

Annex B Emergency / Reportable Incident Report Check Sheet

This form can be used as a facsimile to inform System Control Department.

Major Gas Emergency or Reportable Gas Incident occurred date:		Time:	
Location:			
Description of Major Gas Emergency or Reportable Gas Incident:			
No. of person(s) Injured:		[ASI/35 Form 1 should also be used if there is injury of persons(s)]	
Nature of Incident (tick one or more as appropriate):		<input type="checkbox"/> Leakage of gas, <input type="checkbox"/> Fire, <input type="checkbox"/> Explosion. <input type="checkbox"/> Other (Pls specify): _____	
Is the incident under control?		<input type="checkbox"/> Yes, <input type="checkbox"/> Partly controlled, <input type="checkbox"/> No.	
Is the incident affecting the public?		<input type="checkbox"/> The public is being affected. <input type="checkbox"/> There is a high possibility that the public will be affected. <input type="checkbox"/> The public may be affected. <input type="checkbox"/> The public is unlikely to be affected. <input type="checkbox"/> Insufficient information to assess.	
Report received from:		Time:	
Inform:	Chief Operations Engineer (CCR1)	<input type="checkbox"/>	Time:
	Chief Operations Engineer (CCR2)	<input type="checkbox"/>	Time:
	Head of Operations	<input type="checkbox"/>	Time:
	Head of Maintenance	<input type="checkbox"/>	Time:
	Head of Section involved	<input type="checkbox"/>	Time:
	General Manager (Generation)	<input type="checkbox"/>	Time:
	Fire & Security Control Room	<input type="checkbox"/>	Time:
	Chief System Control Engineer	<input type="checkbox"/>	Time:
	S&T	<input type="checkbox"/>	Time:
	Government Fire Services Department	<input type="checkbox"/>	Time:
Other remarks:			
Name of CCR1 Senior Operations Engineer:		Signature:	