

# INCIDENT REPORT

Code: NCM-HSSE-INR-0021

**Incident Details** 

Incident Reference No : NCM-HSSE-INR-0021 Company Name : Green scapes

Reported By : Basem Aldood Mobile number : 0529021723

Incident Category : Health & Safety Incident Type : Injury/Illness

Date And Time Of : 12-Feb-2024 Reported Time : 12-Feb-2024

5:31PM

Business Unit : Community Management Zone : Zone 3

Building : JH-EAST Community : Jumeirah Heights

Is There Any : Yes Location : dd

5:35PM

Injury/Illness?

Incident

Follow Up Required? : Yes

**Description Of Incident**: asdas

Immediate Actions Taken : dasdasdasd

Follow Up Action Required: asdasdasd

### **Injury Type**

Fatality

## **Nature Of Injury / Illness**

Abrasions/Bruising

### **Injured Person's Personal Details**

Injured Type	Name	Contact No	Injury Body Parts	Total Man Days	Involved Department Contractor
Staff	Said Salameh	0564095788	face,head-back	0	NA

#### Other Parties Involved In The Incident

Role/Position Name Contact Number

Supervisor

Manager

Witness

Other

### Immediate Cause (Unsafe Act):

• Failure to secure

### Immediate Cause (Unsafe Conditions):

• Inadequate guards or barriers

### **Root Causes (Personal Factor):**

• Physical Capability (Any sensory deficiency, Inadequate size or strength or physical disabilities)

## **Root Causes (System Factor):**

• Inadequate Training / Knowledge transfer

### Mechanism Of Injury / Illness:

• Bite / Sting

## Agency / Source Of Injury / Illness:

• Animal / Human

## **Actions Taken Immediately After The Incident**

Description Of The Actions	Action taken by	Date Completed
asd	asdasd	06-Mar-2024

### **Incident Root Cause(s):**

asdasd

asdasd

### **Corrective Actions To Prevent Recurrence**

Description Of The Actions	Priority	Target Date
Failure to secure	High	15-Feb-2024
Inadequate guards or barriers	High	16-Feb-2024
Physical Capability (Any sensory deficiency, Inadequate size or strength or physical disabilities)	High	23-Feb-2024
Inadequate Training / Knowledge transfer	Low	01-Mar-2024
	Select	01-Jan-1900

# **Applicable Report**

Name	Is Attached	Description	Evidence
Police Report	NA	asdas	
Medical Report	NA	das	
Technical Report	NA	dasdas	
DCD Report	NA	dasd	
Witness Statement	NA	asd	
IP Statement	NA	asdas	
Others	NA	dasdasd	