





Alert #: SA 09-25 February 24th, 2025

Updated Incident Reporting Form

Our G.I.S. Health, Safety, and Environmental Department is excited to release our updated incident reporting form to help supervisors and employees report incidents promptly and efficiently.

This form update has a new layout that should allow a better user experience. It includes a drop-down list for the company, department, affected body part, and side of the body. These boxes also allow the user to freely input into the fields, and checkboxes allow for a quick and easy selection process.

This form is entirely fillable online and offers a checklist at the bottom to ensure all necessary steps in the incident reporting process have been taken.

Effective today, this form should be utilized instead of the old incident reporting form without exception.

	Issue Date: 08/07/2023 Revision Date: 02/20/2025						E 1997.0	
HSE	First Report of Incident						Form Numbe LLCF-001	
Person Filing Report								
Last Name		First Name		Job Titl	•	Contac	t Number	
General Information								
Incident Type:	■ Record •	Only	Environm	ental Incident		Illness		
	□ Near Mi	iss 🔲	Property /	Equipment Dam	age 🗆	Injury		
Date of Incident	Time of Incid	ent Locati		Onshore Offshore		r Facility:		
	-			Does In	cident Invo	lve 🗆 No	0	
GIS Company		GIS Department	or Division	_	an SS	E? 🗆 Ye	es	
					cident Invo	lve 🗆 No	0	
Customer Nam		GIS Facility or Cust	omer Location	a S	ubcontract	or?	es	
Incident Description								
Injury or Illness								
Injury or Illness Employee Last N	ame	Employee Last	Name	Date o	f Birth	Last 41	Digits of SSN	
	nane	Employee Last Employee No. (EX.)		Date o			Digit: of SSN	
Employee Last No	sune .							
Employee Last No	anne Address		DOJ00001)			Emergen		
Employee Last No		Employee No. (Ex. I	DOJ00001)	Employee Co	ntact Number	Emergen	cy Contact No	
Employee Last No	Address 5 & 2	Employee No. (Ex.)	00100001)	Employee Co	State Other:	Emergen	cy Contact No	
Employee Last No Job Title Work Schedule: Nature of Illness or J	Address 5 & 2 Injury:	Employee No. (Ex.)	DOJO0001)	Employee Co	State Other:	Emergen Posts Ex. Back, Dree, F	cy Contact No	
Employee Last No Job Title Work Schedule:	Address 5 & 2 Injury: Ex.	Employee No. (Ex.) 7 & 7 Cold. Discomfort, Cut	00100001)	Employee Co	State Other:	Emergen Posts Ex. Back, Dree, F	cy Contact No	
Employee Last No Job Title Work Schedule: Nature of Illness or J	Address 5 & 2 Injury:	Employee No. (Ex.) 7 & 7 Cold. Discomfort, Cut	DOJO0001)	Employee Co	State Other:	Posts Ex. Back, Enec, F. Medic)	cy Contact No	
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Employee Last N. Job Title Work Schedule: Nature of Illness or l Affected Side of Bod	Address 5 & 2 Injury: Ex.	Employee No. (Ex. 1	Affe	Employee Co Eity 14 & 7	State Other: Other: Control of the c	Emergen Fosts Ex. Back, Enec, F. Medic) on Needed e (Medevac, E.	al Code	
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Our Corporate Health, Safety, and Environmental team appreciates everyone's hard work and dedication to the incident reporting process. This form can be found by accessing "www.gisy.com" and then selecting the three horizontal bars on the upper right corner of the webpage. After this selection, the user should navigate to the "Employee Portal" at the bottom of the first column of options. The user should select "Safety" in the bottom left corner. After arriving on the Corporate Safety Portal Home Page, the user should scroll to the bottom and select "HSE Forms". Form LLCF-001, the "First Report of Incident," will be the first form available.

Please use this process whenever an incident report must be completed. This ensures that the most up-todate form is used.

