

## Incident and Injury Investigation Report



Name of Employee	Mukul Mandal				Badge No.		30038835				Profession/ Designation									
Safety Awareness Training Date	14-6-2020					Proof of Training		Induction												
Name of Line	Amr Ahmed Mahmoud							30104091						J.,	SU 70					
Manager	Mohamed				No.															
Name of Supervisor	Abdur Rahman				Badg No.				1034537											
Division / Department	CIVIL Department					Name		09	097-C76R				Proj Loca		JU	JUC				
Place of the Incident/Injury	Area 1 Part 2					Date of Incident		06-06-2021				Time of Incident			07:35 AM					
Nature of the	Occupational Number of Num			Yes	No	✓	✓ Ne:		ear Miss			Other, Please			ify:					
Incident/Injury	Road Incid		fic Injury		Yes	No	✓	Yes	S	<b>√</b>	No									
Brief Description of the Incident/Injury  Details of the Injury	diago clam swun and o	onal I p. As ng clo came	brace s he op ockwis out fr	(leng pene se an	gth 2 d the id sli the c	dismantlir5meter w e upper cla ipped out c other side c No injury	eight imp h of the	7kg e di lov cor	g) f idn ver rid	irst 't h cla or t	t, then old to imp, to fel	n wei he pi it hit l on t	nt for pe, c the f the g	the seconseque loor of round fl	ond wently the the	ipper si the pipe	e el			
(Specify affected body parts)	N/A																			
First Aid Given?	Yes		No	<b>✓</b>	Na	me of First	t Aide	r												
Name of Hospital where patient was treated/transferred	N/A				<u> </u>	Address/Location N/A of the hospital														
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	<b>V</b>		imber of			Но	osp	italiz	ation		Ye	s	No	0			
Property damage	Yes		No	N/ A	pe	timated ercentage damage	N/			Estimated Cost of damaged (SAR)			N/	N/A						
	the property				1	N/A			Location of affected property				N/	N/A						
Property Details	Name of Manufacturer				N/	N/A														
	Model of the Property				N/	N/A			Plate Number			N/A	N/A							
																	N/A			



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Was Pre-Task / Tooll conducted	oox meeting	Y	'es	1	No	I	Was the person using equired Personal Protective Equipment PPE)		Yes	1	No	
Specify the Personal F (PPE)	Protective Equi	y Glov	oves, Glasses, Helmet, Shoes, Safety Harness									
What was the injured of the incident?	person/emplo	ng at	ime	N/A								
What was the machine incident?	e/equipment d	oing at t	he t	ime o	f the	N/A						
What was the materia of the incident	l/s / substance	me	Scaffold dismantling									
Immediate Cause/s of	the Incident/i	njury:										
Unsecured scaffolding p	ipe slipped off f	from the :	scaf	folding	g clam	пр						
Root Cause/s of the In-	cident/injury:											
People: Unsafe behavi		ntion an	d la	ck of s	super	vision fro	om worker and Fore	man si	de.			
Process / Procedure: N	Not Followed sa	afe dism	antl	ing of	scaff	olds prod	edure. Not holding t	the pip	e whi	le ope	ening the	
Equipment: N/A												
Workplace: Workplace corridor which was no	e was okay as d t barricaded.	lownside	e ar	ea wa	s barı	ricaded b	ut it went onto fell o	n the c	ther:	side o	fthe	
Corrective Action to pr	event reoccur	rence:										
Elimination: N/A												
Substitution: N/A												
Engineering Control: procedures of scaffold	Scaffolding piping works.	pe must	no	t be	left u	nattende	d while loosening	the cla	amp.	Use s	afe work	
Administrative Contro Scaffolder was given wa area.	l: Ensure to dep arning for unsaf	oute one fe behavi	pers ior. I	son do Ensure	wnsid e to Pi	le to mon rovide ba	itor pedestrian access rricades and warning	s. signs	for da	wnsid	e working	
PPE: Safety Harness m	ust be worn at	all times	s.									
Were there any witnesses?	Yes N	one		Type witne		Emplo	yee		Pul	olic		
Witness Details						Badge Numbe		obile ımber				



## Incident and Injury Investigation Report



Witness Statement:

Initial Investigation Conducted by: Wagas Gillani

Noted by: Mustafa Ali

Date

06-06-2021

## **Additional Details:**





Investigation Report Verified by:	Noted by:		
		Date	