



SOP – Incident Management

Doc. No. SR/HSE/SOP/01

Revision No. 0

Publish Date: 27-Oct-23

Incident Reporting & Management

| Released by QHSE | Projects |
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1. Introduction

This document describes the guidelines for incident management which includes classification, reporting, investigation & management review of health & safety incident related to all the routine and non- routine activities performed across the offices and project sites. This document is aligned with the requirements of ISO 45001:2018

2. Scope

This SOP is mandatory and applicable to Serentica Renewables projects & functions and to all employees including contractors & partners working at projects & offices locations.

Projects include long-term & short-term project sites under construction and asset sites under operations & maintenance.



3. Abbreviations

SR : Serentica Renewables

RCA : Root Cause Analysis

CAPA : Corrective and Preventive Actions

SOP : Standard Operating Procedure

LTI : Loss time injury

MTI : Medical treatment injury



4. Key Definition

Incident: An event or chain of events which caused or could have caused injury, illness, loss of assets or potential or actual damage to relationships or reputation.

Immediate cause: The most obvious reason why an adverse event happens (e.g. employee slips). There may be several immediate causes identified in any one adverse event.

Competent Person: An individual who has the necessary and sufficient knowledge, skills and experience as well as the necessary experience (practice) to complete their responsibilities safely, effectively and consistently.

Investigation: A systematic and structured analysis of an incident and the events and conditions leading up to it, with the aim of (i) identifying the root cause(s) that allowed that incident to occur, and (ii) proposing effective corrective and preventive actions to prevent any future recurrences.

Root cause: An initiating event or failing from which all other causes or failings arise. This is always related to a management, planning, or organisational weakness or failure. Investigations must strive to identify the root cause, because if they do not then there is a high likelihood of a repeat or similar event occurring in the future.

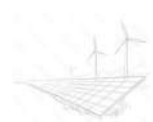
Corrective Action: An action from an audit, assessment or other evaluation that is taken to rectify an actual non-conformance. Improvements to an organization's processes taken to eliminate causes of non-conformities or other undesirable situations.

Continual Improvement: A recurring process of enhancing the HSE & Sustainability governance system to achieve improvements in overall HSE & Sustainability performance consistent with SPTL Policy.

Near miss (or “near hit”): An event that, while not causing harm, had the potential to cause injury, ill health, environmental impact, or property damage. A near-miss is an incident.

Resources: Resources may include financial, human, and specialised skills, organisational infrastructure, plant, equipment, and technology

Stakeholder: Persons or groups that are directly or indirectly affected by a project as well as those that may have interests in a project and/or the ability to influence its outcome, either positively or negatively. This can refer to shareholders, lenders, employees, communities, industry, governments and international third parties.



5. Roles & Responsibilities

All Serentica Employees and personnel's (including contractors) shall have the responsibility to report each HSE incident as per this SOP.

Project Manager: Shall be responsible for:

- Overall project activities & shall make sure that all incidents are reported, investigated, action taken and documented as per the requirements specified under this standard.

Supervisor shall be responsible for:

- Securing and preserving the place of incident his specific work area.
- Participating in the incident investigation.

Project Head and Site HSE Lead shall be responsible for:

- Ensuring that all incidents are investigated.
- Personnel are having appropriate experience and training to conduct Incident Investigation.
- Encouraging site personnel to report near misses.
- Stopping work if major deviation is observed which may lead to major accident and allowing resumption of work only after all prescribed checks are put in place.
- Conducting incident investigations along with other team members.
- Evaluation of CAPA (for Minor and medium incidents)

COO and QHSE Head responsible for:

- Review of Incident Investigations.
- Providing inputs for CAPA plan as a part of action management.
- Review of implementation plan tracker.
- Part of Incident Investigation team for all major and catastrophic incidents.
- Evaluation of CAPA (for major and catastrophic incidents).



6. Incident Reporting

The standard incident reporting format shall be followed to report any incident:

- **Fatality:** The injury / illness results in loss of life.
- **LTI:** Lost Time Injury – Absence of work >48 hours because of injury / hospitalization / rest at home.
- **MTI:** Medical Treatment Injury –Person resumes work within 48 hours after hospitalization / surgery.
- **First-aid Injury:** The injury/illness results in one time treatment and subsequent observation or treatment that does not include any medical treatment.
- **Near Miss:** An event that, while not causing harm, had the potential to cause injury, ill health, environmental impact or property damage.

