

# Incident and Injury Investigation Report



Name of Employee					hwar Badge No.				Profession/ Designation			fing			
Safety Awareness Training Date	4-11-2019				Proof of Training		Induction								
Name of Line Manager	Sherif Ismail Fahmi Mo Ay				No.		30104097								
Name of Supervisor	Hamouda Gomma Abd				del Khalek Badge No.		31032655		G			A			
Division / Department	CIVIL Department				Proje		•	097-C76R			roject ocation	Juc	JUC		
Place of the Incident/Injury	Area 2				Date of Incident		24-05-2021		7	ime of	of 05:30 PM				
Nature of the		Occupational Incident/Injury				No	No 🗸					ther, Please	specify:		_
Incident/Injury		Road Traffic Incident/Injury			Yes	No	1	Yes	1	No					
Brief Description of the Incident/Injury	(Smo	olderi	ing F	ire).	mer o	oard tha	was t	lled I	etv	veen v	wall joi	rner) in grou ints, caught f site. Fire wa	fire		
Details of the Injury (Specify affected body parts)	N/A														
First Aid Given?	Yes		No	1	Name of First Aider										
	1 1	·	140	1			t Aider								
where patient was reated/transferred	N/A			<u>                                      </u>			t Aider	A	ddro f the	ess/Le hosp	ocation ital	N/A			
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	N/A Yes		No	<b>✓</b>	Nur Day	nber of	t Aider	A	f the	ess/Le hosp taliza	ital 	N/A Yes		No	
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor				N/A	Esti per	nber of	N/A	A of	tine ospi	taliza	tion Cost of			No	
where patient was reated/transferred Medical leave given by administering Hospital/Clinic or Doctor	Yes Yes Type	/ Func	No No	N/ A	Esti per	nber of 's mated centage amage		A of	tima cati	taliza ated (S	tion Cost of	Yes N/A		No	
where patient was reated/transferred dedical leave given by administering dospital/Clinic or Doctor	Yes Yes Type	/ Fund	No No <b>tion</b>	N/ A	Esti per of d	nber of 's mated centage amage		A of	ospi tima	taliza ated (S	tion Cost of	Yes N/A		No	
Name of Hospital where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	Yes Yes Type the pr	/ Fund copert of factur of the	No No ction y	N/ A of	Esti per of d	mber of vs mated centage amage		Ho Es da Lo pr	tima mag	taliza ated (S	ital tion Cost of AR) affected	Yes N/A		No	



### Incident and Injury Investigation Report



Was Pre- Task / Toolb conducted	ox meetin	<b>g</b>	Yes	*	No	req	s the person usi uired Personal tective Equipm E)		Yes	✓	No	
Specify the Personal P (PPE)	rotective I	ves,Glasses,Helmet,Shoes										
What was the injured of the incident?	N/A											
What was the machine incident?	e/equipme	nt doing	at the	time (	of the	N/A					· ·	
What was the material of the incident	/s / subst	ance/s do	oing at	the ti	me	Water Pro	ofing work by us	ing LPG C	ylinde	r and	Burner	
Immediate Cause/s of During Hot work, Flamn	<b>the Incide</b> nable and c	<b>nt/injury</b> ombustib	: le mate	erials v	were n	ot covered P	roperly.	<u>.</u>				
Root Cause/s of the Inc	cident/inju	ıry:										
People: Poor supervisi	on from Si	ub contra	ctor F	orema	ın.							
Process / Procedure: C starting.	Combustibl	le materia	als not	t covei	red an	d not spray	ed with water b	efore wa	ter pr	oofir	ıg worl	ĸ
Equipment: N/A												
Workplace: Combustib	le materia	lls were p	resen	t at ho	t wor	k location.						
Corrective Action to pr	event reo	ccurrence	2:									
Elimination: Water Pro	ofing wor	k should	be fini	ished l	before	fixing of fil	ler board mater	rials fixiı	ng.			
Substitution: N/A												
Engineering Control: D L In	ow flame s	hould be	used f	for wa	ter pr	oofing worl	work. c. fire blanket.					
Administrative Control	l: Hot worl Proper si	k permit <sub>i</sub>	proced	dure si	hould there	be followed	l and complied.		er fo	ishir	g the	ه ر ع
PPE: Hot work related	PPE'S shou	ıld be use	ed.									
Were there any witnesses?	Yes	None	<b>✓</b>	Type witne		Employe	e		Pub	olic		
Witness Details -Barath						Badge Number	I I	Mobile Number				



## Incident and Injury Investigation Report



### Witness Statement:

When I was going to lay down 2 from site .I saw little smoke coming out from part 7 near toilet area ground floor. I immediately report to Site safety officer.

Initial Investigation Conducted by: Waqas Gillani

Noted by:

Mustafa Ali

Date

24-05-2021

### **Additional Details:**





Investigation Report Verified by:	Noted by:		
		Date	Page 3 of 3