



IPLOCA Health, Safety and Environmental Statistics Return

(For the period from January to December 2023)

Note: Please read carefully the relevant [guidelines](#) before filling in this form **online**.

Engineering / project management Main contractor Sub-contractor

MEMBER COMPANY NAME:

	Your Company Only	Your Sub-contractors (if any)
1. Total number of hours worked (inclusive of overtime)		
2. Total number of First Aid Cases (FAC)		
3. Total number of Medical Treatment Cases (MTC)		
4. Total number of Restricted Work Cases (RWC)		
5. Total number of Lost Workday Injuries (LWI)		
6. Total number of Workdays Lost (LWD)		

7. Split of LWI :		
• Transportation / vehicle-equipment accident / traffic		
• Lifting operations		
• Work at height / scaffolding		
• Hand tools		
• Involving slips, trips and falls		
• Excavation / earth collapse		
• Confined spaces		
• Impact with construction equipment		
• Welding operations		
• Hazardous substances		
• Other (Please attach brief description of incident)		

8. Total number of fatalities included in LWI (questions 5 and 7 above)		
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Split of fatalities

• Transportation / vehicle-equipment accident / traffic		
• Lifting operations		
• Work at height / scaffolding		
• Hand tools		
• Involving slips, trips and falls		
• Excavation / earth collapse		
• Confined spaces		
• Impact with construction equipment		
• Welding operations		
• Hazardous substances		
• Other		

Please provide an investigation report as detailed as possible, for each incident involving a fatality as to the root cause(s) to hse@iploca.com

Do you authorise IPLOCA to publish the report(s) on the IPLOCA Health & Safety Shared Experiences platform? YES NO

9. Total number of Road Traffic Accidents (On and off-public road)		
Total number of kilometres driven		

10. Total number of near misses [] []
 Do you identify High Potential incidents (HIPO)? YES NO
If yes, total number of HIPOs [] []

11. Do you identify occupational illnesses? YES NO
If yes, total number of occupational illnesses [] []

12. Details of environmental incidents <ul style="list-style-type: none"> Accidental releases of liquids to water/ground Accidental waste disposal Accidental releases to air Other environmental incidents (Noise, dust, visual impact) Please attach brief description of incident 	Your Company Only		Your Sub-contractors	
	# of major incidents	# of minor incidents	# of major incidents	# of minor incidents
	[]	[]	[]	[]
	[]	[]	[]	[]
	[]	[]	[]	[]

	Your Company Only	Your Sub-contractors
13. Total Fuel consumption (in thousand litres)	[]	[]

14. Time spent training staff (in persons-hours)

Health & Safety Training		
Environmental Training		

15. a) Does your company have a carbon/energy emission reduction programme? YES NO
 b) Does your company calculate its carbon/energy emissions? YES NO
 1. Do you have internally defined a target in your energy reduction policy? YES NO
 2. Do you have a zero-emission target YES NO
 If yes, to which date?
 3. Do you calculate tonnes of CO₂ equivalents YES NO
 If yes, which scope is it? Scope 1 Scope 2 Scope 3
 c) Does your company have a waste reduction programme? YES NO

16. a) Does your company produce an annual CSR report? YES NO
If yes, is it in line with a recognised standard? YES NO
If yes, which one? [] []

17. Do you have a certificated Management System? YES NO
 a) **If no**, is it planned to certificate the following systems in the future? YES NO
 b) **If yes**, which of the following certificates do you have?
 ISO 9001 ISO 14001 ISO 45001 ISO 50001 OTHER (provide name)

Form must be approved by all parties:

Name of Health & Safety Manager:

Name of Environmental Manager (if different):

Name of CSR Manager (if different):

Name of CEO:

Name of the person submitting the form:

E-mail address of the person submitting the form:

I submit the form with the approval of all parties named above