

Standard Operating Procedure

Draft Version 0.1





Standard Operating Procedure

Reference	ECG-SOP-SHE-001
Version	1.0
Revision	00
Status	Approved
Date	22/05/2026
Author	GM/SHE
Approved by	DMD/E&O

Document Information

DOCUMENT REFERENCE	ECG-SOP-001
DOCUMENT TITLE	STANDARD OPERATING PROCEDURE INCIDENT REPORTING AND INVESTIGATION
DOCUMENT CLASSIFICATION	RESTRICTED
OWNER	GM/SHE
RESPONSIBILITY	MANAGER/ SAFETY
TARGET AUDIENCE	ALL STAFF AND RELEVANT STAKEHOLDERS AND THIRD PARTIES
PURPOSE	THIS DOCUMENT IS A REQUIRED DOCUMENT WHICH COMMITS ECG TO ENSURING ADEQUATE INFORMATION SECURITY, BUSINESS CONTINUITY, RISK AND IT SERVICE MANAGEMENT

Revision History

VERSION DETAIL	DATE	SUMMARY OF CHANGES	CHANGES BY
0.1	MAY 22, 2026	INITIAL DRAFT	SHE DIVISION

Document Review

DATE OF NEXT SCHEDULED REVIEW
TBD

Document Approval

APPROVED BY	ING. KWADWO AYENSU OBENG	APPROVAL DATE	22/05/2026
SIGNATURE			



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1 Incident Reporting and Investigation

1.1 Brief Description

This Standard Operating Procedure (SOP) outlines the standardized process for identification of risks and impacts arising from ECG operations and activities. Risks shall be evaluated, and the suitable control measures put in place to prevent or reduce harm to staff, contractors, visitors, public and environment. Account must be taken of hazard identification and risk management when reviewing work procedures and processes.

1.2 Process Objectives/Purposes

The objective of this process is to:

To establish a systematic approach for identifying, assessing, mitigating, and monitoring risks associated with ECG's daily operations, projects, and infrastructure activities. This SOP aims to ensure all risks are effectively managed to safeguard personnel, assets, and the environment.

1.3 Expected Outcome

The process should ultimately result in a documented record of all risks and hazards associated with ECG's daily operations, along with appropriate mitigation measures designed to prevent incidents during the execution of those activities.

1.4 Process Impact

High

1.5 Process Scope

This SOP applies to:

This process applies to all ECG departments, project sites, and operational facilities; every ECG employee, supervising engineer, and third-party contractor involved in ECG activities; and all phases of work including planning, execution, change management, and decommissioning.

2 Procedure

i. Maintain Risk Register

Use the standardized Risk Assessment Template (App. 1).

Populate with all activity-related risks (safety, health, environmental). Complete form and forward it to the GM in that jurisdiction through the Sectional/District Manager.



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- ii. Initial Hazard Identification & Assessment
 - a. Supervising engineers & supervisors (ECG/contractors) identify hazards in their work zones.
 - b. Assess likelihood, severity, and assign High/Medium/Low rating.
 - c. Submit completed entries to the SHE Division.
- iii. General Manager reviews and forward the report to D/HR and GM/SHE
- iv. The General Manager in the jurisdiction of the incident shall constitute a Committee of Inquiry within 7 days of the occurrence. The SHE Officer in that jurisdiction is a permanent member of the committee.
- v. The Incident Investigation Committee shall complete and submit incident/accident investigation report to D/HR, and GM/SHE within 14 days.
- vi. The D/HR may constitute an Investigation Committee to carry out independent investigation of all incidents after the initial investigation report is submitted. The GM SHE shall review all investigation reports within 2 days of the submission of the incident report.
- vii. Recommendations and Corrective measures are implemented by the GM in the jurisdiction where the incident occurred.
- viii. Incident is closed

