

Fill the Information Below

Company: **Rezayat Company Limited**

Date: 15-02-2021

Location: **Auditorium**

Time: 04:00 PM

Project/ Site Name: Catering Auditorium & Recreation Facilities : **097-C76R**

Person(s) Involved:	<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Others
1. Rakib Md Khokan (Rental Employee)(Dar-ul-Isbat) 3. 2.			

Type of Incident:

Fatality	<input type="checkbox"/>	Lost Time Injury	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>	First Aid/Medical Treatment	<input checked="" type="checkbox"/>
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Injury Location by Body Parts (Select one or more if necessary):

Head	<input type="checkbox"/>	Chest	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
Face	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Hip	<input type="checkbox"/>
Neck	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Ankle/Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>	Stomach	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>
Nose/ Ears	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Fingers/ Thumb	<input checked="" type="checkbox"/>	Toes	<input type="checkbox"/>

Type of Injury Sustained (Select one or more if necessary):

Fracture	<input type="checkbox"/>	Cut/ Laceration	<input checked="" type="checkbox"/>	Scalping	<input type="checkbox"/>	Bruising	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Crush Injury	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Other(s) (Near miss)	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	Suffocation	<input type="checkbox"/>	Burn	<input type="checkbox"/>		<input type="checkbox"/>

Immediate Cause(s) (Select one or more if necessary):

Safety Rule Violated	<input type="checkbox"/>	Lack of Resources	<input type="checkbox"/>	Drugs/ Alcohol Related	<input type="checkbox"/>	Inadequate Visibility	<input type="checkbox"/>
Lack of Task Skill	<input type="checkbox"/>	Method Deviation	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Employee Morale	<input type="checkbox"/>
Lack of Supervision	<input checked="" type="checkbox"/>	Poor Weather Conditions	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	Employee Attitude	<input type="checkbox"/>
Improper Lifting (MH)	<input type="checkbox"/>	Lack of Task Knowledge	<input checked="" type="checkbox"/>	Poor Team Work	<input type="checkbox"/>	Behavior Problem	<input type="checkbox"/>
Not Paying Attention	<input checked="" type="checkbox"/>	Lack of Communication	<input type="checkbox"/>	No Risk Assessment	<input type="checkbox"/>	Poor Ground Conditions	<input type="checkbox"/>
Human Error	<input checked="" type="checkbox"/>	Incorrect Tools/Equip	<input type="checkbox"/>	Defective Equipment	<input type="checkbox"/>	Improper Lifting (crane)	<input type="checkbox"/>
Inadequate PPE	<input type="checkbox"/>	Defective Tools	<input type="checkbox"/>	Unprotected excavation	<input type="checkbox"/>	Unprotected Edge	<input type="checkbox"/>
Animals	<input type="checkbox"/>	Violence	<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Improper/ Poor Slings	<input type="checkbox"/>
Heat Stress	<input type="checkbox"/>	STF Above Ground	<input type="checkbox"/>	STF on the Same Level	<input type="checkbox"/>	Manual Handling	<input type="checkbox"/>
Misuse of Hand Tools	<input type="checkbox"/>	Grinding/ Welding	<input type="checkbox"/>	Knives/ Sharps	<input checked="" type="checkbox"/>	Hit by Vehicle	<input type="checkbox"/>
Hit by Static Machinery	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	Splashes from C.P.O.L.	<input type="checkbox"/>	Other(s)	<input type="checkbox"/>
Stress	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	Vandalism	<input type="checkbox"/>		<input type="checkbox"/>

Equipment(s) Involved:

Light Vehicle:	<input type="checkbox"/>	Heavy Vehicle:	<input type="checkbox"/>	Plant Equipment:	<input type="checkbox"/>	Static Plant Equipment:	<input type="checkbox"/>
Building:	<input type="checkbox"/>	Structure:	<input type="checkbox"/>	Scaffold:	<input type="checkbox"/>	Excavator:	<input type="checkbox"/>
Other(s): Circular Saw	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Description of the Event:

While cutting the plywood with circular saw, Mr. Rakib (IP) turned on the circular saw and tried to raise the guard of the machine with his left hand, at that time his left hand's gloves caught in teeth of the blade and pulled his middle finger inside. His middle finger got a deep cut. He was given first aid in the sites first aid room and was sent to hospital where he got four stitches.

Immediate Action(s) Taken to Prevent Reoccurrence (If Any):

Accident was investigated.
 Workers advised to adjust the guard before turning on the machine.
 Foreman was advised to depute only one experienced personnel for using circular saw.
 Engineers were advised replace the MAKITA circular saw with HILTI, as while operating the HILTI's circular saw the guard does not needs to be adjusted.

Person Created the Report:

Name: Waqas Gillani	Position: Safety Engineer	Signature: Krishna	Date: 15/02/2021
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Note: This form is to be submitted four (4) hours after the incident occurred.

Injury



Gloves



Normal Resting Position of Guard



Position to Adjust the Guard Before Starting Circular Saw



Position of hand while the accident happened



Position of guard before starting the Circular Saw



REZAYAT GROUP Health and Safety
Initial Incident/Accident Report
HILTI's Circular Saw

