

Incident and Injury Investigation Report



Name of Employee	Maqbo	ool Hu	ıssain			Badg No.	ge	6518	6			Profession Designatio	, I	Scaffo	lder		
Safety Awareness Training Date	09-06-	2020				Proo Train		Indu	ctio	n			September 1				
Name of Line Manager	Mustafa Ali				Badge No.		4049	4049									
Name of Supervisor	Ibrahir	m Sabi	ri				Badge 32 No.		32055								
Division / Department	Civil				Name		097-c76R		1	Project Location	on						
Place of the Incident/Injury	Audito	orium	i, part	1		Date Incid		16-13	2-20	20	- 1	Time of Incident		08:45	AM		
Nature of the	Occupational Ye				res	No	1	Near Miss			Other, Please specify :						
Incident/Injury	Road Incide		fic Injury	1 1	'es	No	√	Yes	√	No							
the Incident/Injury Details of the Injury (Specify affected body parts)	Fortu	ınate	ly no i	injury	or pro	perty o	lama	ge hap	per	ed.						-	
First Aid Given?	Yes		No	√	Name	of Firs	t Aid	er									
Name of Hospital where patient was treated/transferred		L		<u></u>						ress/L e hosj		on					
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	1	Numl Days	ber of		1	Hosp	oitaliz	ation		Yes		No		
Property damage	Yes		No	1		nated entage mage				nated aged (of					
						N/A Location of af property			C _ CC_		NT / A			N/A			
				of	N/A			1 '			тапе	cted	N/A 				
	the p	rope	rty	ı of	N/A N/A			1 '			тапе	cted	N/A —-				
Property Details	the p Name Manu	e of ufacti	rty urer	of					prop			1	N/A N/A				



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Was Pre- Task / Toolbox meeting conducted	Yes	1	No	req	s the person usi uired Personal tective Equipmo E)	,	res	√	No
Specify the Personal Protective Equipme (PPE)	nt	Heln	net, sh	ioes, vest, gla	asses, gloves and	harness			
What was the injured person/employee of the incident?	doing a	t the ti	ime	N/A					
What was the machine/equipment doing incident?	at the	time o	f the	N/A					
What was the material/s / substance/s do	J	the tir	ne	Scaffolding	tubes laying on	the scaffo	lding	platfo	rm
Immediate Cause/s of the Incident/injury									
Loose material kept on scaffolding platform									
Root Cause/s of the Incident/injury: loos	e mater	ial ke	pt on	platform					
People: Scaffolder did not removed the m	aterial	s after	erec	ting the sca	folding				
Process / Procedure: Housekeeping not d	lone be	fore st	tart of	f work on th	e platform				
Equipment: N/A									
Workplace: Poor housekeeping, loose ma	terials	on the	platí	orm					
Corrective Action to prevent reoccurrence	e:								
Elimination: N/A									
Substitution: N/A									
Engineering Control: All gaps on the platfo	orm mı	ıst be	close	d.					
Administrative Control: Loose scaffolding the work.	materi	ials m	ust be	removed fi	om the scaffold	ing platfo	rm a	fter fi	nishing
PPE: All workers must wear necessary PP	Es at si	te.							
Were there any witnesses? Yes None		Type witne		Employe	•	√	Puł	olic	
Witness Details Mehar Zaman(scaffolder)	Badge Number	1	Mobile Number			-1			
Witness Statement: As per him there was loose tubes on platfo beams.	orm left	t by er	ectio	n team whic	h fell down due	to the ga	ps be	twee	n doka I

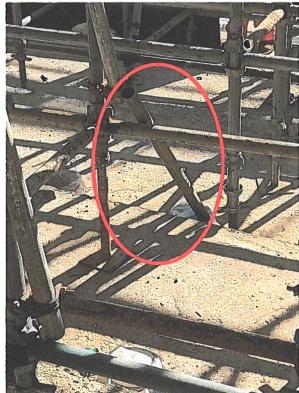
Initial Investigation Conducted by: Krishna Pillai	Noted by: Mustafa Ali	Date	10-1-2021
V. V. 11721			
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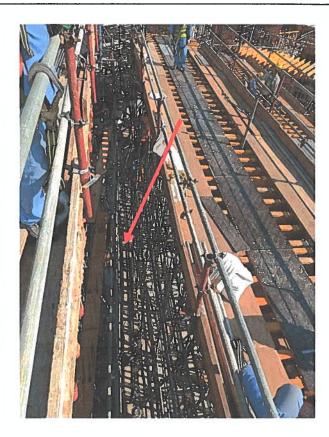


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Additional Details:





Investigation Report Verified by:	Noted by:		
		Date	