

Incident and Injury Investigation Report



Name of Employee	AN Bahadur Magar					Badge No.		3003			Profession Designatio		Masor	n I		
Safety Awareness Training Date	4-11-2019					Proof of Training		Induction								
Name of Line Manager	Amr Ahmed Mahmoud Mohamed					Badge No.		301	30104091							18
Name of Supervisor	Muhammad Sohail					Badge No.		3004	30040431					n p	Ball	
Division / Department	CIVIL Department					Project Name		097-	097-C76R			Project Location	J	UC		
Place of the Incident/Injury	Area 1					Date of Incident		30-05-2021				Time of Incident			AM	
Nature of the Incident/Injury	Occupational \(\) Incident/Injury			Yes	No	No 🗸 No		lear Miss			Other, Please specify :		:			
	1	Traff lent/l	fic Injury		Yes	No	✓	Yes	i	No	V	First Aid				
Brief Description of the Incident/Injury	Shutt He p mino He w	tering laced or inju	mate his rairy on the	rial v ight f i his :	was s foot right	stacked. on protruct foot.	ling n	ail sl	nutte	ering 1	matei	barricaded rial and as	a resu	ılt, he	e got	
Details of the Injury (Specify affected body parts)	Right Foot															
First Aid Given?	Yes	✓	N-		Na											
	1		No		144	me of First	Aide	r								
where patient was	Lulu	 Clinics			144	me of First	: Aide	1		ress/L e hosp		on Jubail				
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or	Lulu (Clinics		*		mber of	Aide		of th		oital		' es		No	·
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor		Clinics	s	N/ A	Nu Da Est pe	mber of	Aide	1 A 1	of th Hosp Estin	e hosp	ation Cost)	res N/A		No	•
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	Yes Yes Type		No No nection	A	Nu Da Est pe	mber of ys timated rcentage damage		1 A 1 4	Hosp Estin	e hosp pitaliza nated	oital ation Cost (SAR)	of I			No	•
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	Yes Yes Type the p	/ Fur	No No nction	A	Nu Da Est pe of	imber of ys timated rcentage damage A		1 A 1 4	Hosp Estin	e hosp pitaliza nated aged (oital ation Cost (SAR)	of I	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 p Name	e / Fur roper e of ufactu	No No nction rty	A	Nu Da Est pe of N/	amber of ys timated rcentage damage A		A 1	of th Hosp Estin Joca Loca	e hosp pitaliza nated aged (oital ation Cost (SAR) f affe	of It	N/A		No	



Incident and Injury Investigation Report



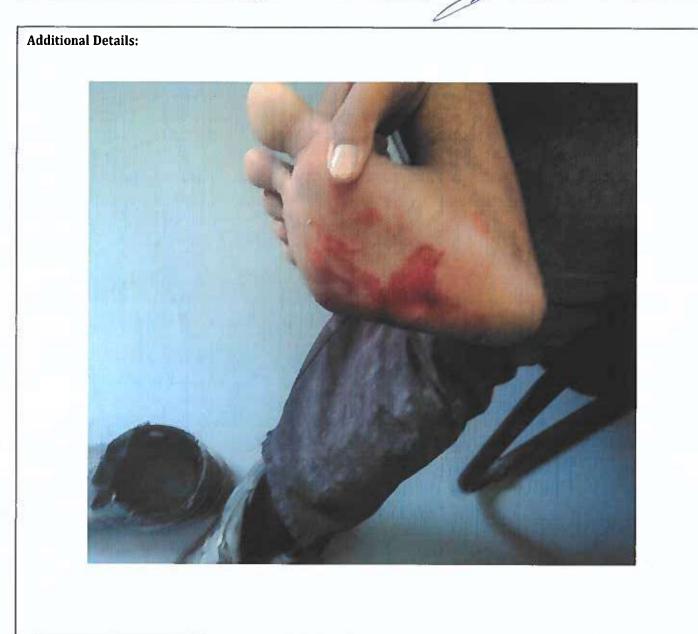
Was Pre- Task / Toolb conducted	ox meeting		Yes	1	No	required P	erson using ersonal Equipment	Yes	1	No
Specify the Personal P (PPE)	ves, Safety Glasses, Safety Shoes, Safety Vest, Safety Helmet									
What was the injured of the incident?	person/emp	oing a	Moving near shuttering materials.							
What was the machine incident?	N/A									
What was the material of the incident	l/s / substar	N/A								
Immediate Cause/s of IP stepped onto the prot		/injury:								
Root Cause/s of the Inc People: Poor attention Process / Procedure: S	from work	er to wat				d.			_	
Equipment: N/A										
Workplace: Housekee Corrective Action to pr				king ar	ea.					
Elimination: N/A Substitution: N/A										
Engineering Control: D	e Nailing of	shutteri	ing ma	aterial:	s shou	ıld be ensured in v	vork area.			
Administrative Contro	l: Ensure pr	oper arr	anger	ment o	f Mate	erials and houseke	eping.			
PPE: Anti-puncture saf	ety shoes m	ust be us	sed al			struction site.				· .
Were there any witnesses?	Yes	None	✓	Type witne		Employee		Pu	blic	
Witness Details -						Badge Number	Mobile Numbe	r		
Witness Statement:						· · · · · · · · · · · · · · · · · · ·				
N/A										



Incident and Injury Investigation Report



Initial Investigation Conducted by: Waqas Gillani	Noted by: Mustafa Ali	Date	20.05.2024
(y)			30-05-2021



Investigation Report Verified by:	Noted by:		
		Date	

