



IQE SILICON COMPOUNDS LTD INCIDENT INVESTIGATION FORM

IRPT No.

430

NAME:	P Carroll	EMPLOYEE No:	433
INCIDENT DATE & TIME:	12/1/2015 12:00	REPORTED TO:	P Carroll
DATE REPORTED:	22/01/2015	TIME LOST:	0

INCIDENT TYPE

INJURY	☐	NEAR MISS	☐	FIRE	☐	DAMAGE	☐
LEAK	☐	SPILLAGE	☐	OTHER	Fugitive Emission		

GAS SENSOR READINGS

AsH3		Ph3		HCl		Ge		SiH4		B2H6		HF		O2		H2	
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INJURY

FIRST AID ON SITE	☐	ADVISED MEDICAL ATTENTION	☐	HOSPITALISATION	☐
AREA INCIDENT OCCURED IN AND ANY WITNESS DETAILS (ADD DETAIL IN ADDITIONAL INFORMATION SECTION IF NECESSARY)					

INCIDENT DETAIL

At the time of the incident:			
(Please provide details on the Additional Information sheet if any answer is no)	Yes	No	N/A
1. Should the employee have been on the premises?	☐	☐	☒
2. Was the employees performing normal duties?	☐	☐	☒
3. Was the employee acting in accordance with Company Policies?	☐	☐	☒
4. Was the employee trained / competent in performing the task?	☐	☐	☒
5. Was the correct protective equipment being used?	☐	☐	☒
6. Was the equipment used in a safe condition?	☒	☐	☐

D1 Description of incident

During a periodic Sample of the effluent output by Dwr Cymru an abnormal reading was identified when testing at the laboratory. The reading was Ph below acceptable level at time of testing, reading 3.6 with limits of 6~11.

D2 Containment Activity

On 16-01-15 the results were relayed by Dwr Cymru indicating the issue, at this time the vendor servicing and maintaining the effluent plant were called to investigate the issue to ensure the reading was correct.

At the time of investigation it was found that a fuse had failed on the controller for the Sodium Hydroxide dosing pump, which is used to increase the Ph of the effluent.

The fuse was replaced and the pump re-started.

D3 Root Cause of incident		
The fuse failure on the pump control unit was the issue, but it is unclear if there was any external issue causing the fuse to fail.		
State Category of failure		
Man (Human Error) ☐	Machine (equipment / facility) ☒	Method (process / procedure) ☐
D4 State corrective actions taken to prevent re-occurrence		
The corrective action at present is to investigate with the vendor to connect an alarm output from the pump to the BMS system to notify of any further potential pump failures.		
Name of person responsible for ensuring the actions taken are implemented and permanent		
Name: P Carroll	Position: Manufacturing Manager	Date actions implemented:
State information / guidance given to employee to prevent re-occurrence (if applicable)		
D5 Do you recommend that further action is required (Please provide details)		
Supervisor Signature:		
Closeout – HSE Manager (or representative)		
Further action required (please state if necessary):		
HSE Manager (or representative) Signature		
RIDDOR Reportable? ☐	Category: Over 3 days: ☐ Major: ☐ Disease: ☐ Dangerous Occurrence: ☐	ICC No.:

ADDITIONAL INFORMATION