**APPENDIX 06**

(To be submitted by contractor to contractor holder every month who will review and endorse and send to HSSE)

|  |  |  |
| --- | --- | --- |
|  Month  |   | Date:  |
| Contractor Name  |   | Contract Title  |
| User Dept.:  |  |
| Contractor Final HSE Plan  |   |  Yes  |   |  NO  |
| S. No  | Items  | Month  | YTD  |
| 1  | Number of employees working on the contact:  |   |   |
| 2  | MAN-HOURS worked (including any overtime)  |   |   |
| 3  | Number of FATALITIES  |   |   |
| 4  | Number of LOST Time injury (LTI)  |   |   |
| 5  | Number of RESTRICTED WORK CASES ( RWC)  |   |   |
| 6  | Number of MEDICAL TREATMENT CASES (MTC)  |   |   |
| 7  | Number of FIRST AID CASES: (FAC)  |   |   |
| 8  | Number of NEAR MISSES Reported (NMs)  |   |   |
| 9  | Number of UNSAFE ACTS / CONDITIONS  |   |   |
| 10  | Quantity of hazardous waste generated (Kg):  |   |   |
| 11  | Number of Chemical/ Oil spills incidents  |   |   |
| 12  | Number Of Fire incident  |   |   |
| 13  | Number hours for HSE trainings.  |   |   |
| 14  | Number of TOOLBOX TALKS  |   |   |
| 15  | Number of HSE INSPECTIONS/AUDITS  |   |   |
| 16  | Number of HSE MEETINGS  |   |   |
| 17  | Number of EMERGENCY DRILLS  |   |   |
| 18  | Number Contractor Management Tour at QAPCO site  |   |   |
| 19  | Number of JSA carried out prior to initiating hazardous tasks  |   |   |
| Signature Of Contractor  | Signature of Contract Holder  |
|    |   |