
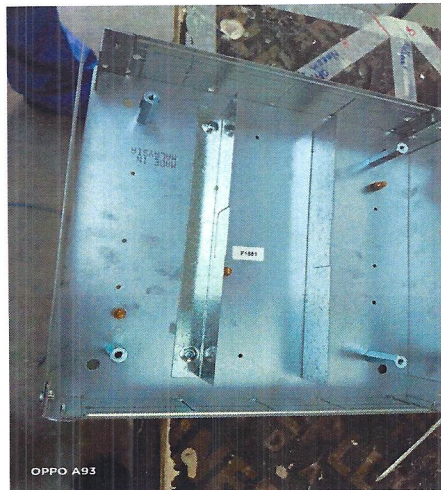


Name of Employee	MD Shahid			Badge No.	30039876			Profession/ Designation	Electrician				
Safety Awareness Training Date	10/12/2019			Proof of Training	Induction Register								
Name of Line Manager	Engr. Amr Ibrahim			Badge No.	30040349								
Name of Supervisor	Mohammed ahmed abdlwrazak Abdelrazek			Badge No.	30040926								
Division / Department	Electrical Department			Project Name	097-C76R			Project Location	JUC				
Place of the Incident/Injury	Sport center			Date of Incident	10-7-2021			Time of Incident	11:30 AM				
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				Yes					
Brief Description of the Incident/Injury	Mr Shahid is electrician was helping Mr.Dahrendra (Electricain ) for making hole on the floor box by using drilling machine and while making hole from drill bit get jam with the box and it rotated .due to this sharp edge at the box his hand get lacerated												
Details of the Injury (Specify affected body parts)	Dorsal side of right hand												
First Aid Given?	Yes	<input checked="" type="checkbox"/>	No		Name of First Aider	Basir							
Name of Hospital where patient was treated/transferred	N/A					Address/Location of the hospital	N/A						
Medical leave given by administering Hospital/Clinic or Doctor	Yes	<input checked="" type="checkbox"/>	No		Number of Days				Hospitalization	Yes		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	N/A			Location of affected property	N/A							
	Name of Manufacturer	N/A											
	Model of the Property	N/A			Plate Number	N/A							
	Vehicle Registration Number	N/A			Company Fleet Number	N/A							

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)	Hand Gloves								
What was the injured person/employee doing at the time of the incident?	Fixing the floor box by his hand								
What was the machine/equipment doing at the time of the incident?	Drilling Machine								
What was the material/s / substance/s doing at the time of the incident	Floor box be fixed by the injured person								
<b>Immediate Cause/s of the Incident/injury:</b> Improper process or procedure for that activity (Fixing the floor box) by his hand									
<b>Root Cause/s of the Incident/injury: N/A</b>  People: doing the activity without full PPE(Hand gloves )  Process / Procedure: fixing the floor box by his hand and this totally mistake.  Equipment: It is ok  Workplace: It is ok									
<b>Corrective Action to prevent reoccurrence: N/A</b>  Elimination: N/A  Substitution: N/A  Engineering Control: Fixing the floor box by a separate support.  Administrative Control: N/A  PPE: N/A <i>Recommended to use Stendered Electrical gloves, (cut resistance).</i>									
Were there any witnesses?	Yes	✓	None		Type of witness/s	Employee	✓	Public	
Witness Details : Dhirendra Kumar					Badge Number	39931	Mobile Number	0594265245	
<b>Witness Statement:</b> During making holes on the floor box cutting by Mr.shaid, it moves and cut on hand.									

Initial Investigation Conducted by: Engr.Ala Said	Noted by: Mustafa Ali (PM) 	Date	10-07-2021
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**Additional Details:**



Investigation Report Verified by:	Noted by:	Date	
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