

INCIDENT INVESTIGATION REPORT



Date: June 28, 2021

Name of Employee	Mokter Hossain	Badge No.	30040364	Actual Severity:	2
Safety Awareness Training Date	12/30/2021	Proof of Training	18-Oct-2021	Worst Potential Severity:	2
Name of Line Manager	Wandrilo Aldemita	Badge No.	31031644	Profession/ Designation	Project Manager
Name of Supervisor	Elsayed Daif	Badge No.	30038422		
Division / Department	Construction	Project Name	Quran Charity hotel façade design	Project Location	Al Ula
Place of the Incident/Injury	Job site	Date of Incident	12/30/2021	Time of Incident	10.25am
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	Near Miss	Other, please specify:	
	Road Traffic Incident/ Injury	No	No		
Brief Description of the Incident/Injury	On 30 Dec around 10.25pm, It has been reported by Mr.Moketer Hossain –carpenter B#30040364 that during form work preparation, he got small cut on his left hand wrist by the protruding rebar placed inside the form work. Immediately first aid treatment has been given at Site office.				
Details of the Injury (Specify affected body parts)	Left hand wrist				
First Aid Given?	Yes	Name of First Aider	Rejenson Fernando		
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	No	Hospitalization	No
Property damage	No	Estimated percentage of damage		Estimated Cost of damaged (SAR)	
Property Details	Type / Function of the property			Location of affected property	
	Name of Manufacturer	N/A			
	Model of the Property			Plate Number	
	Vehicle Registration Number			Company Fleet Number	

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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, Glass, gloves, Safety shoes		
What was the injured person/employee doing at the time of the incident?	Preparation of form work		
What was the machine/equipment doing at the time of the incident?	N/A		
What was the material/s / substance/s doing at the time of the incident	Placed inside the form work area		
Immediate Cause/s of the Incident/injury:			
<ul style="list-style-type: none"> • Not paying attention • Knives/Sharp points 			
Root Cause/s of the Incident/injury:	People: Fail to cover the hand wrist with the uniform as cuff was rolled up.		
	Process / Procedure:		
	Equipment:		
	Workplace: Fail to provide safety cover or rebar cap for the protruding steel		
Corrective Action to prevent reoccurrence:	Elimination: Provided safety cap wherever protruding rebar available		
	Substitution:		
	Engineering Control:		
	Administrative Control:		
	PPE: Instructed to use the uniform properly with cuff on always at jobsite.		
Were there any witnesses?	Yes	Type of witness/s	Employee
Witness Details Santosh kuamr	Badge Number	30037594	Mobile Number 0556868067
Witness Statement: During form work preparation steel which is placed inside the shuttering area scratches Mr. Mokter left hand wrist leaving small cut.			

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Initial Investigation Conducted by: Rejenson Fernando		Noted by:	Date 1/15/2022
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Additional Details:



Investigation Report Verified by: Wandrilo Aldemita		Noted by:	Date 1/15/2022
Rating of Investigation	Best Practice:	OK:	NOT OK
Note: Attach Initial Report Along with this report.			
Rating Done by:		Date:	