2.1 Process Frequency and Trigger

Process Frequency	Process Trigger
As and when	As soon as an incident occurs

3 Key Risks

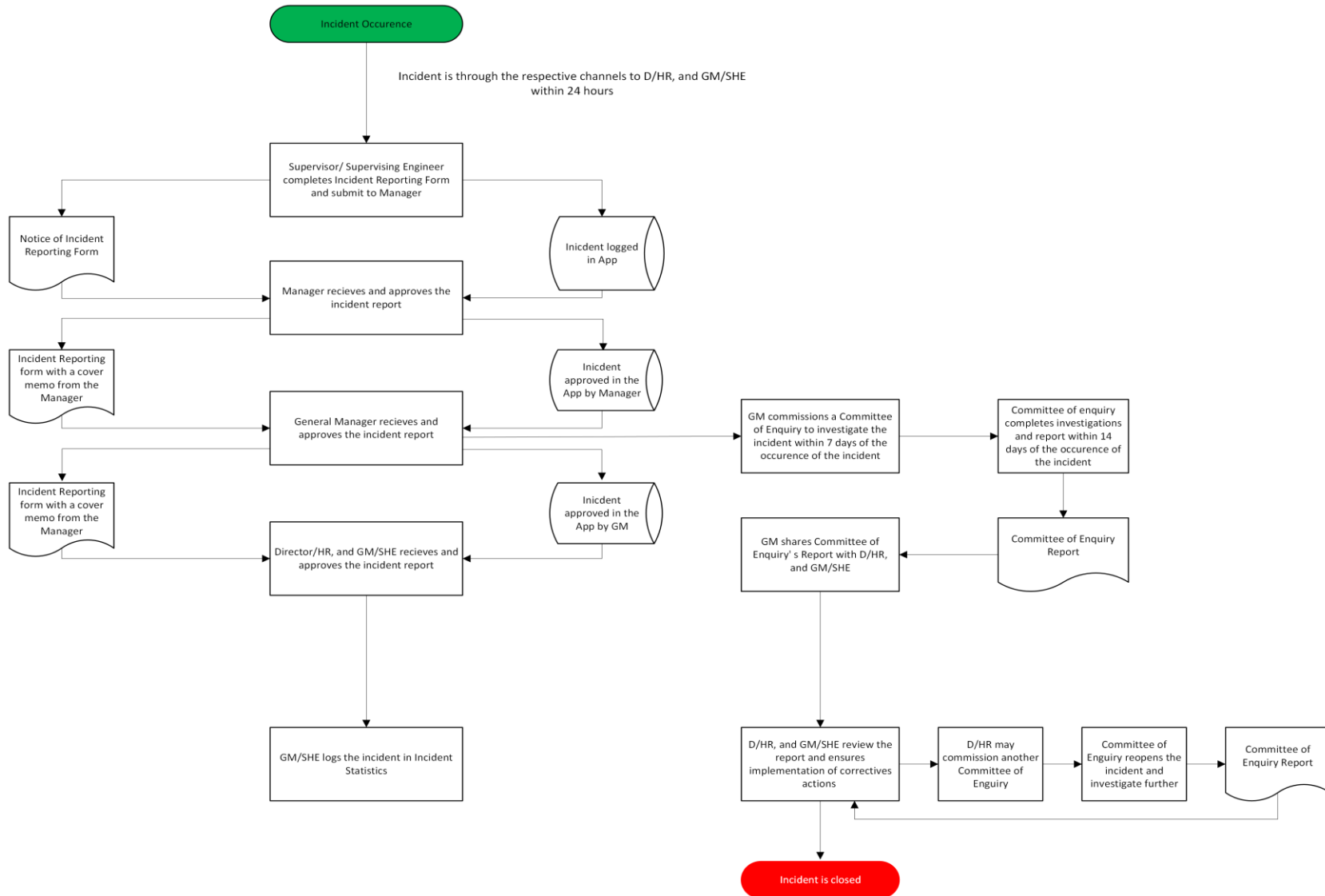
- i. Incident may deliberately not be reported
- ii. Timelines may not be complied

4 Visual process flow of the (Incident Reporting and Investigation)



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5 Incident Reporting Template – Notice of Incident Reporting Form



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ACCIDENT/INCIDENT REPORT FORM				
Region/Division:		District/ Section:		Reference N ^o :
DETAILS OF PERSON COMPLETING FORM				
Name		Date		
Designation:		Telephone:		
DETAILS OF INJURED PERSON/ DAMAGED PROPERTY				
Name of Injured Person (or property)		Age/ Date of Birth		
Address of Injured Person/ Damaged Property				
Telephone:		Occupation:	Staff ☐	
			Third-Party Contractor ☐	
			Non-staff ☐	
Employer's Name:				
Manager's Name:		Telephone:		
PLEASE TICK THE APPLICABLE INFORMATION				
Accident ☐	Near Miss ☐	Minor Injury ☐	Fatality ☐	
Ill Health ☐	Property Damage ☐	Major Injury ☐		
ACCIDENT/INCIDENT DETAILS				
Location of Accident/Incident				
Date of Occurrence				
Weather Condition at the time of incident	Sunny ☐ Rainy ☐ Stormy ☐ Cloudy ☐ Hazy ☐ Foggy ☐ Other:			
What work was occurring at the time of the accident/incident				
Summary description of accident/incident (<i>describe events leading to the accident/incident</i>)				
Immediate Cause of Accident/Incident (<i>attach extra information if any</i>)				



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Nature of Injury:	Abrasion, scrapes ☐ Amputation ☐ Broken Bone ☐ Bruise ☐ Burn (electrical) ☐ Burn (arc flash) ☐ Burn (heat) ☐ Burn (chemical) ☐ Concussion (to the head) ☐ Crushing injury ☐ Cut, laceration, puncture ☐ Sprain, strain ☐ ☐ Other:			
Who else was involved? Who witnessed the accident/incident? (State names, employer, contact details. How was the person was involved etc.)				
First Aid details				
Was care beyond First Aid Required?	Yes ☐ No ☐	Diagnosis:		
Was there work restrictions due to injury?	Yes ☐ No ☐	Number of days absent from work		
ADDITIONAL COMMENTS				
Who was the accident/incident reported to?				
Has the incident been reported to the Police?	Yes ☐ No ☐	Date Reported		
What action has occurred since to prevent recurrence?				
Is there a Method Statement/Risk Assessment (Please attach a copy)	Yes ☐ No ☐	Was Job Hazard Analysis conducted? (Please attach a copy if relevant)	Yes ☐ No ☐	
Was a Work Permit or Faults Sheet issued (Please attach a copy)	Yes ☐ No ☐	Indicate Permit Number		
Was the injured person inducted before the task	Yes ☐ No ☐ N/A ☐	Please Provide Details of Training/Induction:		
Is the SHE Officer informed of this incident	Yes ☐ No ☐	Date and Time informed		
PHOTOS				



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FOR OFFICE USE ONLY	
Accident Category	
Follow-Up action	