FORM HSEC 01

NIGERIAN MIDSTREAM & DOWNSTREAM PETROLEUM REGULATORY AUTHORITY (NMDPRA)

ACCIDENT REPORTING FORM FOR MIDSTREAM & DOWNSTREAM PETROLEUM INDUSTRY

1. Name and address of operating company:

   _____

2. Name of employee / contractor / third party involved in the accident, *if any*:

   _____

3. Occupation of the victims: _____
4. Date and time of accident: Date_____20_____ Time: _____
5. (A) Nature of accident: Fatal: ☐ Non-fatal: ☐

   (B) Total accident recorded year to date in your operations: _____
6. Location of facility where the accident occurred:

   a. LGA:

   b. State:

   c. Geo Coordinates:

   d. OPL/OML (*If applicable*):
7. (A) Number of fatalities, including their names: _____

   _____

   (B) Number of injured persons, including their names: _____

   _____
8. Equipment and material damaged: _____
9. Probable cause of the accident:

   _____
10. Date and time of application of first aid: Date: _____ Time: _____
11. Date injured persons was sent to the hospital: Date: _____
12. Place where injured persons may be interviewed: _____
13. Please state in your opinion if the accident was due to the serious and willful misconduct of the injured people or others working with them or caused by faulty equipment:

    _____
14. Preventive / control measures (emergency response activities, actions taken to save lives, equipment and or prevent reoccurrence)

    _____
15. Do you wish to attend or to be represented at any inquiry under regulations 45? Yes _____
16. Names and Addresses of Witnesses present:

    _____

_____ Date:_____

Sign; MD / HSE Manager / Operations Manager

Note:

All accidents in Midstream & Downstream facilities/operations must be reported to the nearest NMDPRA office and the Authority Chief Executive within 24 hours and 48 hours respectively, as stipulated in Part II Section 44 (2) of the MOSR 1997, and also send a copy of the filled form to HSEC@nmdpra.gov.ng