# **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: | |