

Incident and Injury Investigation Report



| Name of Employee | Mahmoud Moustafa Ramadan A | | | | Abou | Badge 3 | | 39532 | | | ofession/ Fitter - P signation | | r - Pipe | | | | |
|---|--|--------------------------------------|---------------------------|--------------------------------------|-----------------------------------|---|---|--------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|--------------------------------------|------------------------|---|----------------------|----------------|-------------|
| Safety Awareness Training Date | 6/1/2019 | | | | | | Proof of Training | | Induction Register | | | | | | | | |
| Name of Line Manager | Engr.Adham Mohamed Aly Moustafa Elk | | | | | Badge 30 No. | | 30037 | 30037979 | | | | | | | | |
| Name of Supervisor | Mohamed Nabil Mokthar Abdelrah | | | | | Badge 30 No. | | 30038505 | | | | | | | | | |
| Division / Department | Civil | | | | Project 09 Name | | 097-C76R | | | Project Location | | JUC | | | | | |
| Place of the Incident/Injury | Laydo | own 1 | | | | | Date Incie | | 18-11 | Time of Incident | | | 09: | 30 AM | | | |
| Nature of the | Occupational Y- | | | | Yes | 1 | No No | | Near | Near Miss | | | Other, Please spec | | specif | y: | |
| Incident/Injury | | | | Yes | | No | | Yes | | No | | | | | | | |
| Brief Description of the Incident/Injury Details of the Injury (Specify affected | move pulled finger butto | ement d the l r's ski n. He | of drill | l bit a oward scalp to site | ind h ds th ped s e's fi | nis le ne dri slight rst ai | ft hand ill bit. tly. Th id roor | d glov Left ha e IP s n whe | e came and mi topped ere he | e in ddle I the rece | conta finge mac | act with er got hine in | h the hit wi mme | e steel jerl drill bit, g th the dril diately by | ot enta Il bit ar | angled and the | ınd |
| body parts) First Aid Given? | | 1 | | IIIIge | | | , vao | Jaipea | ongina | y . | | | | | | | |
| First Aid Given? | Voc | J | No | | | ma | of Fire | + Aide | vr E | laci | | | | | | | |
| | Yes | | | | Na | me | of Firs | t Aide | | Basii | | | | | | | |
| Name of Hospital where patient was treated/transferred | N/A | | 1 | | Na | ime (| of Firs | st Aide | A | Add | | Locati pital | on | N/A | | | |
| where patient was treated/transferred Medical leave given by administering Hospital/Clinic or | | | No | 1 | Nt | | of Firs | st Aide | A | Add of th | ress/le hos | | | N/A Yes | | No | V |
| where patient was treated/transferred Medical leave given by administering | N/A | | J | √ | Nu Da Es pe | ımbe ıys | er of | t Aide | i i | Add of th Hosp | ress/le hos | pital | of | Yes | | No | ✓ |
| where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor | N/A Yes Yes Type | | No No | 1 | Nu Da Es pe of N/ | imbe iys tima ercen dam /A | er of | at Aide | F d | losp Estir lam | ress/le hos | zation | of | | | No | I |
| where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor | Yes Yes Type the p | e / Fui | No No nction | 1 | Nu Da | imbe iys tima ercen dam /A | er of | at Aide | F d | losp Estir lam | ress/le hos | zation I Cost (SAR) | of | Yes | | No | J |
| where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor | Yes Yes Type the p Nam Manu | e / Fur prope e of ufactu | No No nction rty | 1 | Nu Da Es pe of N/ | umbe nys ttima rcen dam /A | er of | at Aide | F E d | Addi of th Hosp Estin lam | ress/le hos | zation I Cost (SAR) of affe | of | Yes | A | No | J |



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|---|---------------|------------|---------|--------------|---|---|--------------------|----------|--------|-----------|--|--|
| Was Pre- Task / Toolb conducted | ox meeting | | Yes | 1 | No | Was the per required Pe Protective I (PPE) | ersonal | Yes | ✓ | No | | |
| Specify the Personal P (PPE) | rotective Ed | quipmen | it | ty Shoe | oes, Safety Goggles, Helmet, Vest, Gloves | | | | | | | |
| What was the injured of the incident? | person/em | ployee d | oing a | t the t | ime | he was making ho | les in the steel | angles | | | | |
| What was the machine incident? | e/equipmen | t doing a | at the | time o | of the | press drill was use | d for making h | oles in | the st | eel angle | | |
| What was the material of the incident | | | | the ti | me | N/A | 3,2.2. 300 | | | | | |
| Immediate Cause/s of | the Inciden | t/injury | : | | | | | | | | | |
| His left hand glove cam | ne in contact | with the | drill b | oit, got | entan | gled and pulled the l | hand towards t | he drill | bit. | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Root Cause/s of the Inc | cident/inju | ry: | | | | | | | | | | |
| People: Skilled worker | r was presei | nt. | | | | | | | | | | |
| Process / Procedure: P | Procedure w | as not O | K. as v | vise m | ust ha | ve been used to tig | hten the metal | niece | | | | |
| , | | | 11, 40 | | | ve been asea to tig | interior the metal | prece. | | | | |
| Equipment: Equipmen | t was OK. Pl | PE was n | ot as | per sta | andar | l as the gloves were | loose. | | | | | |
| Workplace: Workplace | e was OK. | | | | | | | | | | | |
| Corrective Action to pr | event reocc | urrence | : | | | | | | | | | |
| Elimination: Pre-fabric | cated angles | s. It migh | t be c | ostly | | | | | | | | |
| Substitution: N/A | | | | | | | | | | | | |
| Engineering Control: Vise must be used to tighten the metal piece to avoid any jerking due to press drill | | | | | | | | | | | | |
| Administrative Control: The press drill operator must place hands further away from the drill bit. | | | | | | | | | | | | |
| PPE: Skin tight anti cut gloves must be used. | | | | | | | | | | | | |
| Were there any witnesses? | Yes | None | ✓ | Type witn | of ess/s | Employee | | Pu | blic | | | |
| Witness Details | | | | | - | Badge Number | Mobile Numbe | 1 | | | | |
| Witness Statement: | | | | | | | | | | | | |
| | | | | | | | | | | | | |



Incident and Injury Investigation Report



Initial Investigation Conducted by: Krishna Pillai (SM) Noted by: Mustafa Ali (PM)

18-11-2020

Additional Details:







| Investigation Report Verified by: | Noted by: | Date | |
|-----------------------------------|-----------|------|--|
| | | | |