javed Haneef  
Assistant Professor  
Petroleum Engineering Department

## SAMPLE - ACCIDENT/INCIDENT REPORT FORM

### To be filled by reported person:

Accident/incident resulted in: <input type="checkbox"/> injury <input type="checkbox"/> illness <input type="checkbox"/> property damage <input type="checkbox"/> near miss <input type="checkbox"/> first aid <input type="checkbox"/> medical aid <input type="checkbox"/> recurrence <input type="checkbox"/> other (check all that apply)
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### Details of Incident:

Incident Location: _____	Date of Incident: _____
Time of Incident: _____	Reported Date: _____
Describe What happened and how: (For more space Use Separate Sheet)	
_____	
_____	
_____	

### Details of Injured Person:

Full Name: _____	Designation: _____
Age: _____	Contact Number: _____
Date of Appiontment: _____	Experience: _____

### Details of Witness Person:

Full Name: _____	Designation: _____
Age: _____	Contact Number: _____
Comments:	
_____	
_____	
_____	

**To be filled by HSE Committee person:**

Immediate causes: What substandard acts/practices and conditions caused or could cause the event?

Basic causes: What specific personal or job/system factors caused or could cause this event?

Remedial actions: What has and/or should be done to control the causes listed?

**Prevention of Accident/Incident Recurrence**

Describe what action is planned or has been taken to prevent a recurrence of the accident?

Committee Person Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### REPORT FORM DEFINITIONS

INJURY – physical harm or damaged to a person.

ILLNESS – unhealthy condition in mind or body.

FIRST AID INJURY – a minor injury requiring only first aid treatment.

MEDICAL AID INJURY – an injury requiring treatment by a health care professional.

LOST TIME INJURY – a disabling injury where the injured person is unable to report for the next regular shift.

RECURRENCE – an accident or incident which has occurred more than once.

PROPERTY DAMAGE ACCIDENT – accidental loss to equipment, material, and/or the environment.

INCIDENT (NEAR-MISS) – an undesired event that, under slightly different circumstances, could have resulted in personal property damage or loss.

<b>IMMEDIATE CAUSES – check all as appropriate</b>	
Substandard Acts/Actions	Substandard Conditions
<input type="checkbox"/> Operating equipment without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading <input type="checkbox"/> Improper placement <input type="checkbox"/> Improper lifting <input type="checkbox"/> Improper position for task <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Horseplay <input type="checkbox"/> Under influence of alcohol and/or other substances	<input type="checkbox"/> Inadequate guards or barriers <input type="checkbox"/> Inadequate or improper protective equipment <input type="checkbox"/> Defective tools, equipment or materials <input type="checkbox"/> Congestion or restricted action <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and explosion hazard <input type="checkbox"/> Poor housekeeping, disorder <input type="checkbox"/> Hazardous environmental conditions, gases, smoke, dusts, fumes <input type="checkbox"/> Noise exposure <input type="checkbox"/> Radiation exposure <input type="checkbox"/> High or low temperature exposure <input type="checkbox"/> Inadequate or excess illumination <input type="checkbox"/> Inadequate ventilation

<b>BASIC CAUSES – check all as appropriate</b>	
Personal Factors	Job Factors
<input type="checkbox"/> Inadequate capability <input type="checkbox"/> Lack of knowledge/training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Stress <input type="checkbox"/> Improper motivation	<input type="checkbox"/> Inadequate leadership/supervision <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate tools/equipment <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and Tear <input type="checkbox"/> Abuse and/or misuse

