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|---|--|---------------------------------------|---|--|----------------------------------|---|
| Name of Employee | Kadar Ansari | Badge No. | 30037021 | | Actual Severity: | 2 |
| Safety Awareness Training Date | 2/4/2019 | Proof of Training | Induction | | Worst Potential Severity: | 3 |
| Name of Line Manager | Sherif Ismail Fahmi Mohamed Ay | Badge No. | 30104097 | Profession/ Designation | Sr.Engineer Civil | |
| Name of Supervisor | Hamouda Gomma Abdel Halek | Badge No. | 31032655 | | | |
| Division / Department | Civil Department | Project Name | 097-C76 R | Project Location | JUC | |
| Place of the Incident/Injury | Sports Centre | Date of Incident | 3/8/2021 | Time of Incident | 02:15 PM | |
| Nature of the Incident/Injury | Occupational Incident/Injury | No | Near Miss | Other, Please specify : | | |
| | Road Traffic Incident/ Injury | No | Yes | | | |
| Brief Description of the Incident/Injury | At around 2.15PM while shifting the hollow blocks to second floor by using telescopic handler ,one hollow block fell down from the attachment (Bucket) fortunately nobody injured and not reported any property damage. | | | | | |
| Details of the Injury (Specify affected body parts) | N/A | | | | | |
| First Aid Given? | No | Name of First Aider | | | | |
| Name of Hospital where patient was treated/transferred | N/A | | Address/Location of the hospital | N/A | | |
| Medical leave given by administering Hospital/Clinic or Doctor | No | Number of Days | | Hospitalization | No | |
| Property damage | No | Estimated percentage of damage | | Estimated Cost of damaged (SAR) | N/A | |
| Property Details | Type / Function of the property | N/A | | Location of affected property | N/A | |
| | Name of Manufacturer | N/A | | | | |
| | Model of the Property | N/A | | Plate Number | N/A | |
| | Vehicle Registration Number | N/A | | Company Fleet Number | N/A | |

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|--|---|---|----------|---------------|--------|--|
| Was Pre- Task / Toolbox meeting conducted | Yes | Was the person using required Personal Protective Equipment (PPE) | Yes | | | |
| Specify the Personal Protective Equipment (PPE) | Helmet, safety shoes, vest, gloves and goggles | | | | | |
| What was the injured person/employee doing at the time of the incident? | N/A | | | | | |
| What was the machine/equipment doing at the time of the incident? | Masonry Blocks shifting from ground to Second floor by using Telescopic Handler. | | | | | |
| What was the material/s / substance/s doing at the time of the incident | N/A | | | | | |
| Immediate Cause/s of the Incident/injury: .Due to improper lifting, Block fell down. | | | | | | |
| Root Cause/s of the Incident/injury: | People: Operator not paid attention during shifting of Blocks to second floor | | | | | |
| | Process / Procedure: Blocks were not secured in the bucket of Telescopic Handler properly. | | | | | |
| | Equipment: Equipment was okay for the task. | | | | | |
| | Workplace: N/A | | | | | |
| Corrective Action to prevent reoccurrence: | Elimination: N/A | | | | | |
| | Substitution: N/A | | | | | |
| | Engineering Control: Ensure to secure the blocks in bucket prior to lifting. | | | | | |
| | Administrative Control: Ensure trained and competent operator operate equipment. Ensure Banksman assigned with Equipment during shifting of blocks. Ensure proper supervision for the work. Ensure downside area properly barricaded all time. | | | | | |
| | PPE: Ensure to use all required ppe, s during shuttering of column works. | | | | | |
| Were there any witnesses? | None | Type of witness/s | Employee | | Public | |
| Witness Details – | | Badge Number | | Mobile Number | | |

Witness Statement:

Initial Investigation Conducted by: Krishna Pillai

Behind
Wys

Noted by:

Date

3/8/2021

Additional Details:



Investigation Report Verified by:

Noted by:

Date

3/8/2021