

**INCIDENT AND ACCIDENT GRIVENCE REPORT FORM**

*This form must be completed for all HSSEC incidents, including near misses and unsafe situations. The area Manager and Supervisor, HSSEC Department must be notified within 24 hours: Souleymane Conde [souleymane.c@dynamicmine.com](mailto:souleymane.c@dynamicmine.com)  
All classified incidents, LTI's or potential Level 4 incidents must be notified within 12 hours by phone or e-mail to the VP HSSEC and CEO.*

1. INCIDENT DETAILS		PERSON REPORTING	PERSON INJURED / INVOLVED
Name:			
Position:			
Employment Status:	Employee	Third party	
Phone			
Email			
Date:		Time:	
<b>2. CLASSIFICATION (Only one box may be ticked):</b>			
<input type="checkbox"/> Hazard <input type="checkbox"/> Near miss <input type="checkbox"/> At risk behaviour <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment <input type="checkbox"/> Restricted work <input type="checkbox"/> Lost time <input type="checkbox"/> Fatality <input type="checkbox"/> Property loss / damage <input type="checkbox"/> Environmental <input type="checkbox"/> Community <input type="checkbox"/> Security			
Actual consequence severity rating: Level 1 - Low			
Potential consequence severity rating: Level 1 - Low			
<b>3. ACTIVITY / AREA BEING UNDERTAKEN AT TIME OF INCIDENT</b>			
<input type="checkbox"/> Corridor <input type="checkbox"/> Mine <input type="checkbox"/> Port <input type="checkbox"/> logistics <input type="checkbox"/> Engineering/Project <input type="checkbox"/> Construction <input type="checkbox"/> RAP <input type="checkbox"/> Conakry Office <input type="checkbox"/> Other (give details)			
<b>4. DETAILS OF ENVIRONMENTAL / COMMUNITY ISSUES (More than one box may be ticked):</b>			
<input type="checkbox"/> Fire <input type="checkbox"/> Chemical / Fuel spill <input type="checkbox"/> Contamination of water supply <input type="checkbox"/> Community complaint <input type="checkbox"/> Interference with community activity <input type="checkbox"/> Damage to cultural / sensitive site <input type="checkbox"/> Fauna/Flora <input type="checkbox"/> Other (give details)			
For Community Complaint mention:			
<input type="checkbox"/> Individual <input type="checkbox"/> Collective <input type="checkbox"/> Other (give details)			
Prefecture:		Sous-prefecture:	District:   Sector:   Village:
Reception date:			
Grievance reference:			
Transmission method: <input type="checkbox"/> Letter <input type="checkbox"/> E-mail <input type="checkbox"/> face to face <input type="checkbox"/> Phone <input type="checkbox"/> Other (give details)			
DM Responsibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need further investigation			
Resolution Category: <input type="checkbox"/> A. Immediate (24 h) <input type="checkbox"/> B. Urgent (1 week) <input type="checkbox"/> C. Within the month			
<b>5. Mechanism/s Of Injury or Damage (More than one box may be ticked):</b>			
<input type="checkbox"/> Fall <input type="checkbox"/> Struck by <input type="checkbox"/> Chemical <input type="checkbox"/> Electricity <input type="checkbox"/> Lifting / carrying <input type="checkbox"/> Trip / slip <input type="checkbox"/> Caught in / on <input type="checkbox"/> Dust <input type="checkbox"/> Noise <input type="checkbox"/> Overexertion <input type="checkbox"/> Temperature <input type="checkbox"/> Flora/fauna <input type="checkbox"/> Repetitiveness <input type="checkbox"/> Foreign object <input type="checkbox"/> Fire <input type="checkbox"/> Other (give detail)			
<b>6. Body Part Injured (More than one box may be ticked; indicate left or right where appropriate):</b>			
<input type="checkbox"/> Eye <input type="checkbox"/> Head <input type="checkbox"/> Trunk <input type="checkbox"/> Hands / fingers <input type="checkbox"/> Feet / toes <input type="checkbox"/> Ear <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder / arm <input type="checkbox"/> Hip / leg <input type="checkbox"/> Internal <input type="checkbox"/> Face <input type="checkbox"/> Back <input type="checkbox"/> Multiple <input type="checkbox"/> General <input type="checkbox"/> None <input type="checkbox"/> Other (give detail)			
<b>7. Nature Of Injury (More than one box may be ticked):</b>			
<input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain / strain <input type="checkbox"/> Poisoning <input type="checkbox"/> Burn <input type="checkbox"/> Internal injury <input type="checkbox"/> Laceration <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Amputation <input type="checkbox"/> Superficial <input type="checkbox"/> Bruise (skin intact) <input type="checkbox"/> Illness or disease <input type="checkbox"/> Concussion <input type="checkbox"/> Foreign body <input type="checkbox"/> Nerves / spinal cord <input type="checkbox"/> External cause (Weather, exposure, pressure, heat stress, drowning, etc) <input type="checkbox"/> Other (give detail)			

**8. DESCRIBE THE INCIDENT (Include events leading up to, during and afterwards):**

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9. RECOMMENDED FOLLOW-UP OR ACTION REQUIRED	BY WHOM	BY WHEN

**10. Manager's/Supervisor's Comments:**

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**11. Signature and feedback of plaintiff (if required):**

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**12. Insert pictures and or documents:**

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