

Incident and Injury Investigation Report



Name of Employee	Mr. Dinesh Kumar Singh					Badge	Badge No. 30035			579		Profession/ Designation		Carpenter			
Safety Awareness Training Date	On weekly basis							Proof of Training Sheet reco			ord						
Name of Line Manager	Mr.Roshdy Elbadry							dge No. 30038866									
Name of Supervisor	Mr.Ramadan Abdalla						Badge		o. 31033850								
Division / Department	RCL maintenance division Sadara RCL Laydown						Project Name		Sadara O&M			Proje Loca	tion	Jubail	2		
Place of the Incident/Injury	SADARA - Laydown						Date of	15 th F	15 th February 21			Time of Incident 2:35 Pf		PM			
Nature of the		patior ent/Inj			Yes	✓	No		Near	Mis	SS		Other	r, Please s	pecify		
Incident/Injury	Road Traffic Incident/ Injury			Yes		No 🗸		Yes		No							
Brief Description of the Incident/Injury	Layd a Car from unfor	On 15th February 2021 at approximately 2:30 PM one accident was happened in Laydown our one of the employee Dinesh Kumar Singh with Badge No # 3003: a Carpenter in SADARA Laydown has involved on it and, it was happened whit from the backside of the portable cabin fence area and that time he was carry the unfortunately he fall down on the ground and his left hand palm was on metal she sharp as a result is got the laceration on left palm due to trip from metal sheet.									5579 w le he w e tea in	orking as pass his har	sing nd,				
Details of the Injury (Specify affected body parts)	Laceration on Left Palm																
First Aid Given?	Yes No Name of First Aider								Mı	r. J	laysor	1					
Name of Hospital where patient was treated/transferred	Gulf Asia Clinic									Address/Location of the hospital Jubail City				ty			
Medical leave given by administering Hospital/Clinic or Doctor	Yes		No	✓		Number of Days 2			Н	Hospitalization			Yes		No	~	
Property damage	Yes		No	✓	per	Estimated N/A percentage of damage				Estimated Cost of damaged (SAR)			1				
	Type / Function of the property						N/A Location of affected property					N/A	N/A.				
Barrent B t !!	Name of Manufacturer								N/A								
Property Details	Mode		N/A N/A			Plate Number				N/A							
	Vehic Regis Num					Company Fleet Number				N/A							



Incident and Injury Investigation Report



Was Pre- Task / Toolbox meeting conducted	Yes	N/A	No	N/A	Was the person using required Personal Protective Equipment (PPE)	Yes	✓	No			
Specify the Personal Protective Equipm (PPE)	ty Shoe	oe, Coverall ,Helmet									
What was the injured person/employee doing at the time of the incident?					He was passing from at the back side of porta cabin fence area and carry the tea in his right hand.						
What was the machine/equipment doin the incident?	N/A										
What was the material/s / substance/s doing at the time of the incident					Portable Cabin-Metal Sheet						
Immediate Cause/s of the Incident/injur	·v.										

Immediate Cause/s of the Incident/injury:

- 1. Human error was involved
- 2. Not paying attention as the employee was trying to pass from the hazardous area.
- 3. Employee was carry a cup of tea and was trying to cross from the hazardous area as metal sheet was keeping there because other employee was doing Sheet Covering activity to fix with Portable Cabin.

Root Cause/s of the Incident/injury:

- 1. People =
 - ♣ Employee was fit to work
 - ♣ He is competent to do the carpentry job.
 - ♣ The attitude of this Employee is very good.
 - •
- 2. Equipment = Portable Cabin Metal Sheet Cover
- 3. **Procedures** =
 - → There was not being followed with the right procedure, because there was start of work meeting conducted and not identifying the hazards related to this activity.
 - ♣ Tool Box Talk was not conducted prior to start this activity as per the right procedures.
 - ♣ The objects metal sheet was keeping there not in safe direction as it was not arranged properly.
 - ♣ Work Place was not barricade properly and there was no proper signages
- 4. Workplace=
 - Work place was slippery, Tripping hazards was there as the electrical cable was not arranged and Metal sheet was not arranged properly.

Corrective Action to prevent reoccurrence:

- 1. Elimination:
 - ♣ N/A
- 2. Substitution:
 - ♣ N/A
- 3. Engineering Control:
 - ♣ N/A



Incident and Injury Investigation Report



- 4. Administrative Control:
 - **4** Comply with the start of work meeting prior to start any kinds of activity.
 - **♣** Provide the training of worker regarding housekeeping and safe work practice.
 - **Proper barrication with proper signages shall be followed at the work place**
 - **↓** Unauthorized person should not allow in the working area
 - **Employee** should enter in the work place with proper PPEs only for executing the task not for personnel such as eating / drinking, tea, coffee, purpose.
- 5. PPE:
 - **↓** Use the right PPEs for the right Job as per the requirement
 - **♣** Use the required PPEs while planning to enter in the working place.

Were there any witnesses?	Yes	✓	None	Type of witness/s	Employee		RCL Employee	Public	
Witness Details. Mr. Mukesh					Badge Number	30036287	Mobile Number		

Witness Statement:

Mr. Mukesh: As per the statement that this employee was carry the cup of tea and passing from the hazardous area.

Initial Investigation Conducted by: Md.Tabrez Alam	Noted by:	Date	15. Feb 2021.