



<b>Name of Employee</b>	AN Bahadur Magar			<b>Badge No.</b>	30037483			<b>Profession/ Designation</b>	Mason I		
<b>Safety Awareness Training Date</b>	4-11-2019			<b>Proof of Training</b>	Induction						
<b>Name of Line Manager</b>	Amr Ahmed Mahmoud Mohamed			<b>Badge No.</b>	30104091						
<b>Name of Supervisor</b>	Muhammad Sohail			<b>Badge No.</b>	30040431						
<b>Division / Department</b>	CIVIL Department			<b>Project Name</b>	097-C76R			<b>Project Location</b>	JUC		
<b>Place of the Incident/Injury</b>	Area 1			<b>Date of Incident</b>	30-05-2021			<b>Time of Incident</b>	10:30 AM		
<b>Nature of the Incident/Injury</b>	<b>Occupational Incident/Injury</b>	Yes		No	✓	<b>Near Miss</b>			<b>Other, Please specify :  First Aid</b>		
	<b>Road Traffic Incident/ Injury</b>	Yes		No	✓	Yes		No	✓		
<b>Brief Description of the Incident/Injury</b>	<p>After finishing his activity, Bahadur (IP) tried to cross the barricaded area where de-shuttering material was stacked.</p> <p>He placed his right foot on protruding nail shuttering material and as a result, he got minor injury on his right foot.</p> <p>He went to the first aid room to receive first aid. Later on he went to hospital to get a Tetanus shot.</p>										
<b>Details of the Injury (Specify affected body parts)</b>	Right Foot										
<b>First Aid Given?</b>	Yes	✓	No		<b>Name of First Aider</b>						
<b>Name of Hospital where patient was treated/transferred</b>	Lulu Clinics					<b>Address/Location of the hospital</b>	Jubail				
<b>Medical leave given by administering Hospital/Clinic or Doctor</b>	Yes		No	✓	<b>Number of Days</b>		<b>Hospitalization</b>	Yes		No	✓
<b>Property damage</b>	Yes		No	N/A	<b>Estimated percentage of damage</b>	N/A	<b>Estimated Cost of damaged (SAR)</b>	N/A			
<b>Property Details</b>	<b>Type / Function of the property</b>			N/A			<b>Location of affected property</b>	N/A			
	<b>Name of Manufacturer</b>			N/A							
	<b>Model of the Property</b>			N/A			<b>Plate Number</b>	N/A			
	<b>Vehicle Registration Number</b>			N/A			<b>Company Fleet Number</b>	N/A			

Was Pre- Task / Toolbox meeting conducted	Yes	<input checked="" type="checkbox"/>	No		Was the person using required Personal Protective Equipment (PPE)	Yes	<input checked="" type="checkbox"/>	No	
Specify the Personal Protective Equipment (PPE)	Safety Gloves, Safety Glasses, Safety Shoes, Safety Vest, Safety Helmet								
What was the injured person/employee doing at the time of the incident?	Moving near shuttering materials.								
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	N/A								
<b>Immediate Cause/s of the Incident/injury:</b> IP stepped onto the protruding nails									
<b>Root Cause/s of the Incident/injury:</b> People: Poor attention from worker to watch for hazard. Process / Procedure: Shuttering materials were not denailed. Equipment: N/A Workplace: Housekeeping was not done in working area. Corrective Action to prevent reoccurrence: Elimination: N/A Substitution: N/A Engineering Control: De Nailing of shuttering materials should be ensured in work area. Administrative Control: Ensure proper arrangement of Materials and housekeeping. PPE: Anti-puncture safety shoes must be used all time at construction site.									
Were there any witnesses?	Yes		None	<input checked="" type="checkbox"/>	Type of witness/s	Employee		Public	
Witness Details -					Badge Number		Mobile Number		
<b>Witness Statement:</b> N/A									

Initial Investigation Conducted by: Waqas Gillani 	Noted by: Mustafa Ali 	Date	30-05-2021
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Additional Details:



Investigation Report Verified by:	Noted by:	Date	
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