

Initial Accident / Incident NOTIFICATION REPORT



Fill the Information Below:

Company:	REZAYAT COMPANY LIMITED	Date:	24 / 7 / 2021
Location:	CANAL #1 (Near toilet)	Time:	10:40H
Project/ Site Name:	MARAFIQ PROJECT		

Person(s) Involved:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Others
1. Sahabuddin Miza Mizar	3.		
2. 30037691	4.		

Type of Incident:

Fatality	<input type="checkbox"/>	Lost Time Injury	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>	First Aid	<input checked="" type="checkbox"/>
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Injury Location by Body Parts (Select one or more if necessary):

Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Ankle/Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Nose/ Ears	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Fingers/ Thumb	<input type="checkbox"/>	Toes	<input type="checkbox"/>

Type of Injury Sustained (Select one or more if necessary):

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input type="checkbox"/>	Scalping	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	Loss of Consciousness	<input checked="" type="checkbox"/>	Heat	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Crush Injury	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		<input type="checkbox"/>

Immediate Cause(s) (Select one or more if necessary):

Safety Rule Violated	<input type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input type="checkbox"/>	Method Deviation	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Employee Morale	<input type="checkbox"/>
Lack of Supervision	<input type="checkbox"/>	Poor Weather Conditions	<input checked="" type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Employee Attitude	<input type="checkbox"/>
Improper Lifting (MH)	<input type="checkbox"/>	Lack of Task Knowledge	<input type="checkbox"/>	Poor Team Work	<input type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input type="checkbox"/>	Lack of Communication	<input type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input type="checkbox"/>	Incorrect Tools/Equip	<input type="checkbox"/>	Defective Equipment	<input type="checkbox"/>	Improper Lifting (crane)	<input type="checkbox"/>
Inadequate PPE	<input type="checkbox"/>	Defective Tools	<input type="checkbox"/>	Unprotected excavation	<input type="checkbox"/>	Unprotected Edge	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Improper/ Poor Slings	<input type="checkbox"/>
Heat Stress	<input checked="" type="checkbox"/>	STF Above Ground	<input type="checkbox"/>	STF on the Same Level	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Misuse of Hand Tools	<input type="checkbox"/>	Grinding/ Welding	<input type="checkbox"/>	Knives/ Sharps	<input type="checkbox"/>	Hit by Vehicle	<input type="checkbox"/>
Hit by Static Machinery	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Splashes from C.P.O.L.	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Stress	<input checked="" type="checkbox"/>	Fatigue	<input checked="" type="checkbox"/>	Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Type of incident or dangerous occurrence and or equipment(s) Involved:

Light Vehicle:	<input type="checkbox"/>	Heavy Vehicle:	<input type="checkbox"/>	Plant Equipment:	<input type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input type="checkbox"/>	Excavation:	<input type="checkbox"/>
Confined Space:	<input type="checkbox"/>	Electricity:	<input type="checkbox"/>	Hand Tools:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Brief Description of the Event:

At around 10:40 AM, a worker goes to toilet to urinate when he found Mr. Sahabuddin lying on the stair near site toilet unconscious

Immediate Action(s) Taken to Prevent Reoccurrence (If Applicable):

(see at the back)

Person who created the report:

Safety Officer Nurse	Signature	Date	HSE ENGINEER
Archimedes del Fierste		24 / 7 / 2021	Abdullah Baselm

Upon examination, the patient is very weak, sweating, dizzy and semi-conscious. He has rapid heart beat and rapid breathing. His body temp reads 35.8°C , blood pressure reads 120/84 mmHg. He has been placed on bed with head elevated and well-ventilated. Make him calm and monitor his heart beat and breathing. He recovered at around 11:30 AM.