# **Enclosure 1 Event Notification Reporting Template**

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| To be completed by QSEP: |
| Date report received by QSEP: | QSEP Tracking ID Reference: |
| To be completed by Reporting OC/DT |
| Reporting OC/DT: |
| Platform/Equipment: |
| Type of Event (Incident/Accident/Near Miss): |
| Date/Time of Event: |
| Reported by (Name/Role/Team/Organisation): | Reporting Process (e.g., NLIMS/MIDCEL/DURALS): | Reporting Reference: |
| Description of Event: |
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| Part 1: Initial Investigation |
| Stage 1: Confirmation that Equipment is used elsewhere (Delete as appropriate) |
| SSR CONFIRMS that PSS is used elsewhere, and details are known. (Provide details of additional use including locations/platforms/users): |
| SSR CANNOT confirm whether PSS is used elsewhere, escalation to QSEP Required? Y/N (delete as appropriate)  |
| QSEP Response: |
| Stage 2: Event impact on procedure/process /documentation or control measure |
| Event DOES/DOES NOT (delete as appropriate) impact procedure/process or existing control measure. (Provide justification as to why no impact/Detail impact with supporting evidence): |
| Stage 3: Escalation of event required due to significance SSR confirmation |
| SSR Confirms that event IS/IS NOT (delete as appropriate) of significance to escalate. (Provide justification to support statement including evidence/reference to investigations/risk assessments/safety arguments etc).  |
| Initial Investigation Outcome |
| Initial event investigation Risk Assessment and impact to Hazard Log: |
| Current/Proposed Mitigations (Include Timescales): |
| Safety Notice Raised? Y/N (delete as appropriate)  |
| Review date: | Safety Notice Reference (if applicable): |
| Additional Comments (if applicable): |
| SSR Endorsement |
| Name: |
| Signature: | Role: | Rank/Grade: |
| QSEP Review (To be completed by QSEP) | Date: |
| Update to SSR’s required? Y/N (delete as appropriate) |
| QSEP Safety Alert required? Y/N (delete as appropriate) | SSR Update reference (if applicable): |
| Event to be escalated to SHEC? Y/N (delete as appropriate). Provide justification: | Safety Alert reference (if applicable): |
| QSEP Review Acceptance |
| Name: |
| Signature: | Role: | Rank/Grade: |
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| Part 2: Review of Event |
| Review Date: |
| Stage 1: Changes to confirmation that Equipment is used elsewhere (Delete as appropriate) |
| SSR confirms that there HAS/HAS NOT (delete as appropriate) been any change to known usage of PSS (Provide additional details if applicable): |
| Stage 2: Changes to impact on procedure, process, documentation or control measure |
| SSR confirms that there HAS/HAS NOT (delete as appropriate) been any change in impact on procedure/process or existing control measure since initial investigation. (Provide additional details if applicable): |
| Stage 3: Changes to requirement to escalate event due to significance SSR confirmation |
| SSR Confirms that there HAS/HAS NOT (delete as appropriate) been any change in significance to require escalation. (Provide additional details if applicable): |
| Event Review |
| Changes to Risk Assessment and impact to Hazard Log: |
| Evidence of closure of actions from initial review (including from SHEC if applicable): |
| Further actions/mitigations required? Y/N (Delete as appropriate and provide further details as applicable): |
| DT Safety Notice Required? Y/N (delete as appropriate) | Safety Notice Reference (if applicable) |
| Further review required? Y/N (If further review not required complete part 3)  | Planned Review Date (if applicable) |
| Additional Comments/Evidence: |
| SSR Endorsement |
| Name: | Role: | Rank/Grade: |
| Signature: | Date: |
| QSEP Review (To be completed by QSEP) |
| QSEP Tracker updated Y/N (delete as appropriate) |  |
| Update to SSR’s required? Y/N (delete as appropriate) | SSR Update reference (if applicable): |
| QSEP Safety Notice required? Y/N (delete as appropriate) | Safety Notice reference (if applicable): |
| Event to be escalated to SHEC? Y/N (delete as appropriate). Provide justification: |
| QSEP Review Acceptance |
| Name: | Role: | Rank/Grade: |
| Signature: | Date: |

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| Part 3: Closure of Event Report |
| Event Report Closure Review |
| Final Risk Assessment and impact to Hazard Log: |
| Evidence of closure of actions from reviews (including from SHEC if applicable): |
| SSR Justification for closure of Event Report including supporting evidence: |
| OC/DT Safety Notice required? Y/N (If further review not required complete Part 3)  | Safety Notice Reference (if applicable) |
| Additional Comments/Evidence: |
| SSR Endorsement |
| Name: | Role: | Rank/Grade: |
| Signature: | Date: |
| QSEP Review (To be completed by QSEP) |
| QSEP Tracker updated Y/N (delete as appropriate) |
| Update to SSR’s required? Y/N (delete as appropriate) | SSR Update reference (if applicable): |
| QSEP Safety Alert required? Y/N (delete as appropriate) | Safety Alert reference (if applicable): |
| Event Closure communicated to SHEC? Y/N (delete as appropriate). Provide justification: |
| QSEP Event Closure Formal Record Reference: |
| QSEP Review Acceptance |
| Name: | Role: | Rank/Grade: |
| Signature: | Date: |