



## **EASTERN PACIFIC INDUSTRIAL CORPORATION BERHAD**

17 November 2020

Valuable Clients, Tenants and Contractors,

### **REQUIREMENT TO SUBMIT INCIDENT NOTIFICATION**

Effective from this day onwards, we require all our Clients, Tenants and Contractors to notify any incidents that occurred within our facilities either on common area or inside the rentable area.

We place high importance on incident notification to alert on any potential liability situation and also to establish an information base on which to monitor and evaluate the number and types of incidents that take place. The gathered information may then be used to provide necessary measures to protect people working within our area.

Types of incident (includes but not limited to) that require notification are as follows:

- Any fatality
- Any type of work related injury
- Any damage to property that belongs to EPIC Group of Companies
- Any fire incidents
- Any spills of fuels/ chemicals
- Any other environmental incidents that cause pollution to the air, water and land
- Any high potential near miss incidents.

Initial notification needs to be emailed to [HSEQ@epicgroup.com.my](mailto:HSEQ@epicgroup.com.my) within 24 hours of the incident using our enclosed EPIC Incident Notification Form OR any format of notification form use by your own company. Please take note that notification to EPIC does not waived your responsibility to report the incident to government agencies as required by law.

Detail Incident Investigation Report are not required unless the incident is of our interest (i.e involves EPIC's service, personnel, asset, reputation).

We trust your kind understanding in working together for health and safety within our workplace.

Best Regards,

**Suziha Muda**  
**Senior Manager, HSSEQ & Risk**  
**EPIC Berhad**



# INCIDENT NOTIFICATION FORM (HSE)

<b>EMERGENCY RESPONSE LEVEL</b> <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	<b>EPIC INCIDENT CLASSIFICATION</b> <input type="checkbox"/> Significant <input type="checkbox"/> Non-significant	<b>REF. NO.:</b>
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## SECTION A: BASIC INFORMATION

Incident Location:				
Incident Date / Time:	Work Related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Normal Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Working Day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Normal Shift? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Comp. Premise? <input type="checkbox"/> Yes <input type="checkbox"/> No		Working Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION B: NATURE OF INCIDENT / TYPE OF INCIDENT

<input type="checkbox"/> Injury	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Environment
<input type="checkbox"/> Loss of Containment / Gas Leak	<input type="checkbox"/> Transportation	<input type="checkbox"/> Others:

## SECTION C: INCIDENT POTENTIAL

<input type="checkbox"/> Incident under control	<input type="checkbox"/> Incident currently not under control, but can be handled with available resources	<input type="checkbox"/> Incident will require additional resources (e.g. authorities, contractors, mutual aid)	<input type="checkbox"/> Incident will likely generate significant public affairs / community, authority relations issues
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## SECTION D: CASUALTY / FATALITY / WITNESSES

<b>Number of Injured Person (IP)</b> <input type="checkbox"/> EPIC EMPLOYEE [ ] <input type="checkbox"/> CONTRACTOR [ ] <input type="checkbox"/> CLIENT [ ] <input type="checkbox"/> 3 <sup>RD</sup> PARTY [ ]				<b>Number of Fatality</b> <input type="checkbox"/> EPIC EMPLOYEE [ ] <input type="checkbox"/> CONTRACTOR [ ] <input type="checkbox"/> CLIENT [ ] <input type="checkbox"/> 3 <sup>RD</sup> PARTY [ ]			
Name (state either IP or witness) / & Nature of injury / illness	Employee No.	Position	IC No. / Age	Company Name	Contact No.		

## SECTION E: PROPERTY LOSS / DAMAGE

Asset Name	Asset Owner	Quantity Loss (Estimated)

## SECTION E: BRIEF DESCRIPTION OF INCIDENT / INCIDENT SEQUENCE


## SECTION F: AUTHORITIES INFORMED (DATE)

<input type="checkbox"/> POLICE	<input type="checkbox"/> BOMBA	<input type="checkbox"/> DOSH	<input type="checkbox"/> DOE	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> OTHERS
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PREPARED / REPORTED BY	APPROVED / SUBMITTED BY
Signature :	Signature :
Name :	Name :
Designation :	Designation :
Date :	Date :