

Incident and Injury Investigation Report



Name of Employee	Dinesh Yadav					Ba No	adge D.	363					Professi Designa				
Safety Awareness Training Date	27/8/2019						oof of aining	Inc	Induction								
Name of Line Manager	Amr Ahmed Mahmoud						Badge 30104091										
Name of Supervisor	Mohamed Ibrahim Sabry Ibrahim Kheriba						No. Badge 31032055					Bridge Book will	0.00				
	MIGHIN SONY IDIGININ KHENDA					No.											
Division / Department	CIVIL Department					- 1	Project 097-C76R Name				Project Location						
Place of the Incident/Injury	Area 1 Part 2						Date of 5- Incident			5-01-2021			Time of Incident				
Nature of the	Occupational Incident/Injury			Yes	res ✓ No		Ne	Near Miss				Other, Please specify:			7:	_	
Incident/Injury	1	l Traf lent/	fic Injury		Yes	No	,	Yes	\$	l	No	✓	MTC				
Brief Description of the Incident/Injury	plate place At the notice	e with ed on nat tir ced th given	the slue the slue the he	mer. hutte didn ıry. I	During 't no He go	ing this plate ar oticed the ot a cut	activity nd it wa ne injur in his r	/, He is pir y. Af ight	e acc nche fter han	cide ed b son d. F	ently betw ne ti He w	hit een me ent	was ham his right hammer a he remov to site fir further tre	hand vand shed his staid	which utteri glove room	was ng pla es and where	te.
Details of the Injury (Specify affected body parts)	Right	t Hand	l g ot	۵ د	leep	cut											
First Aid Given?	Yes	1	No		Na	er	JIBUB										
Name of Hospital where patient was treated/transferred	Alma	na Ho	spital								ss/Lo hosp		ion Juba	il			
Medical leave given by administering Hospital/Clinic or Doctor	Yes	~	No		Nu Da	mber of ys	01		Hospitalization		ı	Yes		No	~		
Property damage	Yes		No	N/ A	pe	timated rcentage damage	N/	'A	Estimated Cost of damaged (SAR)			N/A					
	Type / Function of the property			N/	N/A N/A			Location of affected property				N/A	N/A				
Pour de Pois C	Name of Manufacturer							N/									
Property Details	Model of the Property Vehicle Registration Number				N/	N/A N/A			Plate Number Company Fleet Number					N/A N/A			
					N/												



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Was Pre- Task / Toolbox mee conducted	ting	Yes	~	No	Was the per required Per Protective I (PPE)	ersonal	Yes	v	No	
Specify the Personal Protective (PPE)	/e Equipme	nt	Safet	ty Glov	es,Glasses,Helmet,Sh	oes				
What was the injured person, of the incident?	employee (doing a	at the t	ime	Concrete removal f	rom shuttering p	lates.			
What was the machine/equipincident?	ment doing	at the	time o	of the	N/A			_		
What was the material/s / sub		_	the ti	me	N/A					
Immediate Cause/s of the Inci Hammer hit his right hand whil	dent/injury	y:	arata f							
Root Cause/s of the Incident/i	njury:									
People: IP not paid attention d	luring remo	ving c	oncret	e from	shuttering plates.					
Process / Procedure: Appropr						om plates.				
Equipment: 🎁 🛋						•				
Workplace: Workplace was ok	av for the w	vork.								
Corrective Action to prevent re	eoccurrence	e:		-						
Elimination: N/A										
Substitution: N/A										
Engineering Control: Stable pla	ice must be	provi	ded for	r sbutt	ering plate to ensu	re its stability.o	ind Wa	(Ke	r's (Post
Administrative Control: Worke Workers were advised not to p	ers were ad lace their h	vised t ands i	to use a n line (appropos of fire.	oriate tools for the	activity.				
PPE: Use gloves all the time wh	ile working	· An			over must be v	sed				
Were there any witnesses?	None	1	Type witne		Employee		Public	:	_	
					Badge	Mobile	-			
Witness Details					Number	Number				



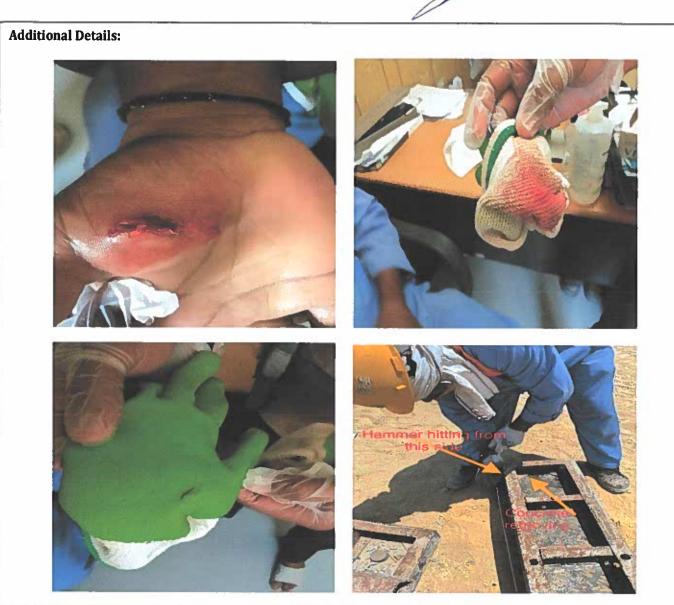
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Initial Investigation Conducted by: Waqas Gillani

Noted by: Mustafa Ali

01-05-2021



Investigation Report Verified by:	Noted by:		
		Date	