

Incident and Injury Investigation Report



Name of Employee	Hussain		Badge No.	Sub con supervisor		Actual Severity:	1	
Safety Awareness Training Date	10/19/2019		Proof of Training	Induction		Worst Potential Severity:	3	
Name of Line Manager	Mustafa Ali		Badge No.	3104094	Profession/ Designation	Project Ma	nager	
Name of Supervisor	Ibrahim Sabry		Badge No.	31032055				
Division / Department	Civil Department		Project Name	097-C76 R	Project Location	JUC		
Place of the Incident/Injury	Area 1 (PART 2)		Date of Incident	4/7/2021	Time of Incident	of 03:30 PM		
Nature of the	Occupational Incident/Injury		lo	Near Miss	Near Miss Other, Please s			
Incident/Injury	Road Traffic Incident/Injury	N	lo	Yes				
Brief Description of the Incident/Injury Details of the Injury	amount of concrete space of the time of incident No property damage of the time of the tim	t, the area	below was	barricaded prop				
(Specify affected body parts)	N/A							
First Aid Given?	No	Name o	f First Aide	r				
Name of Hospital where patient was treated/transferred				Address/Lo				
Medical leave given by administering Hospital/Clinic or Doctor	No	Number Days	r of	Hospitalization		No		
Property damage	No	Estimat percent of dama	tage	Estimated Cost of damaged (SAR)		N/A		
	Type / Function of the property	N/A		Location of affected property		N/A		
Property Details	Name of Manufacturer	N/A						
	Model of the Property	N/A		Plate Number		N/A		
		N/A					J/A	



Incident and Injury Investigation Report



Was Pre- Task / Toolb conducted	ox meeting		Yes		Was the person required Person Protective Equip (PPE)	nal	Ye	es
Specify the Personal Pr (PPE)	rotective Equipment		Helmet, saf	ety sho	es, vest, gloves and	d goggles, Sa	ıfety Harnes	S
What was the injured pof the incident?	person/employee do	ing at	the time	N/A				
What was the machine incident?	/equipment doing at	t the ti	me of the	NA				
What was the material, the incident		ng at t	he time of	Concre	ete pouring in the	column		
Immediate Cause/s of t .Due to failure of shutter	the Incident/injury: ring, Concrete spilled o	out on	bottom to th	e groun	ıd.			
	People: N/A							
Root Cause/s of the	Process / Procedu	re:						
Incident/injury:	Equipment: N/A							
	Workplace: N/A							
	Elimination: N/A							
	Substitution: N/A						•	
Corrective Action to prevent reoccurrence:	Engineering Contro	ol: Shu streng	ittering wor	k shou	ld be erected as p	per the drav	wing. And a	s per the
	Administrative Coninspected.	ntrol:	Prior to con	crete p	ouring, shutterin	ng of colum	ns should b	e double
	PPE: Ensure to use	all red	quired ppe,	s durin	g concrete pouri	ng works.		
Were there any witnesses?	None		Type of witness/s	Empl	oyee		Public	
Witness Details -				Badge Numb		Mobile Number		
				-				



Incident and Injury Investigation Report



				_			
M	۷i	tn	ess	Sta	tem	en	t:

Initial Investigation Conducted by: Krishna Pillai

Noted by:

Date 4/7/2021

Additional Details:



Investigation Report Verified by:	Noted by:		
		Date	4/7/2021