

Fill the Information Below

## **REZAYAT GROUP Health and Safety**



Initial Incident/Accident Report

Company: Rezayat Company Limited				Dat	Date: 23-12-2020	
Location: Area 2				Tim	ne: 04:50 PM	
	uditorium & Recreation Facilities :	097-C	76P			
Person(s) Involved:	✓ Employee	0)/ 0	Contractor		Others	
		2.1		-lana /20	040373)	
1. Abdul Aziz (30040433)		3. I	Mohamed Abdalate Abdelha	aiem (30	040373)	
2. Osama Eid Mohamed Kheri	ba (30036338)	Oth	ner(s).			
Type of Incident:						
Fatality	Lost Time Injury		Dangerous Occurrence		First Aid	
Injury Location by Body Pa	arts (Select one or more if necessar	ry):				
Head	Chest		Hand		Eyes	
Face	Leg		Arm		Hip	
Neck	Abdomen		Wrist		Ankle/Foot	
Back	Stomach		Elbow		Knee	
Nose/ Ears	Shoulder		Fingers/ Thumb		Toes	
Type of Injury Sustained (Select one or more if necessary):						
Fracture	Cut/ Laceration		Scalping		Bruising	
Loss of Sight	Loss of Consciousness		Heat		Amputation	
Dislocation	Crush Injury		Cold		Other(s) (Near miss)	
Abrasion	Suffocation		Burn			
Immediate Cause(s) (Select one or more if necessary):						
Safety Rule Violated	Lack of Resources		Drugs/ Alcohol Related		Inadequate Visibility	
Lack of Task Skill	Method Deviation	~	Poor Housekeeping		Employee Morale	
Lack of Supervision	✓ Poor Weather Conditions		Inadequate Lighting		Employee Attitude	
Improper Lifting (MH)	Lack of Task Knowledge		Poor Team Work		Behavior Problem	
Not Paying Attention	Lack of Communication	1	No Risk Assessment		Poor Ground Conditions	
Human Error	Incorrect Tools/Equip		Defective Equipment		Improper Lifting (crane)	
Inadequate PPE	Defective Tools		Unprotected excavation		Unprotected Edge	
Animals	Violence	✓	Horseplay		Improper/ Poor Slinging	
Heat Stress	STF Above Ground		STF on the Same Level		Manual Handling	
Misuse of Hand Tools	Grinding/Welding		Knives/ Sharps		Hit by Vehicle	
Hit by Static Machinery	Heavy Equipment Fatigue		Splashes from C.P.O.L. Vandalism		Other(s)	
Stress Equipment(s) Involved:	raugue		vandalisiii			
Equipment(s) Involved:						
Light Vehicle:	Heavy Vehicle:		Plant Equipment:	✓	Static Plant Equipment:	
Building:	Structure:		Scaffold:		Excavation:	
Other(s):						
Description of the Event:						
lighting cable)while doing The electrical engineer an All the documents like per	the manhole excavation word his team reached there and	rk. d disco ed dr	onnected the cable from	the mai	0 pm. The excavator contacted n distribution box. ificate were present in the wor	
Immediate Action(s) Take	n to Prevent Reoccurance (If	Any):				
Electrical connection was	•					
Person Created the Report:						
			Cignature		Data 22 12 2020	
Name: Arun K. Thampy	Position: Safety Officer		Signature:		Date: 23-12-2020	

Note: This form is to be submitted four (4) hours after the incident occurred.





Initial Incident/Accident Report

