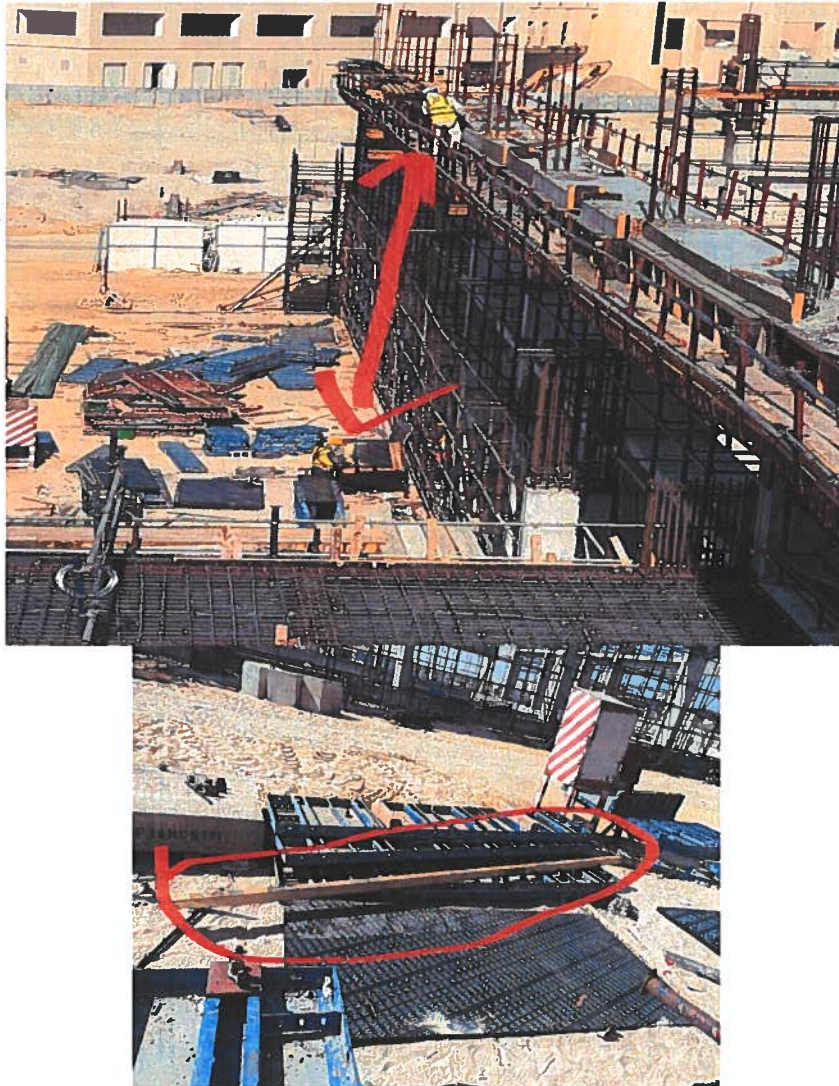


Name of Employee	Mohammed said	Badge No.		Profession/ Designation	Carpenter
Safety Awareness Training Date	12-10-2020	Proof of Training	Induction Register		
Name of Line Manager	Mustafa Ali	Badge No.	30104094		
Name of Supervisor	Ehsan Ahmad	Badge No.	30038473		
Division / Department	Civil	Project Name	Catering Auditorium & Recreation Facilities	Project Location	JUC
Place of the Incident/Injury	Sport Center		Date of Incident	4-11-2020	Time of Incident 10:30
Nature of the Incident/Injury	Occupational Incident/Injury	Yes	<input checked="" type="checkbox"/>	No	Near Miss Other, Please specify :
	Road Traffic Incident/ Injury	Yes		No	
Brief Description of the Incident/Injury	At around 10.30 AM Mr. Ibrahim was doing the De-shuttering activity in the multipurpose area by standing on the scaffolding platform at the same time Mr. Mohammed said was cutting the plywood in the down side of the same scaffolding platform while remove the timber unexpectedly one timber fall down the platform and hit Mr. Mohammed Said Shoulder no injury reported				
Details of the Injury (Specify affected body parts)	Right Shoulder.				
First Aid Given?	Yes	<input checked="" type="checkbox"/>	No	Name of First Aider	Dave Romagos Carolino
Name of Hospital where patient was treated/transferred				Address/Location of the hospital	
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	<input checked="" type="checkbox"/>	Number of Days Hospitalization Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Property damage	Yes		No	<input checked="" type="checkbox"/>	Estimated percentage of damage Estimated Cost of damaged (SAR)
Property Details	Type / Function of the property		Location of affected property		
	Name of Manufacturer				
	Model of the Property		Plate Number		
	Vehicle Registration Number		Company Fleet Number		

Was Pre- Task / Toolbox meeting conducted	Yes	✓	No		Was the person using required Personal Protective Equipment (PPE)	Yes	✓	No	
Specify the Personal Protective Equipment (PPE)				Safety helmet ,safety glasses and safety gloves					
What was the injured person/employee doing at the time of the incident?					Cutting Plywood				
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					Timber				
Immediate Cause/s of the Incident/injury: Safety rule violated Parallel activity without any safety precaution Not paying attention Lack of supervision									
Root Cause/s of the Incident/injury: People: Lack of supervision and lack of communication Process / Procedure: Equipment: N/A Workplace: Lack of barication and signage									
Corrective Action to prevent reoccurrence: Elimination: Parallel activity Substitution: Engineering Control: Administrative Control: PPE: Wear full sleeves cover all									
Were there any witnesses?	Yes	✓	None		Type of witness/s	Employee		Public	
Witness Details - Mohammed Ibrahim					Badge Number		Mobile Number		
Witness Statement: Mr. Ibrahim was doing some shuttering work on the elevated working platform in multipurpose area and Mr. Said was came to cut some plywood in the temporary cutting station which was located beneath the scaffolding platform. While removing the timber, accidentally slip one timber from Ibrahim's hand and fall on Said shoulder.									

Initial Investigation Conducted by: Krishna Pillai <i>V. Krishna Pillai</i> 17/11/21	Noted by: Mustafa Ali <i>[Signature]</i>	Date	
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Additional Details:



Investigation Report Verified by:	Noted by:	Date	
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