

Incident and Injury Investigation Report



Name of Employee	Ichara Malik		Badge	30038958			
			No.			Actual Severity:	1
Safety Awareness Training Date	10/16/2019		Proof of Training	Induction Trai	ning register	Worst Potential Severity:	4
Name of Line Manager	Amr Algendy		Badge No.		Profession/ Designation	Area Suprintend	lent
Name of Supervisor	Ibrahim Sabri		Badge No.				
Division / Department	Civil		Project Name	097-C76R Project Location Time of I/28/2021 Incident		JUC 10:00 AM	
Place of the Incident/Injury	Area 1 (Part-2)		Date of Incident				
Nature of the Incident/Injury	Occupational Incident/Injury N		lo	Near Miss Other, Please		specify:	
	Road Traffic Incident/Injury	N	lo	Yes			
Brief Description of the Incident/Injury Details of the Injury (Specify affected	While removing th as a support on th The area was not Fortunately no inju	e shutte barricad	ring (as s led and no	hown in the pi one was pre	cture) fell ont sent downsid	o the groui	nd.
body parts) First Aid Given?							
	I	T					
Name of Hospital	No	Name o	f First Aide				
treated/transferred	No	Name o	f First Aide	Address/Lo			
treated/transferred Medical leave given by administering Hospital/Clinic or	No No	Name o		Address/Lo	tal	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor		Number Days Estimat percent	r of ed age	Address/Lo of the hospi	tion ost of	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor	No No Type / Function of the property	Number Days Estimat	r of ed age	Address/Lo of the hospi Hospitalizat	tion ost of AR)	No	
treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No Type / Function of	Number Days Estimat percent	r of ed age	Address/Lo of the hospi Hospitalizat Estimated C damaged (S Location of	tion ost of AR)	No	
where patient was treated/transferred Medical leave given by administering Hospital/Clinic or Doctor Property damage	No No Type / Function of the property Name of	Number Days Estimat percent	r of ed age	Address/Lo of the hospi Hospitalizat Estimated C damaged (S Location of	tion ost of AR) affected	No	



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	T		TAY				
Was Pre- Task / Toolbo conducted	ox meeting	Yes	red Pro	is the person u quired Persona otective Equip PE)	al	Yes	S
Specify the Personal Pr (PPE)	otective Equipment	Safety Sho	oes, Safety Go	oggles, Helmet,	Vest, Glove:	s, Full body l	narness
What was the injured p of the incident?	erson/employee doi	ng at the time	Removing	the shuttering	plate of the	column	
What was the machine/incident?	equipment doing at	the time of the	N/A				
What was the material/ the incident		ng at the time of	Steel rods	were used as a	support for	r the shutter	ing
Immediate Cause/s of the While the steel rod was rothat the other side binding	emoved, the worker c	ut the binding wi eel rod. The Stee	re from one : I rod slipped	side and he did from the bindi	n't grabbed ng wire on t	the steel roo the other sid	l, hoping e.
	People: No proper	supervision fro	m the forem	ıan.			
Root Cause/s of the	Process / Procedure: Procedure was not OK as the worker did not grabbed the steel rod while cutting the binding wire.						
Incident/injury:	Equipment: Equipment was Ok.						
	Workplace: Workp	lace was not Ok	as the area	was not barri	caded.		
	Elimination: N/A	· · · · · · · · · · · · · · · · · · ·					
	Substitution: N/A						
Corrective Action to prevent reoccurrence:	Engineering Contro to avoid falling. Hold	ol: Before removi	ng the shutt	ering, tie the su	pporting ro	od with bind	ing wires
	Administrative Combe barricaded from ostand downside for v PPE: Necessary PPE:	lownside. Signag varning the pede	e must be pr strians.	ovided with the	barrication	n or one per	son must
Were there any	people on the ground	d level.				- Important	
witnesses?	None	Type of witness/s	Employe	e		Public	
Witness Details			Badge Number		Mobile Number		
Witness Statement:							
Initial Investigation Con	ducted by: Krishna P	Pillai (SM)	Noted by: (PM)	Mustafa Ali	Date	1/28/20	21



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Additional Details:







1	
Date	1/28/2021