



GE VERNOVA Gas Power Logistics Incident Reporting Form

Directions:

- ✓ **1st: Immediately** (*With in 2- Hours*) contact GE VERNOVA Gas Power (or your GE Commercial Contact if outbound) & notify them that an incident has occurred. **This must be a Phone Call with an immediate acknowledgement of occurrence.**
- ✓ **2nd:** Complete sections A-L and submit this form **within 4 hours** of the incident. The Logistics Service Provider (LSP) representative must email this completed form, plus any relevant photos of the incident, to the following distribution:
GL.Incidentalalert@gevernova.com  **Do Not Fail to Use Distribution List**
- ✓ **3rd:** Within 48 hours schedule a follow-up meeting with GE to cover sections M, N, & O)

A. Shipment Information

LSP/Company Name	
Cargo Description	
RC#, LSPO#, BOL#, or Other ID #	

☐	LSP owned or leased facility
☐	Other (including highways, airports, public places, etc.)

B. What type of incident occurred? "X" all that apply:

☐	Moving vehicle safety; crash, struck moving or fixed object, struck by another vehicle, skidded, overturned, struck overhead obstruction (bridge, power cable), cargo fell or came loose, etc.
☐	GE cargo or GE property damage; describe damage in "What Happened" (section J).
☐	Other property or equipment damage; describe damage in "What Happened" (section J).
☐	Injury; add info about status of injured personnel and hospital location in "What Happened" (section J).
☐	Fatality; add personnel info in "What Happened" (section J).
☐	Near-miss; any "close call" or narrowly avoided accident.
☐	Theft of or Vandalism to any GE cargo or property; describe circumstances in "What Happened" (section J).
☐	Spill/release of a chemical or material; describe in section I.
☐	HAZMAT: a hazardous material was involved in an incident.
☐	Nuclear safety or radiation incident.
☐	Any permit violation, inspection or regulatory notice from an agency or an official (ex: OSHA, DOT, customs).
☐	Media attention; TV, radio, newspaper, internet news site, You Tube posting, other type of adverse publicity.

C. Where did the incident happen? "X" one:

☐	GE owned or leased facility
☐	Customer site
☐	Supplier or shipper facility

Address of Incident:

Location Name	
Street	
State/Province	
Country	

D. When did the incident happen?

Date	
Time	

E. Describe response to the event.

"X" all that apply:

List what types:

☐	Emergency response: fire, police, ambulance, medical or fire teams.	
☐	Government attention: Department of Transportation, customs, etc.	
☐	Media attention: TV, radio, newspaper, or any adverse publicity.	

F. What Primary Mode/Service was involved?

"X" one:

Specify both the LSP and

Driver/Operator Name:

☐	Road / Trucking	
☐	Rail	
☐	Ocean / Vessel	
☐	Inland Barge	
☐	Port / Stevedoring	
☐	Air	
☐	Warehouse or mode transfer facility	
☐	Other - specify type:	

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G. Was the Primary above a brokered or sub-tier LSP?

	No
	Yes – Name of parent LSP:

H. List all other parties involved (as applicable). "X" all that apply:

	Mode	Specify Names
	Rail	
	Road / Trucking	
	Ocean / Vessel	
	Inland Barge	
	Port / Stevedoring	
	Air	
	Warehouse or mode transfer facility	
	Private Citizen(s)	
	Other - specify type:	

I. Spill/Release Information (as applicable).

Insert as much	Name of chemical or substance (UN)	
	Amount spilled/released	
	Specify the affected ground location	
	Specify the affected body of water	
	Anticipated Resolution (service/date)	

additional space below as you need to thoroughly answer each section. (J-L required for initial report)

J. What Happened? Describe the incident and circumstances of the incident in detail.

K. Immediate response: Describe the immediate response taken to **correct and contain** the impact of the incident.

L. Impact: Describe the incident's impact to the area, process, or operations (i.e. missed deliveries, interruption of public services or utilities, road closures, etc.).

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(M, N, & O to be discussed in follow-up meeting)

- M. Root Cause:** Describe the apparent root cause(s) of the incident; furnish details and specifics of the investigative path that resulted in determination of the root cause(s). *If you have not completed this step, or the incident is still under investigation do not delay sending the report, this can be updated later... mark this section with latest status and anticipated timing*

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- N. Corrective and Preventive Actions:** List each action, action owner, and planned completion date. *If you have not completed this step, or the incident is still under investigation do not delay sending the report, this can be updated later... mark this section with latest status and anticipated timing*

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- O. Lessons Learned:** Describe lessons learned from the incident and from the subsequent investigation. *If you have not completed this step, or the incident is still under investigation do not delay sending the report, this can be updated later... mark this section with latest status and anticipated timing*

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P. Report was completed by:

Name & Title	
Date/Time Completed	
Email Address	
Phone Number	
LSP/Company Name	

Before submitting, update the file name of the completed form to include your company name and the date of the incident (format: Company Name DDMMYYYY Incident.docx).

Do Not Fail to send to the following Distribution List:

GL.Incidentalalert@gevernova.com