

(QIEP) Cat 1 NCR - Incident Investigation Report

To be used in accordance with: Incident Investigation and Quality Incident Event Process (QIEP) Procedure CRL1-XRL-O4-GPD-CR001-50028

(Part 1 – Initial Review)										
Incident Date:		Time:		(QIEP) Report Number	:					
Contract Number:		Location:		NCR Number:						
Contractor & Sub-Contractor:			•							
Contact Name / Number:				Incident Type:						
Incident Description:										
					aen'i					
Incident Photographs:										
Date:	Time	:		Location:						
Name of (QIEP) Panel Reps Pres	ent: Posit	ion:		Company:						
			70							
			09)							
			<u>V) - </u>							
Full details of the incident:										
Controls that might have failed leading to the incident that may need to be communicated more widely across Crossrail										
Confirm that necessary immediate steps have been taken to prevent further issues.										
Confirm that necessary immediate steps have been taken to enable work to restart.										
Confirm that an adequate investigation Terms of Reference has been set and if necessary to insist on other elements to be considered as part of the Spot-On or equivalent process.										
Confirm that adequate resources have been made available to complete the investigation and agree timescales for its completion.										

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Actions Required:								
1.								
2.								
3.								
4.								
Quality Alert Required:	Yes / No	CRL_Quality@tfl.gov.uk	Intended Audience:					
Investigation Remit: (Identify specific issues that need to be addressed during the investigation; confirm resources and timescale to complete investigation)								

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(Part 2 – Follow Up)								
Date:		Time:		Location:				
Name of (QIEP) Panel	Reps Present:	Position:		Company:	•			
Ensure a clear underst	anding of the in	vestigation findings.	•					
Confirm that the invest	igation has beer	n completed to a satisfactory	standard.					
				الای				
Confirm that any result	ant actions have	e been adequately resourced	to be achieved within	acceptable timescal	es			
Agree any follow up ac	tions that may b	e required both for the cont	acting organisation ar	nd throughout Crossi	rail			
Confirm the Crossrail Time and Cost Implications: (How much time/cost was incurred by conducting the review)								
Follow Up Actions Req	uired:							
1.								
2.	S							
3.								
4.								
Review at QFM:	Yes / No	If Yes, state review date:						

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