

DEPARTMENT OF PETROLEUM RESOURCES

ACCIDENT REPORT FOR THE OIL & GAS INDUSTRY

FORM 41

1. Name and address of operating company:
.....
2. Name of employee / contractor / third party involved in the accident if any:
.....
3. Occupation of the victims:
4. Date and time of accident: Date.....20..... Time.....
5. (A) Nature of accident: Fatal Non fatal
(B) Total accident recorded year to date in your operations.....
6. Location of facility where the accident occurred: a. Town
b. OPL/OML
c. State
7. Fatalities and number of injured persons, including their names:
.....
8. Equipment and material damaged:
9. Probable cause of the accident:
.....
10. Date and time of application of first aid: Date..... Time.....
11. Date injured persons was sent to the hospital: Date.....
12. Place where injured persons may be interviewed:
13. Please state in your opinion if the accident was due to the serious and willful misconduct of the injured people or others working with them or caused by faulty equipment:
.....
14. Preventive / control measures (emergency response activities, actions taken to save lives, equipment and or prevent reoccurrence)
.....
.....
15. Do you wish to attend or to be represented at any inquiry under regulations 45? Yes
16. Names and Addresses of Witnesses present
.....
.....

.....
Sign; MD / HSE Manager / Operations Manager

Note: All accidents must be reported to the nearest DPR office and the Director within 24 hours and 48 hours respectively as stipulated in Part II Section 44 (2) of the MOSR 1997.