

UNPLANNED OCCURRENCE PROCEDURE

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REVISION: 0

QHSE PROCEDURE

Viking Industrial

Approval and revision status

0	Simon Luu	Craig Watson	12/09/23	Document Creation
Rev	Originator	Approved	Date	Pages affected & reason for revision

Areas affected by recent revision are recorded in the above table

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1 - Unplanned Occurrence Report Process

The Unplanned Occurrence Form is to be utilized to document unexpected incidents, non-conformances, and customer complaints to ensure timely response and corrective action.

1.1 - Part 1

To be completed on all forms, by the originator. Once this is completed it should be emailed or handed to your immediate supervisor along with CC'ing QHSE@vikingindustrial.com.au

Part 1 – Complete by Originator *(Once completed, please forward to QHSE Dept for review and registration)*

Location	Raised By	Job Number	Date & Time of Event

Risk Potential: (QSHE to complete)								
Very Low		Low		Medium		High		Very High
Source of UOR								
Internal		Worksite		Customer Complaint		Supplier		Subcontractor

Category 1 - Health & Safety <i>(please tick if applicable)</i>							
<input type="checkbox"/> Lost time injury	<input type="checkbox"/> Restricted work case	<input type="checkbox"/> First Aid	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Dangerous Occurrence	<input type="checkbox"/> Collision	<input type="checkbox"/> Damage

Category 2 - Environment <i>(please tick if applicable)</i>							
<input type="checkbox"/> Spill/contamination	<input type="checkbox"/> Near miss	<input type="checkbox"/> Other					

Category 3 - Security <i>(please tick if applicable)</i>							
<input type="checkbox"/> Computer Systems	<input type="checkbox"/> Fraud	<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism				

Category 4 - Health & Safety <i>(please tick if applicable)</i>							
<input type="checkbox"/> Process/procedure	<input type="checkbox"/> PO not referenced	<input type="checkbox"/> Later delivery	<input type="checkbox"/> Items damaged/missing	<input type="checkbox"/> NCR	<input type="checkbox"/> Incorrect items/quantity	<input type="checkbox"/> Paperwork/certification	

Description of Event <i>(Question Why – What – Where – When – Who – How)</i>							
Reported By:	Position:	Signature:	Date:				

Refer to Appendix 1.1 for Risk Register (for Risk Potential)

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1.2 - Part 2

To be completed by the assigned responsible person, only completing the sections that are relevant and emailing a copy to the QHSE Department.

QHSE Manager to enter all details in the UOR Register, notify all relevant interested parties if required

Part 2 – Assigned Responsible Person <i>(Once completed, forward to Line Manager)</i>	
Immediate Action Taken to Correct Situation:	
Understanding of Immediate Cause:	

1.3 - Part 3

To be completed by the person assigned to carry out any actions to prevent a recurrence of the issue.

QHSE Manager to follow up to ensure the actions have been completed to close out the incident.

Part 3 – Assigned Responsible Person and Line Manager								
Actions Taken to Prevent Re-Occurrence								
Actions:					Responsible Person	Due Date	Actual Date	
Attachments:		Tool-Box Meeting	Safety Flash	Drawing	Photos	Injury Report	Investigation Report	Other
Completed By:		Position:		Signature:		Date:		
Manager Approval-		Name:		Signature:		Date:		

1.4 - Part 4

To be completed by QHSE department on receipt of the UOR, within 24 hours

To be completed by QHSE Department		
UOR Number:		
Responsible For Completion		
Name	Department	Target Date for Completion

1.5 - Part 5

To be completed only if the risk level is above medium, all results will be discussed with relevant parties to ensure correct risk mitigation is in place to eliminate or reduce the risk level

Part 4 – QHSE Dept <i>(Only to be completed if risk potential is above medium)</i>		
Root Cause Analysis – Why Did the Problem Occur? The 5 Whys		
Q1 - What		A1
Q2 - Where		A2
Q3 - Why		A3
Q4 - When		A4
Q5 - Who		A5
Reviewed by QHSE Department:	Signature:	Date:
Root Cause Identified As <i>(Documents, Design, Material, Process, Equipment, Work, Supervision, Training)</i>		
Element 1:	Element 2:	
Root Cause Matrix Category:		
Managing Director Approval:	Signature:	Date:

2 - References

The following company documentation is referenced in this procedure:

Document Name	Document Number
Unplanned Occurrence Report Form	DOC_V_FOR_002_REVO
Unplanned Occurrence Report Register	DOC_V_PRO_003_REVO

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3 - Appendix

Appendix 1.1

Impact Type	CONSEQUENCE (in terms of threat)				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Safety	First aid injury (FA) Injury requiring first aid treatment or less	Medical Aid Injury (MA) Injury requiring medical treatment	Lost Time Injury (LTI), Notifiable illness or injury, requiring hospitalization or a lost time injury	Single Fatality (SF) or serious permanent disability	Multiple Fatality (MF)
Environment	Small amount of environmental damage controlled within the site	Limited environmental damage to low significance area without permanent effect; or exceed a statutory or prescribed limit	Limited environmental damage recoverable within one year; or exceed a statutory or prescribed limit repeatedly	Severe environmental damage requiring extensive rehabilitation; or exceeded a statutory or prescribed limits over 2-5 years	Persistent severe environmental damage; the damage will require > 5 years to rehabilitate; or the damage cannot be rehabilitated
Financial	Less than \$5,000 loss; or less than 4 hours lost production	\$5,000 \$50,000 loss; or 4 hours 2 days lost production	\$50,000 \$500,000 loss; or 2 days 1 week lost production	\$500,000 \$2M loss; or 1 week 2 weeks lost production	Greater than \$2 million loss; or 2 weeks 1 month lost production
Reputation	Little internal or external attention; or a customer issue raised	Workforce attention: limited external attention; or a customer complaint	Repeated complaints; Regulatory notification; or negative stakeholder, media or customer attention	Negative national media coverage; significant negative perception by shareholder or key stakeholder; or a customer disruption	Negative international media coverage; shareholder or key stakeholder outage; or loss of a key customer

Consequence (in terms of threat)						
L x C = Risk Score		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Likelihood (of the event happening again)	Almost Certain (5)	Medium (5)	Medium (10)	High (15)	Very High (20)	Very High (25)
	Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	Very High (20)
	Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
	Unlikely (2)	Very Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
	Rare (1)	Very Low (1)	Very Low (2)	Low (3)	Medium (4)	Medium (5)

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