

FORM E
ENTITY MONTHLY REPORTING

ENVIRONMENTAL, HEALTH AND SAFETY PERFORMANCE



General Information			
EHSMS Registration Number:		Sector Classification Code:	
Name of Entity:			
Address of Entity:			
Telephone Number:			
Reporting Period:	From: ____ (Month) ____ (Year)	To: ____ (Month) ____ (Year)	

Environmental, Health and Safety Performance - Compulsory Reporting to Regulatory Authority			
Note: Refer to refer to the EHSMS Glossary of Terms for definitions of EHS terms.			
KPI 2-3 Lost Time Injury Frequency Rate (LTIFR).	Number of Lost Time Injuries in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of LTI's}}{\text{Working Hours}} \times 1,000,000$
KPI 2-4 Lost Time Injury Severity Rate (LTISR).	Number of Work days lost due to Injuries in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{No. of Days Lost}}{\text{Working Hours}} \times 1,000,000$
KPI 2-5 Total Reportable Case Frequency (TRCF).	Number of Total Reportable Cases in the Reporting Period	Number of Working Hours in Reporting Period	$\frac{\text{TRC}}{\text{Working Hours}} \times 1,000,000$
KPI 2-6 - 2.8 Environmental Incidents (Number of Pollution Incidents in Reporting Period)	Number of Pollution Incidents - Minor	Number of Pollution Incidents - Moderate	Number of Pollution Incidents - Major
KPI 2-9 Environmental Incident - Type (Number of Pollution Incidents in Reporting Period) (including fuel, oil, waste material or other polluting substance)	<input type="checkbox"/> Spill / Release / Discharge to Land <input type="checkbox"/> Spill / Release / Discharge to Water, including Groundwater <input type="checkbox"/> Spill / Release / Discharge to Atmosphere <input type="checkbox"/> Unauthorised / Accidental Vegetation Removal or Harm <input type="checkbox"/> Accidental Harm to Animal Species <input type="checkbox"/> Unauthorised / Accidental Damage to Heritage Site / Item <input type="checkbox"/> Other (Provide Details): _____		

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Other Information (Voluntary Reporting to Regulatory Authority)	
Warning Notice	Any written warning notices received from the Government regarding non-compliance of EHS Law and/or EHS Standards? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the number(s) of Warning Notice _____
Prosecution	Any prosecution on violation of EHS Law and/or EHS Standards? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the Prosecution Number _____
Remarks (Should additional sheets be used to provide information, please quote the Registration No. for EHSMS Development on each page of the document).	

Declaration			
I declare that all information provided in this document is true, correct and complete.			
Signature of the Authorised Contact Person :		Entity Official Stamp:	
Date :	____ / ____ / ____		

Official Use		
Remarks :		
Regulatory Authority Stamp	Entered into Database by:	
	Name:	
	Signature:	
	Date:	____ / ____ / ____
	Reviewed by:	
	Name:	
	Signature:	
	Date:	____ / ____ / ____