Management Reporting

- Serentica employees and personnel's (including contractors) shall have the responsibility to report each HSE incident as per this SOP.
- Incident reporting shall be done (with primary details recorded) on same day (as soon as possible) on which the incident has occurred or is discovered.
- Depending on the nature of the incident and its resulting impact(s), the relevant internal and external parties shall be notified in accordance with legal requirements or/established timelines.
- All Incidents after classification shall be reported as per “**Incident Reporting**” protocol issued by group Corporate QHSE, key summary as below:

| S.N. | Incident | Who will report | Whom to report | Timeline |
|------|----------------------------|--|--|---------------------------------|
| 1 | Fatality | COO (Supported by QHSE Head) Project head will to COO within 12 Hr. (ASAP) by Project head | <ul style="list-style-type: none"> • Serentica Board • CEO | 24 Hr to CEO 72 Hr. to Board |
| 2 | LTI | Project Head (Supported by project QHSE Lead) | <ul style="list-style-type: none"> • CEO • COO • QHSE Head | 12 Hr. |
| 3 | MTI | Project Head (Supported by project QHSE Lead) | <ul style="list-style-type: none"> • COO • QHSE Head | 12 Hr. |
| 4 | Near Miss (High Potential) | Project Head (Supported by project QHSE Lead) | <ul style="list-style-type: none"> • COO • QHSE Head | 12 Hr. |
| 5 | First Aid Case | Package / Section Manager / Engineer | <ul style="list-style-type: none"> • Project Manager • Project QHSE Lead | Immediate (ASAP) |
| 6 | Other Near Miss | Package / Section Manager / Engineer | <ul style="list-style-type: none"> • Project Manager • Project QHSE Lead | |

Incident Reporting: External

- The respective project manager & project head shall report to external stakeholder as per the statutory requirements.



7. Incident investigation

| S.N. | Steps | Description | Responsibility |
|------|--|---|--|
| 1 | Incident Occurrence | <ul style="list-style-type: none"> Any incident as per category | <ul style="list-style-type: none"> As defined in SOP. |
| 2 | Preserve and Document the scene of the incident | <ul style="list-style-type: none"> Incident scene shall be preserved Incident facts shall be documented | <ul style="list-style-type: none"> Section Manager / Site Engineer Verification by Project / Function / Project HSE Leader |
| 3 | Collect all the required information | <ul style="list-style-type: none"> All the required information related to incident shall be collected through interviews, document reviews and other means. | <ul style="list-style-type: none"> Project Manager / Function Leader Project QHSE Leader / Investigation Team |
| 4 | Root Cause Analysis (RCA) | <ul style="list-style-type: none"> Conduct RCA through Why-Why analysis, Fishbone diagram etc... | <ul style="list-style-type: none"> Investigation Team Verification by Project QHSE Leader |
| 5 | Identify Corrective & Preventive Actions (CAPA) | <ul style="list-style-type: none"> Based on RCA, identify Corrective & Preventive Actions (CAPA) as appropriate. Assign the action owner/s. | <ul style="list-style-type: none"> Project / Function Leader / Investigation Team Verification by Project QHSE Leader |
| 6 | Implement Corrective & Preventive Actions | <ul style="list-style-type: none"> Implement all the identified Corrective & Preventive actions. | <ul style="list-style-type: none"> Project / Function Leader Verification by Project QHSE Leader |
| 7 | Incident Closure Report | <ul style="list-style-type: none"> Verify the CAPA implementation. Create & circulate Incident closure report | <ul style="list-style-type: none"> Project QHSE Leader |



8. Standard Form

| serentica | | Incident Reporting Format | | | SR/HSE/Forms/02 Rev-0 |
|--|-----------|---------------------------|----------------|---------------------------------------|-----------------------|
| Sr. No | | Project Name | | Date | |
| Serentica PM | | EPC Name | | EPC PM | |
| Incident Category | | Activity/Process | | Sub - Activity/Process Details | |
| Onsite Fatality | | | | | |
| Incident Description | | | | | |
| When : | 05-Oct-23 | 6:30 AM | Where : | | |
| What : | | | | | |
| Injured Person Details | Name | | | Designation | |
| | Gender | | Age : | Joining Date | |
| Immediate Cause | | | | | |
| Incident event details : Chronology with photos & evidences | | | | | |
| | | | | | |



| serentica | | Incident Reporting Format | | |
|---|--------------------|---------------------------|---------------------|---------|
| Actions (Closure) | | | | |
| Investigation Team | | | | |
| S.N. | Name | Function & Designation | Signature | |
| 1 | | Investigator | | |
| 2 | | Investigator | | |
| 3 | | Investigator | | |
| 4 | | Investigator | | |
| Step 1. Root Cause Analysis : (attach additional sheet of corrective action Photo) | | | | |
| Why - 1 | | Cause | | |
| Why - 2 | | Cause | | |
| Why - 3 | | Cause | | |
| Why - 4 | | Cause | | |
| Why - 5 | | Cause | | |
| Root Cause | | | | |
| Step 2. Correction : (attach additional sheet if necessary) | | | | |
| | | | | |
| Step 3. Recommendation : Corrective & Prevetive Actions : (attach additional sheet if necessary) | | | | |
| S.N. | Action to be taken | Action Owner | Target Date | Remarks |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Step 4. Closer: (attach additional sheet if necessary) | | | | |
| | | | | |
| Closure | Joint Sign off | Closure Submitted by | Closure Verified By | |
| Date ↓ | Name: | | | |
| | Sign | | | |



9. Reference

- a. ISO 45001:2018
- b. QHSE Policy
- c. Local Statutory and Regulatory requirements
- d. IS 3786

