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|  | <h2 style="margin: 0;">MONTHLY HS&amp;E PERFORMANCE REPORT</h2> |
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Month of: **April 2024**

|                              |                                  |
|------------------------------|----------------------------------|
| <b>Business Area :</b>       | United Kingdom Continental Shelf |
| <b>Operation / Project :</b> | N/A                              |
| <b>Client Company :</b>      | N/A                              |

| CONTACTS :                 | Name :       | E-mail :                | Contact Numbers : |
|----------------------------|--------------|-------------------------|-------------------|
| DXC Geological Manager :   | Darren Clark | www.dxcgeological.co.uk | +44(0)7884 333993 |
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| MONTHLY HS&E PERFORMANCE                 |               |              |                                    |               |              |
|------------------------------------------|---------------|--------------|------------------------------------|---------------|--------------|
| LAGGING INDICATORS                       | Monthly Total | Year to Date | LEADING INDICATORS                 | Monthly Total | Year to Date |
| Near Misses :                            | 0             | 0            | Rig / Platform Orientations :      | 0             | 0            |
| First Aid Cases :                        | 0             | 0            | Pre-tour Meetings :                | 0             | 0            |
| Medical Treatments :                     | 0             | 0            | Weekly Safety Meetings :           | 0             | 0            |
| Lost Time Incidents :                    | 0             | 0            | Pre-phase Meetings :               | 0             | 0            |
| Restricted Work Cases :                  | 0             | 0            | Lifeboat / Muster Drills :         | 0             | 0            |
| Loss of Consciousness :                  | 0             | 0            | Toolbox Talks / Risk Assessments : | 0             | 0            |
| Lost Work Days :                         | 0             | 0            | Inspections / Observation Tours :  | 0             | 0            |
| Restricted / Modified Work Days :        | 0             | 0            | Observation Cards :                | 0             | 0            |
| Vehicle Incidents :                      | 0             | 0            | Health and Safety Training :       | 0             | 0            |
| Environmental Incidents :                | 0             | 0            | Corrective Actions Completed :     | 0             | 0            |
| Property Damage :                        | 0             | 0            | Lifeboat Induction & Orientation : | 0             | 0            |
| <b>Total Exposure Days :</b>             | <b>0</b>      | <b>0</b>     | Other :                            | 0             | 0            |
| <b>Recordable Injury Frequency (%) :</b> |               |              |                                    |               |              |

Please attach or provide any incident dates and details here :

| REGULATORY ACTIONS OR INSPECTIONS |  |
|-----------------------------------|--|
|-----------------------------------|--|

|                                                                      |    |
|----------------------------------------------------------------------|----|
| Did you experience any regulatory actions or inspections this month? | No |
|----------------------------------------------------------------------|----|

If 'Yes', please provide regulatory agency and description of action taken :

## Report Completion Instructions

DXC Geological Ltd. is required to complete this HS&E performance report form on a monthly basis. This reporting requirement applies to companies that require contractor services (i.e.: onsite WellSite Geologist services) including sub-contractor days. Each injury / illness should be recorded only once and categorized using the hierarchy below. For example, a Lost-Time Injury that involves Medical Treatment and subsequent Restricted Work shall be categorized as a Lost-Time Injury. Reports are to be submitted by the 5th **business day of the month**.

## Injury Statistic Definitions

**Near Miss** – An incident that could have, but did not, result in unintended harm or damage.

**First Aid Injury** – An Occupational Injury / Illness that requires first aid treatment only and does not result in loss of time from work or Restricted Work. First Aid Injuries include:

- a) Use of non-prescription medications at a non-prescription strength, including antiseptics;
- b) Administration of tetanus or diphtheria shot(s) or booster(s). Other immunizations such as Hepatitis B vaccine or rabies vaccine related to an injury are considered medical treatment;
- c) Cleaning, flushing or soaking wounds on skin surface;
- d) Use of wound coverings such as bandages including liquid bandages, gauze pads, steristrips or butterfly bandages, etc. Wound closing devices such as staples, sutures and skin glue are considered medical treatment;
- e) Use of any hot / cold therapy (e.g., compresses, soaking, whirlpools, non-prescription skin creams / lotions for local relief, etc.);
- f) Use of any totally non-rigid, non-immobilization means of support (e.g., elastic bandages, wraps);
- g) Use of temporary immobilization devices while transporting an accident victim;
- h) Drilling of a nail to relieve pressure or to drain fluid from a blister;
- i) Use of eye patches;
- j) Removal of foreign bodies not embedded in the eye if only irrigation or removal with a cotton swab is required;
- k) Removal of splinters or foreign material from areas other than eyes by irrigation, tweezers, cotton swabs or other simple means;
- l) Use of finger guards;
- m) Use of massages; and,
- n) Drinking of fluids for relief of heat stress.

**Medical Treatment** – A classification of Occupational Injury / Illness for Medical Treatment beyond First Aid Injury where there has been no Lost Days. The following are not considered Medical Treatment Injuries:

- a) Visit(s) to a health care provider limited to observation or counseling or prescribed Restricted Work;
- b) Diagnostic procedures (e.g., X-rays, blood tests), including the use of prescription medications solely for diagnostic purposes(e.g., eye drops to dilate pupils).

**Lost-Time Injury** – An injury / illness resulting in Lost Days beyond the date of injury as a direct result of an Occupational Injury / Illness incident.

**Restricted Work** – When an employee, due to a work-related injury/illness, is medically determined to be unable to perform one or more routine functions or unable to work the normal time period of their pre-injury/illness work day, they are working in a “restricted” capacity. Routine functions are the work activities that employee regularly performs at least once a week.

**Significant Occupational Injury / Illness** – Any injury/illness, that is not recorded as a Fatality, Lost-Time Injury, Medical Treatment Injury or Restricted Work case, but has been medically diagnosed and determined to be work-related and the cause is a verified trauma or workplace exposure that has extended to be within the current reporting period. Injury examples include: punctured eardrums and fractured or cracked bones. Illness examples might be hearing loss, or respiratory disease.

**Loss of Consciousness** – Is a work-related, altered state of consciousness that can vary from disorientation to time, place or person, to coma. For reporting purposes, the Loss of Consciousness must be witnessed or medically substantiated as related to a work activity or exposure.

**Recordable Injury** – Any Occupational Injury/Illness that results in an employee experiencing:

- a) Fatality;
- b) Lost-Time Injury;
- c) Medical Treatment Injury; or
- d) Other Recordable injury / illness (not captured above), which has:
  - i) Restricted Work; or
  - ii) Significant Occupational Injury / Illness; or
  - iii) Loss of Consciousness.

**Lost Days** – The number of calendar days that the employee is unable to work beyond the day of injury/illness recommended by a physician or other health care professional. Lost time ends as of the date that the employee is deemed fit to work either full or Restricted Work or to a maximum of 180 calendar days for any individual case. For cases where the disability will continue beyond the closing date, Lost Days and Restricted Days shall be estimated on the basis of medical opinion as to probable ultimate disability and included in the data submission. Lost Days are only recorded for the period that the injured person is in the employ of the company.

**Restricted Days** – The number of calendar days to a maximum of 180 days during which the employee is subject to Restricted Work, based on the recommendation of a physician or licensed health care professional, for an individual case. For cases where the disability will continue beyond the closing date, Lost Days and Restricted Days shall be estimated on the basis of medical opinion as to probable ultimate disability and included in the data submission. Restricted Days are only recorded for the period that the injured person is in the employ of the company.

**Exposure Days** – Exposure to injuries shall be measured by the total number of days of employment (i.e., the actual worked days, considered to be a 12 hour period) of all employees for the reporting period.

$$\text{Recordable Injury} = \frac{\text{Number of Recordable Injuries} \times 100}{\text{Frequency Total Exposure Days}}$$

**Environmental Incident** - Environmental Incidents include, but are not limited to, any incident that results in a release of a substance into the environment that could cause adverse effects, or is a contravention of the terms and conditions of an approval, code of practice or permit and which may result in a public complaint.